

Cajon De Oro Little League 2015 Safety Program- Quick Reference

**A full safety plan is
located at each snack bar
and on-line @
www.cdoll.org**



**Play Hard Play Safe
League I.D. 0405-41-08**

**CAJON DE ORO
LITTLE LEAGUE**

CAJON DE ORO
LITTLE LEAGUE

ACTIVE SAFETY
OFFICER FOR YEAR 2015

Skip Bardin
10400 Russell Rd
La Mesa, CA 91941

Email: safety@cdoll.org

Phone # 619-961-7111

For all emergencies dial 911 immediately

League Name: _____ League ID: ____ - ____ - ____ Incident Date: _____

Field Name/Location: _____ Incident Time: _____

Injured Person's Name: _____ Date of Birth: _____

Address: _____ Age: _____ Sex: Male Female

City: _____ State _____ ZIP: _____ Home Phone: () _____

Parent's Name (If Player): _____ Work Phone: () _____

Parents' Address (If Different): _____ City _____

Incident occurred while participating in:

- A.) Baseball Softball Challenger TAD
- B.) Challenger T-Ball Minor Major Intermediate (50/70)
- Junior Senior Big League
- C.) Tryout Practice Game Tournament Special Event
- Travel to Travel from Other (Describe): _____

Position/Role of person(s) involved in incident:

- D.) Batter Baserunner Pitcher Catcher First Base Second
- Third Short Stop Left Field Center Field Right Field Dugout
- Umpire Coach/Manager Spectator Volunteer Other: _____

Type of injury: _____

Was first aid required? Yes No If yes, what: _____

Was professional medical treatment required? Yes No If yes, what: _____
(If yes, the player must present a non-restrictive medical release prior to to being allowed in a game or practice.)

Type of incident and location:

- A.) On Primary Playing Field B.) Adjacent to Playing Field D.) Off Ball Field
- Base Path: Running *or* Sliding Seating Area Travel:
- Hit by Ball: Pitched *or* Thrown *or* Batted Parking Area Car *or* Bike *or*
- Collision with: Player *or* Structure C.) Concession Area Walking
- Grounds Defect Volunteer Worker League Activity
- Other: _____ Customer/Bystander Other: _____

Please give a short description of incident: _____

Could this accident have been avoided? How: _____

This form is for local Little League use only (should not be sent to Little League International). This document should be used to evaluate potential safety hazards, unsafe practices and/or to contribute positive ideas in order to improve league safety. When an accident occurs, obtain as much information as possible. For all Accident claims or injuries that could become claims to any eligible participant under the Accident Insurance policy, please complete the Accident Notification Claim form available at http://www.littleleague.org/Assets/forms_pubs/asap/AccidentClaimForm.pdf and send to Little League International. For all other claims to non-eligible participants under the Accident policy or claims that may result in litigation, please fill out the General Liability Claim form available here: http://www.littleleague.org/Assets/forms_pubs/asap/GLClaimForm.pdf.

Prepared By/Position: _____ Phone Number: (____) _____

Signature: _____ Date: _____

serve as an additional incentive to see that everyone is kept on their toes to prevent the occurrence of other accidents.

Organized Plan

The first duty of a new League Safety Officer is to sit down with the League President and prepare a safety program for the league. It should have the essential objectives of assuring that:

1. Practice and playing field conditions are made as safe as possible.
2. Players protective equipment and other facilities are available and in good condition.
3. Arrangements have been made for first aid treatment and more severe emergencies.
4. All managers, player agents, coaches and umpires have been instructed in the inclusion of suitable safety precautions as an integral part of their regular duties.
5. Other volunteers, such as grounds keepers and auxiliary members are carrying out their jobs safely.
6. A definite plan is in effect for traffic safety including players travel to and from the field.
7. Arrangements are made for the prompt investigation and reporting of accidents and near-misses with a definite

follow up for the prevention of further accidents of a similar nature.

8. Procedures are in place for prompt and timely reporting of accidents requiring medical treatment to Little League Headquarters.

The best way to institute such a plan is to call a meeting of key personnel, particularly the managers and umpires. If the safety plan or program is to be effective, they must not only agree that safety is essential to the operation of their Little League, but that they will do their part to make it succeed. They should also express a willingness to accept the help and advice of the League Safety Officer.

Incentives for Safety Officers

To people who are not familiar with the safety profession, the incentive and rewards for handling what seems to be a “thankless job” may appear to fall short of the inducements for taking other assignments in Little League Baseball. A dedicated Safety Officer gets a great deal of satisfaction from other people that they owe it to their families and themselves to be alert to prevent pain, suffering and general misfortune connected with the more severe accidents — the majority of which could be prevented. The Safety Officer’s enthusiasm for making accident-prevention work will rub off on other people in the Little League program. It is similar to the maxim that “courtesy is contagious.”

CONTROLS ARE ESSENTIAL

Having set the stage for your Little League safety program, let’s look at the control of unsafe conditions. It is a logical step, because accident causes can be controlled more readily than those involving human element.

Responsibility

The League President has the primary responsibility for safe conditions. However, it is not possible to cover all details personally, so it is necessary to delegate most of this responsibility to others. The following assignments are suggested:

1. Safe maintenance of fixed ball field property, including structures, to the head groundskeeper.
2. Procurement and upkeep of practice and playing equipment, particularly personal protective equipment, to the equipment manager.
3. Each manager should see that the use of field and playing equipment by players does not create hazards.
4. The umpire should take the initiative to insure unsafe conditions are corrected on the playing field and in foul territory during games.
5. The responsibility for maintaining safe conditions for the entire league falls on the shoulders of the president. Some important safety jobs can be delegated to whomever is most suited to handle them, as follows:

- (a) The safety of players and adults going to and from fields is very important as shown by the severity of traffic accidents. See chapter on Traffic Safety.
- (b) The first aid kit must be kept properly equipped and arrangements for emergencies up to date. See chapter on First Aid.
- (c) Taking measures to counteract the hazards that may be connected with special events such as picnics, fund-raising projects, etc. See chapter on Insurance Coverage.
- (d) The safety of spectators, including parking facilities.
- (e) The safe handling of food and drinks at the concession stand.
- (f) If the league operates under artificial lights, the president has the very important responsibility for making sure the lights meet minimum requirements. Check with the District Administrator for Little League Lighting Standards. This is a must for safe playing conditions. The only alternative to adequate lighting is to schedule practice and games during daylight hours. Light meter checks should be made at regular intervals to find out when it is necessary to clean reflectors and replace partly worn light bulbs which have lost their original rating.

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Physical Checkups

The physical well-being of players who are accepted in the Little League program is essential to avoid the hazard of unsafe personal conditions. It would be well to enlist the help of a local physician to advise the league on medical matters not covered by individuals' family physicians.

It is strongly suggested that all candidates for the Little League program pass a basic physical examination before they are accepted.

Another important way that physical checkups can prevent accidents is obtaining a medical release to play ball after a player has recovered from an accident. If this final medical checkup is for evaluation of the player's recovery from an injury covered by "accident insurance," the cost can be charged against the original claim.

Safety Inspection

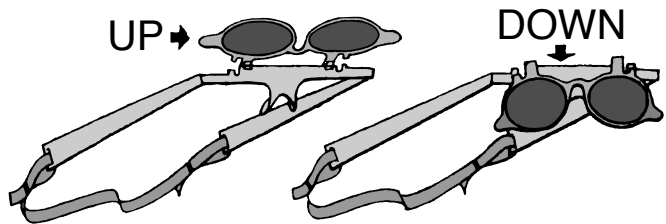
Regular safety inspection of the field, permanent and temporary structures, ball playing equipment and personal protective equipment is the best way to determine which unsafe conditions require correction. The managers and grounds keepers should work together to insure serious accident exposures are corrected promptly! It is good experience and safety training to have the youngsters take part in the procedure.

The following list will be of assistance in determining conditions that cause accidents. Prompt action must be taken on all serious hazards. Some examples are:

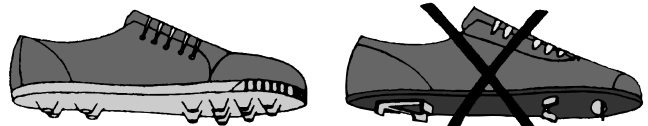
1. Unsafe field conditions such as holes, ditches, rough or uneven spots, slippery areas and long grass.
2. Foreign objects like stones, broken glass, old boards, pop bottles, rakes, etc.
3. Incomplete or defective screen, including holes, sharp edges and loose edges.
4. Wire or link fencing should be checked regularly for similar defects which could injure a participant.
5. Board fences should be free of protruding nails, loose boards, and splintered wood.
6. Forty (40) feet in the center section of the outfield fence should be painted a dark color and kept free of signs to provide a contrast with balls thrown toward home.
7. The warning track should be well defined and not less than 10 feet wide.
8. Bat rack and on-deck* circle should be behind the screen.
9. The backstop should be padded and painted green for the safety of the catcher.
10. The dugout should be clean and free of debris.
11. Dugouts and bleachers should be free of protruding nails and wood splinters.

* On-deck areas have been eliminated for ages 12 and below.

12. Home plate, batter's box, bases and the area around the pitcher's rubber should be checked periodically for tripping and stumbling hazards.
13. Material used to mark the field should be a non-irritating white pigment (not lime). White plastic marking tape has proved better and less expensive than other methods of marking.
14. Loose equipment such as bats, gloves, masks, balls, helmets, etc., must be kept off the ground.
15. Constant attention must be given by managers, coaches and umpires to the possible lack or poor fit of personal protective equipment. This would include helmets, masks, catcher's pads and safe shoes. Plastic cup supporters are required for regular and reserve male catchers and are recommended for all male players in addition to regular supporters.
16. Personal jewelry, badges, pencils, etc., can be a hazard to the wearer and should not be permitted.



17. Corrective glasses should be of the sports type and equipped with "industrial" safety lenses. Shatterproof, flip-type sun glasses are good protection against losing a fly ball in the sun.
18. Bats should be inspected for orderly storage, secure grips and freedom from cracks. Cracked or broken bats should never be used.
19. Safety should be the major factor when making a decision on canceling a practice or game because of bad weather or darkness.
20. The greatest, although the least frequent, hazard in connection with weather conditions is exposure to lightning. Chances of surviving being struck by lightning are so slight that managers and umpires must not take any chances on continuing a practice or game when an electrical storm is approaching. At the first indication of such a storm, everyone should leave the playing field.
21. The correct fitting and spruce appearance of uniforms has the indirect benefit of contributing to pride and morale, which stimulates our main safety objective of greater skill for fewer accidents.



Congestion

Congestion is one of the unsafe conditions that must be dealt with by constant supervision. The umpire will keep unauthorized people out of the way during games. The manager and coaches must control this hazard during practice sessions. Since the development of this hazardous condition results from unsafe acts it is covered more fully in the next chapter on that subject.

Conditioning

This important phase of Little League training has a direct bearing on developing a safe personal condition. Extensive

studies on the effect of conditioning, commonly known as “warm-up,” have demonstrated that:

1. The stretching and contracting of muscles just before an athletic activity improves general control of movements, coordination and alertness.
2. Such drills also help develop the strength and stamina needed by the average youngster to compete with minimum accident exposure.

These warm-up skills are most effective when the motions are patterned after natural baseball movements such as reaching for a ball, running and similar footwork. This is a good place also to “drive home” the basic safeguard of keeping the eye on the ball.

EXPOSURE TO UNSAFE PRACTICES

Unsafe acts are far more difficult to control than hazardous conditions. Also, they are the most challenging because they are involved almost entirely with the human element. It has been estimated that unsafe acts account for 80% of all accidents. Assuming that every effort has been made to provide safe conditions and equipment for a player, we should look at the exposure to a player’s own or someone else’s unsafe acts. Finding the causes is not enough—definite steps must be taken to counteract them.

Existing Safeguards

Before looking at these accident exposures and some suggestions for their control let’s look at some of the built-in safety factors that are in our favor.

1. It is obvious that non-contact sports such as baseball and track produce far fewer accidental injuries than contact sports like football and hockey.
2. Little League has proven the value of its playing rules and equipment requirements by the fact that each season less than 2 out of 100 players have accidents resulting in injuries requiring outside medical treatment. This is far better than the average accident frequency of 6 accidents per 100 participants for school baseball players in this same age group.
3. Furthermore, 9 and 10-year-old Little League children have fewer accidents than the 11 and 12-year-olds. There are probably a number of factors that account for this difference, such as:
 - (a) The ball is neither batted nor thrown as hard by younger players as by older ones.
 - (b) Nine and ten-year-olds do not put in as much time actually playing ball as the older players.
 - (c) Younger players are less easily disabled by bumps and falls than their older teammates.

With proper instruction and drill work, it is expected that most younger players will develop protective skills that will see them through the more competitive age levels of the

game. It must be kept in mind too that some 9 and 10-year-old youngsters will develop faster and are better able to handle themselves than some 11 and 12-year-olds.

Attitude

1. An attitude of alertness, hustle and enthusiasm that has been recommended as a guideline for the administration of your safety program should be carried down to all players to spark them in the development of better skills
2. 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.
3. Your most effective tool to inspire an attitude of self-confidence and a desire to excel is the use of much PRAISE and RECOGNITION. Of course, this must be given when deserved so as not to be cheapened by too much repetition. After all, a really good try rewarded by a word of encouragement may be a good play on the next attempt.
4. Guidance on the most constructive attitude or point of view for both adults and youngsters can be summarized by recommending a POSITIVE APPROACH to all training techniques. Again, it is emphasized that good training is most effective weapon against accidents caused by unsafe acts.

Tryouts

To reduce the chances of accidents to inexperienced beginners, tryouts should be guided by the following:

1. Players should be scheduled to report for tryouts by age groups. This will not only give the younger applicants more confidence but will reduce their exposure to the harder play of older participants.
2. Since a youngster’s lack of ability to handle a ball is the most likely way for the players to get hurt, a test should be made first with some short underhand throws to

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check skill in catching a ball before the player is exposed to normal throws or batted balls.

3. Running form and speed should be observed by checking time and form on a dash from home plate to first base. Group racing does not exhibit true potential as a runner and could result in a pile up.
4. It is better to single out a particularly awkward and inept candidate for extra attention and safe placement than to ignore flaws hoping the applicant will quit. What may be an unsafe situation is often made worse by not acknowledging it.
5. The same principle of taking precautions to protect untried beginners dictates the use of great care in delivering a pitched ball to a potential batter. It may be that player's first experience.

Warm-Up Drills

The subject of warming up before a practice session has been covered as a means of safeguarding youngsters, at least to a degree, from poor physical condition and lack of limbering up.

Use of the term "warming-up drills," in connection with unsafe acts, refers to ball handling practice rather than calisthenics. This involves a serious accident exposure to misdirected balls. The following will reduce the danger of being struck by a misdirected ball:

1. All unauthorized people should remain off the field during drills.
2. After the number of targets has been reduced to minimum, one of the best preventive measures is to stress that the eye must be kept on the ball. This safe practice should be drilled into both adults and youngsters so continuously that it becomes a reflex action.
3. Another danger from misdirected balls is the exposure of inexperienced batters to wild pitchers. The use of batter's helmets is a must. However, it does not justify permitting a potential pitcher throwing to an inexperienced batter until control is demonstrated.
4. The danger of being struck by a ball can be further minimized by the following plan:
 - (a) Throwing and catching drills should be set up with players in two lines facing one another.
 - (b) Random throwing should be permitted only to designated players.

Safe Ball Handling

1. Misjudging the flight of a batted ball may be corrected by drilling with flies which begin easy and made more difficult as a player's judgment and skill improves. Everyone should eventually be able to handle balls that go overhead.
2. 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.

3. 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.
4. It is safer for the player to knock a ball down and rehandle it then to let the ball determine the play.

Collisions

Collisions result in more injuries than is the case with most other types of accidents. They are usually caused by errors of judgment or lack of teamwork between fielders. It is important to establish zones of defense to avoid collisions between players. It is particularly important when players are chasing high fly balls. Once the zones are established, play situation drills should be held until these zones and patterns become familiar to the players. The responsible player should call out the intentions in a loud voice to warn others away. Here are some general rules to follow:

1. The fielder at third base should catch all balls which are reachable and are hit between third and the catcher.
2. The fielder at first base should catch all balls reachable which are hit between second and the catcher.
3. The shortstop should call all balls reachable which are hit behind third base.
4. The fielder at second base should catch all balls reachable which are hit behind first base.
5. The shortstop has the responsibility for fly balls hit in the center of the diamond and in the area of second base. Since the glove is on the left hand it is easier for the shortstop than the fielder at second to catch fly balls over second base.
6. The centerfielder has the right of way in the outfield and should catch all balls which are reachable. Another player should take the ball if it is seen that it is not reachable by the centerfielder.
7. Outfielders should have priority over infielders for fly balls hit between them.
8. Priorities are not so easy to establish on ground balls, but most managers expect their base player to field all ground balls they can reach, cutting in front of the shortstop on slow hit grounders.
9. The catcher is expected to field all topped and bunted balls which can be reached except when there is a force play or squeeze play at home plate.

Warning Track

In addition to collisions between players, occasionally a player chasing a fly ball will crash into the fence. These accidents also can be controlled by suitable drill work. In this case it is simply a matter of giving the outfielders an

opportunity to practice getting the feel of the warning track under their feet.

They must learn to judge their distance from the fence and the probable point where the ball will come down. It would be worse than futile to not only miss catching the ball by a wide margin but also be injured by a collision with the fence.



Retrieving Balls

Balls that go out of the park should be retrieved by persons who have been specifically assigned to that duty. Such persons should be youngsters who can be relied on not to endanger themselves by climbing fences or getting into a scramble for possession of a ball.

Keep Grounds Clear

Another duty that should be given in turn to alert substitute players is the picking up of bats and proper placement in the rack. The clearing up of other loose playing equipment should be included in this assignment.

Sliding Safety

As is the case with other baseball fundamentals, a correct slide is also a safe one. It is well, too, to guard against the accident of a collision and the possibility of a player being struck by a thrown ball as that player "hits the dirt." It goes without saying that steel spikes are not being worn. The following can make the learning period safer:



1. Long grass has been found to be better than a sand or sawdust pit to teach sliding.
2. The base must not be anchored down.
3. Sliding pads are recommended.
4. The player should make approaches at half speed and

keep constantly in mind that hands and feet should be in the air. Once committed to slide, the player must not change strategy. Last minute hesitation causes most sliding injuries.

5. Tennis shoes are suggested for beginning sliding and tagging practice to avoid injury to the defensive player.
6. If the ground along the baselines becomes soft on a rainy day, such weather offers an excellent opportunity to have sliding drills.
7. It should be kept in mind that head-first sliding* is not recommended except when returning to a base.

Batter Safety

A batter's greatest accident exposure is from the unsafe acts of others, namely wild pitches, which account for a major portion of all accidents. Again, the best defense is an alert, confident concentration on the ball. This type of injury is more prevalent in Regular than in Minor League play. Since the danger is increased as pitchers learn to throw with greater force and as more games are played, it is doubly important to take whatever counter measures necessary to offset this exposure.

1. A well-fitted, NOCSAE approved helmet is the first requirement.
2. The development of the novice batter's ability to take evasive action can be improved by getting the player to relax and concentrate on the ball from the time the pitcher starts delivery until it lands in the catcher's mitt. Players with slow reflexes can also be helped by stimulated batting and ducking practice with a tennis ball.
3. The unsportsmanlike practice of crowding the plate or jumping around to rattle the pitcher must not be tolerated. This could endanger the batter if it causes the pitcher to lose control. Umpires should stop such actions.
4. Painful finger and hand injuries can be reduced by making sure the batter holds the bat correctly when bunting. Youngsters have a tendency to lean too far over the plate and not keep the ball well out toward the end of the bat. This should be corrected.
5. When the batter becomes a base runner, that player should be taught to run outside the foul lines when going from home plate to first and from third to home, to reduce the chance of being hit by a thrown ball.

Safe Handling of Bats

A review of the batter's potential for causing injuries to others points up the following:

1. The most easily prevented type of accident is the too frequent fault of beginners throwing the bat while running to first base. This unthinking act may be corrected

* Head-first sliding has been eliminated for ages 12 and below, except for when returning to base.

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through individual instruction to drop the bat safely by:

- (a) Having the player hand the bat to the coach will serve as a reminder before each ball is pitched.
 - (b) Having the player drop the bat in a marked-off circle near where running starts.
 - (c) Counting the player “out” in practice whenever the player fails to drop the bat correctly.
 - (d) Providing bats with grips that are not slippery.
2. Coaches and umpires should be on the alert to correct batters that have a tendency to step into the catcher as they swing.

A Dangerous Weapon

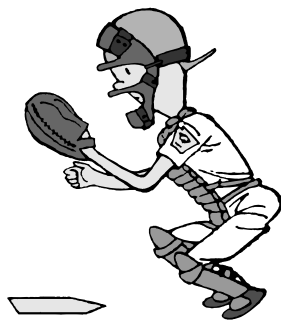
We use this heading to note the seriousness of an accident exposure that may sound impossible but one which has caused several very serious accidents on several occasions. The preceding precautions apply to the actions of individuals who should have control over the bat they are using.

A more serious injury is waiting for the absent-minded youngster who unconsciously walks into the swing of the coach’s bat when the coach is hitting flies, or the equally unwary player who walks into the swing of a player in the on-deck circle*. These situations demonstrate the need for everyone to become safety-minded, not only for their own good but also for the safety of others. The following precautions are suggested:

1. The player, usually a catcher, assigned to catching balls for the coach hitting flies should be given the specific assignment of warning away anyone who comes too close.
2. All players and adults should be trained to walk around the on-deck circle* whether it is in use or not. The ingrained safety habit of keeping clear may save someone a painful injury.

Catcher Safety

1. The catcher, as might be expected from the amount of action involved has more accidents than any other player. Statistics show that the severity of injuries is less in Regular than in Minor League play. Again, this bears out the fact that the more proficient the player, the less chance of injury. Assuming that the catcher is wearing the required protection the greatest exposure is to the ungloved hand. The catcher must learn to:



* On-deck areas have been eliminated for ages 12 and below.

- (a) Keep it relaxed.
 - (b) Always have the back of the throwing hand toward the pitcher when in position to catch.
 - (c) Hold all fingers in a cupped position near the mitt, ready to trap the ball and throw it.
2. The catcher should also be taught to throw the mask and catcher’s helmet in the direction opposite the approach in going for a high fly.
 3. As the catcher learns to play this difficult position, a good habit is to keep a safe distance back from the swinging bat. Estimate this as one foot farther from the batter than the ends of the outstretched fingers.
 4. To repeat, the best protection is keeping the eye on the ball.

General Inattention

Going one step back to the “whys” of most ball handling accidents, it appears that inattention due to inaction or boredom is an underlying accident cause with which we must deal. This situation can be partly offset by using idle time to practice basics of skillful and safe play, such as:

1. Otherwise idle fielders should be encouraged to “talk it up.” Plenty of chatter encourages hustle and enthusiasm.
2. Players waiting for a game or practice to start can pair off and play catch to improve their basic eye-on-the ball technique.
3. Practice should include plenty of variety in the drill work.
4. Put a time limit on each drill and do not hold the total practice for more than two hours, or less if interest begins to lag.
5. Idle players along the sidelines can be given the job of studying the form of other players to improve their own techniques. They may then report on what they have learned to improve their own form on running, ball handling, throwing, batting and sliding.

Control of Horseplay

No discussion of measures to control the human element in accident-prevention would be complete without going into the problem of horseplay. This includes any type of youthful highjinks that could even remotely be the cause of an accident. Even a mild form of such childish behavior could distract any player about to catch a ball or possibly when at bat, and result in an accident. After all—team play requires 100% cooperation among all players, and good sportsmanship demands courtesy to opposing players.

If show-offs and smart-alecks cannot find sufficient outlet for their high spirits in the game, quick and impartial disciplinary action must be taken.

HAZARDS IN TRAVEL TO AND FROM FIELD

Little League is also concerned for the safety of players and team officials on the way directly to and from the field. Since these adults are mature people with a good sense of responsibility, it is not surprising they have had very few mishaps while going to and from their volunteer baseball jobs. Youngsters however, are likely to take a more light-hearted view of these accident exposures.

Upon examination, it is obvious that this hazard is no worse than the everyday exposure of going to and from school, the playground or elsewhere. However, this does not relieve us in the least from looking out for their safety while on Little League "business."

Accident Exposures

A quick examination of our problem leads us to separate these exposures into two broad classifications; namely, traffic safety and the various temptations resulting from youthful curiosity and a desire for adventure. In the field of insurance law, the latter type are known as "attractive nuisances." They range anywhere from an easy-to-climb tree to a boat that has been left without being chained and padlocked.

Travel Hazards

Although Little League traffic accidents involve only one or two cases for every hundred injuries from all accidents, the average severity of these accidents far exceeds those from other causes.

The alarming country-wide increase in all traffic accident deaths has made the publicity on these losses a natural crusade. This staggering annual increase indicates the public conscience has become hardened, not only to these needless fatalities but also to the tragic probability that millions will be seriously injured as the result of traffic accidents in the years to come. Too often we assume that it cannot happen to us or our loved ones until it is too late to prevent a crippling or fatal injury. In Little League we have not only an opportunity but an obligation to take organized action for the protection of our own interests. Let's do something about it.

General Accident Prevention

First, let's look at what can be done to implant the basic principles of traffic safety in the thinking of our adults and particularly our players.

1. In any meeting or gathering where adults are brought together, they should be reminded repeatedly of their responsibility to:

- (a) See that all passengers use seat belts. Do not carry passengers in cargo areas of vans and pick-ups.
- (b) See that their vehicles are in safe operating condition.
- (c) Observe traffic regulations.
- (d) Drive defensively.

2. Youngsters who are walking to or from the field should be reminded by their parents, managers and coaches to:
 - (a) Not hitch rides.
 - (b) Use street or highway crossings protected by lights as much as possible.
 - (c) Always walk in single file off the roadway, and on the side against the flow of traffic where there are no sidewalks.
 - (d) Wear light-colored clothing and carry a flashlight when walking along a road after dark.
 - (e) Be just as alert to the dangers of moving traffic when in a group as when alone. Do not depend on others.
 - (f) Observe bicycle safety rules such as those listed in the next section.

Bicycle Safety

In spite of the nationwide increase in the popularity of bicycling, the number of accidents to riders has not increased as rapidly as is the case with other types of traffic accidents, thanks to the emphasis that has been placed on bike safety. It is estimated there are over 57 million bike riders in America. Still, our country is faced with hundreds of fatalities and thousands of disabling injuries each year from bicycle mishaps. We should be concerned that 4 out of 5 of these accidents are to young people in the 5 to 15 year age bracket.

Since bike riding is generally the most popular way for Little Leaguers to travel to and from the playing field, place more emphasis on bicycle traffic safety.

Bicycle Accident Prevention

As in the case of discovering and correcting the causes of player accidents, let's examine the major causes of bike accidents and what can be done to offset them.

1. According to the National Safety Council, 15% of all fatal bike accidents nationwide did not involve motor vehicles. In general, they were "spills" caused by:
 - (a) Slippery or rough riding surfaces.
 - (b) Defective bicycles.
 - (c) Collisions with pedestrians or fixed objects.

A significant number of bicycle accidents that resulted in injuries could have been prevented by keeping the bikes in good mechanical condition, better rider skills and the observance of bike safety rules.

2. The remaining 85% of fatal accidents involving collisions between motor vehicles and bicycles were analyzed by the National Safety Council as follows:
 - (a) One-half occurred at intersections.
 - (b) Seven out of ten were during daylight hours.
 - (c) Four-fifths of the cyclists killed or injured were violating a traffic law.

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They were:

- (1) Failing to yield the right of way.
 - (2) Riding in center of street.
 - (3) Speed too fast for conditions.
 - (4) Disregard for traffic control devices.
 - (5) Riding against traffic.
 - (6) Improper turning.
- (d) Additional responsibility by the car drivers is indicated by the fact that many accidents involve violations by the auto vehicle drivers.
- (e) In one of five cases, the bicycle had a mechanical defect that could have caused the accident.

Since we can do very little to control violations by motor vehicle drivers it is doubly important to have some assurance that: (1) the bikes will be in good condition, including suitable lights and reflectors; (2) the riders will be safety-minded; and (3) they will ride defensively.

3. Having decided on these four objectives, what can be done to implement our bicycle safety program without over-burdening our volunteers? First, it should be noted that the best results have been obtained by safety promotion projects in which the youngsters take an active part. This can be done by getting a local bike shop or a civic-minded organization to sponsor a package program such as the ones offered without charge by the Bicycle Institute of America. It is located at 122 E. 42nd Street, New York, NY 10017. They will provide not only well-tested procedures but such incentives as colorful decals for the bikes and Safety League membership rule cards. Part of the card is shown below.

- 1. Observe all Traffic Regulations** — red and green lights, one-way streets, stop signs.
- 2. Keep to the Right** — ride in a straight line. Always ride in single file.
- 3. Have White Light on Front** — danger signal on rear for night riding.
- 4. Have Satisfactory Signaling Device** to warn of approach.
- 5. Give Pedestrians the Right-Of-Way.** Avoid sidewalks — otherwise use extra care.
- 6. Look Out for Cars Pulling Out Into Traffic.** Keep sharp lookout for sudden opening of auto doors.
- 7. Never Hitch on Other Vehicles** — do not “stunt” or race in traffic.
- 8. Never Carry Other Riders** — carry no packages that obstruct vision or prevent proper control of cycle.
- 9. Be Sure Your Brakes Are Operating Efficiently** — keep your bicycle in good running condition.
- 10. Slow Down At All Street Intersections** — look to right and left before crossing.
- 11. Always Use Proper Hand Signals** — turning and stopping.

- 12. Don't Weave In Or Out of Traffic** — Do not swerve from side to side.

Suggested bike safety programs are:

- (a) Safety inspection of all bikes by a qualified service mechanic.
 - (b) Testing of individual youngsters for: balance, changes in direction, traffic control, pedaling and braking, maneuvering, mounting, obstacles, emergency stops, turning, signaling and proper care of bike.
 - (c) Rodeo, which is similar to the testing program except that the participants are scored on their knowledge of bike safety and execution of various maneuvers while competing for prizes. This could be made more exciting by having the various teams in each league compete against each other.
4. Another effective way to impress youngsters with the importance of observing traffic safety rules is to have a safety representative from your local law enforcement agency talk briefly to each Little League group, following a practice or game. Youngsters may be impressed by the importance of traffic safety rules which are explained by an officer, such as a state trooper, in uniform.

Prevention of Other Going-and-Coming Accidents

As mentioned at the beginning of this chapter, our Little Leaguers are exposed to other accidents while traveling to and from the ball field.

These accidents, which can be very serious, are a difficult type to prevent. The youngsters are usually out of touch with adult guidance when they get an impulse to climb a tree, throw a stone, watch a construction job, try out someone's motor bike, play in the water or otherwise express their natural curiosity and spirit of adventure. Unfortunately, some of their impulsive actions have led to disastrous results.

Possible Preventative Measures

1. The most positive approach, and probably the most effective, is appealing to their loyalty to the Little League uniform or cap. Parents, managers and coaches should impress upon them that their behavior along the way will give other people a good or bad impression of Little League, depending on how they act.
2. Youngsters should also feel the restraining effect of orders to go directly to the field and report to their manager or coach. The same order should apply to going straight home and checking-in with their parents.
3. As an indirect precaution, parents should be encouraged to have their youngsters learn how to swim. This is particularly important if there are any bodies of water within striking distance of their route. This knowledge

may save their lives when temptation is stronger than the voice of authority.

4. A surprising number of accidents also occur when youngsters reach the vicinity of the field but it is not yet time for practice or a game. In this situation it is the direct responsibility of any adults who are nearby to stop

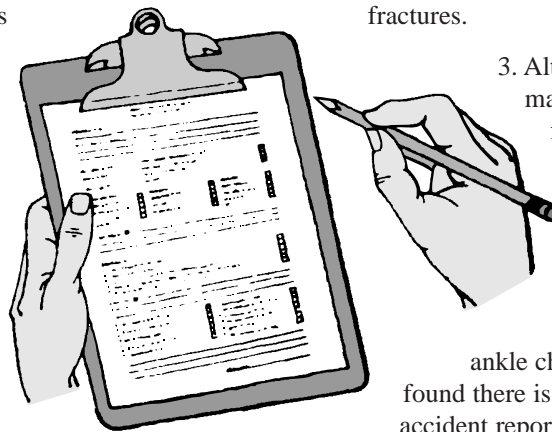
such activities as climbing trees, chasing each other, running up and down the grandstands, etc.

5. Volunteers should make local authorities aware of potential risks in the area, ie. unfenced excavation or quarries and lakes with unsecured boats.

MAKING USE OF ACCIDENT REPORTING

In the effort to prevent accidents to Little Leaguers one must deal with the unpredictable actions of many small athletes. One of the most widely accepted ways to counteract the unsafe acts, which are so often a part of such uncertain behavior, is to inquire into the reasons behind such acts and take suitable counter measures.

Since we cannot eliminate all of these disturbing and sometimes tragic mishaps, one must use them as tools to help control similar or related accidents. Also, alert operation makes it possible to get at the causes of "near misses" so that something can be done to prevent the occurrence of injury-producing accidents.



correction of this type of accident may be obvious. A report, however, would serve as a reminder, not only to this team, but to others in the league that equipment left on the field can cause falls, some of which can result in fractures.

3. Although it may be embarrassing to a manager, should a relief catcher have front teeth knocked out because of neglect to always wear a mask and catcher's helmet when warming up a pitcher, the report on such a violation should be passed along as a warning to others.

4. Let's assume a player turns an ankle chasing a fly ball. Upon checking, it is found there is a hole in the outfield. A copy of the accident report passed on to the grounds keeper would reduce the chances of that person forgetting to correct the hazard.

Which Accidents to Analyze

Good judgment must be used in deciding which accidents to analyze. The severity of an injury should not be the only basis of deciding to determine reasons for an accident and what can be done to reduce the chances of its reoccurrence. The possibility of a similar and more severe accident occurring should be our main reason for getting at the causes and taking suitable corrective action.

Examples of cases that probably would not require detailed checking would be a "strawberry" from sliding or minor strains and bruises, not associated with serious unsafe acts or conditions.

Examples of accidents requiring thorough study are:

1. A collision when two players go after the same fly ball, even though no one is hurt, has the possibility of resulting in a serious injury. Questioning players may reveal they had forgotten ball priority assignments in the excitement of trying to make the catch. The corrective measure might be to hold additional ball priority drills. A completed accident cause report passed on to the Safety Officer will serve as a warning to managers of other teams.
2. If a player should trip and fall over a bat left on the ground and suffer a small abrasion, the cause and

Other Uses for Accident Reports

1. The need for corrective measures, of course, is most evident when an injury is severe enough to require professional services. In addition to the need for immediate preventative action, it is very important to have accurate information to complete the insurance claim report. This may be done by the Safety Officer.
2. As in any organized endeavor, communications among teams in a league and leagues in a district is important. The safety program can be effective for everyone if each adult, with some safety responsibility, is given a brief report on serious or unusual hazards and the corrective action that has been taken to counteract them. In order to accomplish this, the League Safety Officers and the District Safety Officer must be kept informed about all significant accident cases.

Further Follow-Up on Accident

Even after corrective measures have been put into effect, responsible adults should continue to check back to make sure that unsafe habits have not been resumed and conditions are not allowed to slip. We advise youngsters to keep their eye on the ball. Let's do the same with safety precautions.

FIRST AID

First aid is an important part of any safety program. Like insurance coverage, it is a form of protection that must be available in case of an emergency involving any injury.

Definition

First aid is the immediate, necessary, temporary, emergency care given for injuries.

Selection and Qualifications of First Aiders

It is recognized as impractical to have a completely trained and experienced first aider on duty at all times. However, every effort should be made to have several alternate first aiders, preferably adults whose duties keep them at the field, trained in the basic requirements of first aid treatment.

Ideally, this training should be from an accredited agency such as the American Red Cross. The alternative is to have them trained briefly and specifically for this purpose by a medical doctor or a registered nurse who is familiar with Little League operations. Minimum first aid training should include the handling of extreme emergencies such as the usage of mouth-to-mouth resuscitation and external cardiac massage.



First Aid Equipment

Since this chapter of "Play It Safe" is not intended as a First Aid Manual, we have omitted information on treatment. Both this and the proper equipping of the first aid kit should be left to the advice of local medical authorities. It is sug-

gested, however, that in addition to the stock of bandages and medication, the following be available:

1. A supply of clean water, soap and towels
2. A blanket
3. Arm and leg splints
4. Easily accessible phone with emergency phone numbers, such as doctor, hospital and ambulance service. If a public phone is to be used, small coins should also be readily available.

Notification of Family

It is extremely important that, as soon as provision has been made for the care of injured or ill people who require outside treatment their family be notified in as tactful a manner as possible.

Follow-Up on First Aid Cases

Care of an ill or injured individual must always be the first consideration. In concern for their welfare, however, do not neglect the following:

1. A thorough investigation should be made to find the cause(s) of an accident and action started to prevent reoccurrence.
2. An insurance claim should be filed when outside medical attention is required. Do not wait for medical bills to arrive. They can be submitted as they become available. They must be identified by including the person's name, league name and number, date of injury, and city and state of residence. Bills should be itemized to show dates and type of treatments.
3. Any player under the care of a doctor should be required to bring a note from the doctor to the manager releasing the player to play ball before being allowed to return to the lineup.

PUBLIC LIABILITY

The responsibility of all organizations and their individual members for the safety of the general public has become an increasingly important factor in present-day society.

Little League's Obligation

As a non-profit organization supported by public funds and operated by volunteers we should have a deep interest in the safety of the general public as well as the protection of our Little League volunteers from lawsuits.

Even though we cannot fully protect the public from all situations arising out of the operation of a league, we can safeguard them from our own unintentional negligence.

Consequences of Being Sued

No matter how unjustified a liability suit may be, we should be concerned about the effects of such legal action on Little League and particularly on the men and women who make the league possible.

1. The worst result of such a suit, if there is no liability insurance coverage, is the possibility of wrecking the financial position of the individual against whom the suit is directed. In cases where a large judgment is obtained against an individual, the Court may take over all of a person's assets and even attach future earnings for years to come.

2. Another ill effect is unfavorable publicity from news releases, which are sometimes of a sensational nature. They can damage the public good will which has taken years to build.

Protective Measures

1. Obviously our best protection against the relentless attacks of a few claim-minded individuals is to have adequate liability insurance coverage from a reputable company. This will protect local league officials but not the good name of the league and its members.
2. Some legal protection can be obtained by incorporating a league under the laws of the state in which it operates. This is not to be confused with Little League Baseball, Incorporated, which cannot pass the advantages of its incorporation on to individual Little Leagues. They must be incorporated under the laws of the state in which they operate.

This relatively inexpensive protection will safeguard the league as a whole and its members, to a degree, from unlimited financial responsibility for a judgment against the league. However, it will not relieve anyone from the legal expenses required to defend against a suit, nor will it limit the legal responsibility of persons who may be sued as individuals. A league desiring to use the words "Little League" in its corporate title must first obtain consent from Little League Headquarters.

3. As in the case of player accidents, we can go a long way toward safeguarding the good name of Little League and the best interests of all individuals by taking a few common-sense precautions.

Avoid Negligence

The taking of precautions should be based on this main objective of avoiding any implication of negligence on the part of Little League people. In most successful public liability suits, the claimant must prove that some organization or individuals have been negligent in their obligation to safeguard the general public. Some examples of what can be considered as negligence are:

1. The use of grandstands or bleachers that are unsafe due to faulty design, the use of substandard building materials or material which has deteriorated to a point where they are not safe for a capacity crowd.
2. Spectator screen with holes which have become loose or torn.
3. The serving of food at a Little League concession stand that may have become spoiled or contaminated and the careless use of bottled gas. The following safety rules should be observed if bottled gas is used for cooking:
 - (a) Gas cylinders and regulators should be installed out of doors, at least three (3) feet from any building and, if not separated by a solid wall, at least six (6) feet

from the gas burners. Cylinders should always be in an upright position.

- (b) Solid pipe, metal tubing or standard braided metal hose should be used to connect the cylinders. Pipe should have flexible couplings or a tubing loop to provide for jarring or vibration.
 - (c) Cylinders should be installed and maintained by the supplier. By having a reserve cylinder piped up and ready for use, there will be no need for Auxiliary personnel to do more than turn a valve.
 - (d) Gas cylinders should be protected from physical damage and tampering but never in a solid enclosure, to avoid the possibility of an explosion.
 - (e) When not in use they should always be turned off at the cylinder and the key or valve handle removed.
 - (f) A hand fire extinguisher suitable for grease fires should be available and kept fully charged. The minimum requirement is a 5 lb. carbon dioxide type or a 2 3/4 lb. dry chemical extinguisher.
 - (g) If leaking gas ignites, always shut off the valve at the cylinder. If gas is burning at the top of a cylinder, DO NOT TRY TO EXTINGUISH IT. Call the Fire Department.
 - (h) Have your installation inspected and approved by your local Fire Protection Authorities.
4. Permitting members of the general public, particularly small children on the playing field where they may be exposed to thrown or batted balls and swinging bats.
 5. Allowing a pitcher and catcher to warm up in an unsafe location such as too near the stands, where a wild pitch could injure someone.
 6. Ignoring an obvious and frequent exposure to non-spectators using a public street or similar area and preventing their being struck by hard hit balls hit out of the playing field.

Conclusion

In brief, we can discharge our obligations for the safety of the general public and the welfare of the league and its members by:

1. Providing a reasonably safe place for spectators and maintaining it in good condition. Any adult spectator in attendance assumes the normal risks of watching baseball. Grandstand and bleachers should be inspected annually and be in conformity with National Fire Protection Association Standard for Places of Outdoor Assembly, No. 102. A pamphlet on Code No. 102 may be purchased from the NFPA, 470 Atlantic Avenue, Boston, MA. 02100. In some states, inspection service is provided and compliance with this Code is a legal requirement.

Play It Safe

2. Keeping an alert eye out for dangers to the general public and nonspectators in the vicinity of the field. This applies particularly to small children.
3. Carrying adequate public liability insurance with a reputable company. Extensions of this coverage are needed

for the use of additional fields which are under other ownership.

4. Have the league incorporated under the laws of the state in which it operates.

ACCIDENT INSURANCE COVERAGE

A complete safety program must be backed up by adequate accident insurance coverage. Responsible organizations providing athletic programs assume a moral obligation to assure each injured player adequate medical attention and to help parents or families of injured players by easing the burden of medical expenses. In addition, adults who volunteer to assist in the operation of the league are entitled to protection from possible costs of accidental injuries.

Accident Insurance

This coverage is a requirement for chartering a league and is not to be confused with public liability insurance described in the foregoing chapter. Liability insurance protects a Little League against suits arising out of accidents to the general public.

Adequate accident insurance provides reimbursement for actual eligible medical costs arising out of accidental injuries to eligible individuals in the Little League organization directing or assisting with the games, tournament, practices and when traveling directly to and from the field. See your League President for pamphlets that provide a detailed description of these insurance coverages.

Insurance for Service-Connected Leagues

Adequate insurance for leagues operating at military installations sometimes is overlooked because of the free medical services available at these locations. Individuals in these leagues are not usually covered for:

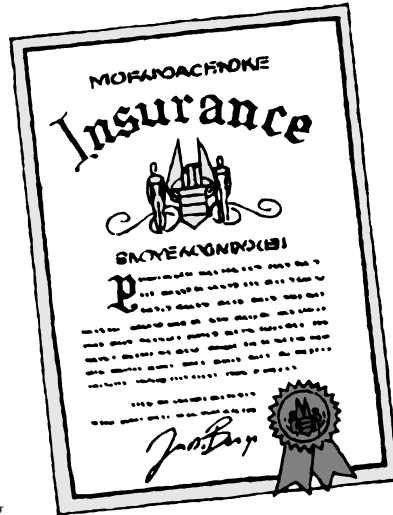
1. The cost of dental care for dependents, if stationed in the United States.
2. The full expense of hospital care outside of military installation.
3. Injury expenses to civilian employees and their dependents.
4. Most accident expenses incurred in connection with baseball trips away from the military installation.

It is strongly recommended that these leagues review their insurance position and consider obtaining coverage through Little League Headquarters for:

1. A special death and dismemberment policy for each team.

2. Full coverage for approved tournaments if their activities will take them away from government property.

3. Regular Little League insurance, if the lack of medical benefits indicate a need for this protection. This coverage would make separate death and dismemberment and tournament insurance unnecessary.



Little League Insurance Obligations

The payment of premiums for insurance coverage, even the required accident insurance, does not completely fulfill a league's requirement to its members. Misuse of an insurance contract may seem to provide extra benefits for the few individuals who have no scruples in this regard. In actual fact, they are only working to their own disadvantage

and that of other leagues in their rating area. Unjustified overloading of claim costs can result in increased premium charges. In time it could price your league out of business, as well as other leagues having limited finances. These abuses may be unintentional or possibly based on the fallacy that "any insurance company is fair game." Some examples are:

1. Submitting claims for injuries or illnesses that are not directly related to Little League activities.
2. Concealing other insurance coverage which has a prior responsibility for the payment of a claim or permitting duplication of benefits.
3. Permitting medical services to overcharge just because insurance coverage is available.
4. The submission of unjustified claims by a league official who has not taken the trouble to have the essential details of an accident checked by a responsible person to make sure that it has resulted directly from a Little League activity covered by insurance.

Little League Headquarters Assistance

Little League Headquarters, with its data processing equipment and research analysis department, is in an excellent position to take corrective action based on a review of claim cases. These safety improvements may take the form of:

1. Adjusting playing conditions.
2. Developing and improving protective equipment.
3. Advising on training procedures.

4. Changing playing rules or Safety Code.
5. Assisting leagues in areas where accidents are found to be excessive.

As a result of their detailed knowledge and their favorable bargaining position with large reputable insurance companies, Little League Headquarters is in the best position to adminis-

ter adequate and economical group insurance coverage for all Little Leagues. This service includes the ability to give credit through reduced premium costs in areas which have shown a consistently good experience.

Little League officers are urged to take advantage of both the insurance and accident-prevention services that are available through Little League Headquarters.

SAFETY CODE FOR LITTLE LEAGUE

- Responsibility for procedures should be that of an adult member of the local league.
- Arrangements should be made in advance of all games and practices for emergency medical services.
- Managers, coaches and umpires should have some training in first aid. First Aid Kit should be available at the field.
- No games or practices should be when weather or field conditions are not good, particularly when lighting is inadequate.
- Play area should be inspected frequently for holes, damage, stones, glass and other foreign objects.
- Dugouts and bat racks should be positioned behind screens.
- Only players, managers, coaches and umpires are permitted on the playing field during play and practice sessions.
- Responsibility for keeping bats and loose equipment off the field of play should be that of a player assigned for this purpose.
- Procedure should be established for retrieving foul balls batted out of the playing area.
- During practice and games, all players should be alert and watching the batter on each pitch.
- During warm-up drills players should be spaced so that no one is endangered by wild throws or missed catches.
- Equipment should be inspected regularly. Make sure it fits properly.
- Batters must wear approved protective helmets during batting practice, as well as during games.
- Catcher must wear catcher's helmet, mask, throat protector, long model chest protector, shin guards and male catchers must wear a protective supporter at all times.
- Except when runner is returning to a base, head first slides should be avoided.
- During slide practice bases should not be strapped down and should be located away from the base anchoring system.
- At no time should "horse play" be permitted on the playing field.
- Parents of players who wear glasses should be encouraged to provide "safety glasses."
- Players should not wear watches, rings, pins or other metallic items.
- Catchers must wear catcher's helmet and mask with a throat protector in warming up pitchers. This applies between innings and in the bull-pen.

Don't Swing It

...Until You're Up to the Plate!



(Photos from North Scott, Iowa, Little League)

Don't let this happen to you, or to a teammate.

REMEMBER:

Don't pick up your bat until you leave the dugout, to approach the plate.

RULE 1.08, Notes

"1. The on-deck position is not permitted in Tee Ball, Minor League or Little League (Majors) Division. 2. Only the first batter of each half-inning will be allowed outside the dugout between the half-innings in Tee Ball, Minor League or Little League (Majors) Division."

EXERCISE INDUCED ASTHMA

GENERAL INFORMATION

- Asthma is one of the most common chronic health problems among children. Exercise-induced asthma (EIA) is a condition in which the airways constrict during, or following, vigorous exercise. A variety of factors may trigger an EIA attack. These factors include, but are not limited to:
 - Respiratory infections, colds
 - Allergies to pollen, mold, or dust
 - Excitement, stress
 - Exposure to cold air or sudden temperature changes
 - Air pollution, fumes, or strong odors
 - Vigorous, aerobic exercise

HOW ASTHMA AFFECTS THE LUNGS

- Breathing difficulty is caused by three types of reactions in the air passages of the lungs:
 - Inside walls of the airways swell up
 - Muscles in the walls of the airways tighten and constrict
 - Swollen walls produce excess mucus which clogs the airways
- The child struggles to breathe because there is difficulty getting air in and out of the lungs.

ASTHMA AND EXERCISE

- Consult your physician before beginning an exercise program.
- Take all asthma medications as prescribed by your physicians.
- Starting about 30-60 minutes before vigorous exercise, perform a 10-15 minute warm up. Past experience, may warrant a longer warm up period.
- Begin working out slowly for the first 5-10 minutes, keeping the heart rate at about 50%-60% of the target heart rate.
- Perform a graduated 10-30 minute cool down after vigorous exercise. This allows the temperature changes in the airways to occur gradually and reduces the risk of EIA.
- When trying new activities, increase duration and intensity slowly.
- During cold winter months. limit outdoor exercise, or try breathing through a foam nylon mask. (Cold air greatly increases the risk of an EIA attack.
- Exercising in a warm, humid environment, such as a swimming pool, usually reduces the risk of an EIA attack.

SYMPTOMS

Signs & Symptoms of Asthma

- A distinct change in breathing
 - wheezing and shortness of breath
 - fast, noisy breathing or panting
 - flared nostrils
 - the notch of the Adam's apple may sink in
- Chest tightness and/or coughing

Signs & Symptoms of a Serious EIA Attack

- Breathlessness may cause the athlete to talk in one-to-two word phrases, or not talk at all.
- The neck muscles may tighten with each breath.
- The athlete may have an increased breathing rate while resting.
- The lips and nail beds may have a grayish or bluish color.
- The athlete may exhibit chest retractions (chest skin sucked in).

THESE SIGNS & SYMPTOMS REQUIRE IMMEDIATE MEDICAL ATTENTION!

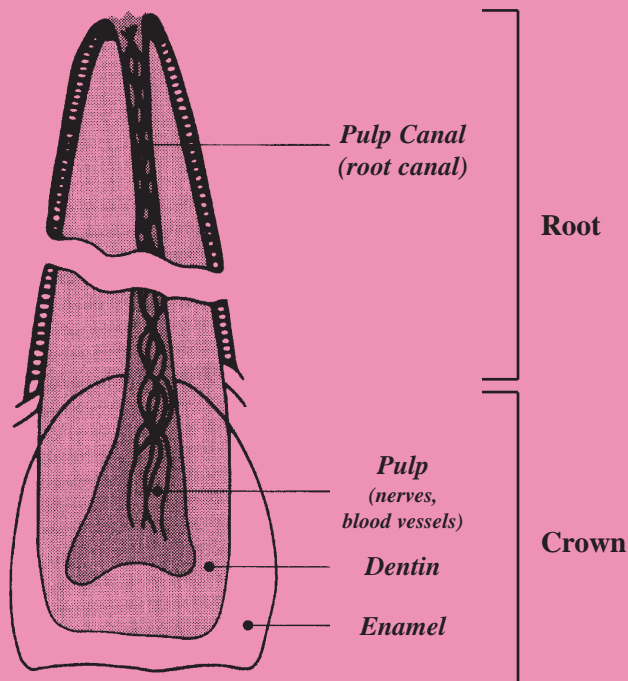
FIRST AID IN CASE OF BREATHING DIFFICULTY

- Ask the student if they are having an asthma episode.
- STAY CALM, reassure the student by your tone of voice and your attitude of being able to manage the situation.
- Help the student to assume a comfortable position with shoulders relaxed. Leaning forward with elbows on knees may be helpful.
- Encourage the student to use pursed-lip breathing.
- If you can find out what triggered the asthma episode, remove it - or the student - from the area.
- Encourage the student to take appropriate medication if his or her doctor has prescribed medicine for a time of breathing difficulty. (Check with the school nurse for proper school procedure.)
- Drinking liquids that are neither too hot or too cold may be helpful.
- If there is no improvement, notify the school nurse, parent or guardian. Follow established emergency procedures.

For more information contact:

American Lung Association of Iowa
1025 Ashworth Rd, Ste 410 • West Des Moines, IA 50265-6600
1-877-92-LUNGS

Emergency Treatment of Athletic Dental Injuries



Professionally-made, properly fitted Custom Mouthguards greatly reduce the risk and severity of mouth injuries. Mouthguards are recommended injury prevention equipment for all at-risk sports.

AVULSION (Entire Tooth Knocked Out)

1. Avoid additional trauma to tooth while handling. **Do Not** handle tooth by the root. **Do Not** brush or scrub tooth. **Do Not** sterilize tooth.
2. If debris is on tooth, *gently* rinse with water.
3. If possible, reimplant and stabilize by biting down gently on a towel or handkerchief. Do only if athlete is alert and conscious.
4. 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.
5. Time is very important. Reimplantation within 30 minutes has the highest degree of success rate. **TRANSPORT IMMEDIATELY TO DENTIST.**

LUXATION (Tooth in Socket, But Wrong Position)

THREE POSITIONS

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

1. Reposition tooth in socket using firm finger pressure.
2. Stabilize tooth by gently biting on towel or handkerchief.

3. TRANSPORT IMMEDIATELY TO DENTIST.

LATERAL DISPLACEMENT - Tooth pushed back or pulled forward.

1. Try to reposition tooth using finger pressure.
2. Athlete 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 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. **IMMEDIATELY TRANSPORT PATIENT AND TOOTH FRAGMENTS TO DENTIST.**

Academy for Sports Dentistry
875 North Michigan Ave.
Suite 4040
Chicago, IL 60611-1901

1800-273-1788
1800-ASD-1788

The Academy for Sports Dentistry, a professional organization dedicated to the dental needs of athletes at risk to sports injuries, recommends that every sports medicine team include a dentist knowledgeable in sports dentistry.

MOUTHGUARDS SHOULD NOT BE OPTIONAL EQUIPMENT

Heat Exhaustion and Heat Stroke

Heat exhaustion is caused when the body loses too much water and salt due to lengthy exposure to extreme heat. If the body temperature does not cool down, it may also lead to **Heat Stroke**, which is life threatening. Heat stroke occurs when the body cannot cool itself any longer. Sweating stops and the internal temperature of the body becomes too high. (**Dehydration** is caused by the excessive loss of water and salts from the body due to illness or from prolonged exposure to heat. Severe dehydration can easily become a life-threatening condition for infants and the elderly.)



For More Information on Health Topics that are important to you and your family, contact us at:

1-800-660-5853 or 613-345-5685
or **www.healthunit.org**

How to Prevent Heat Exhaustion and Heat Stroke

| <p>Look First</p> | <ul style="list-style-type: none"> • Check the temperature and humidity - As the temperature and humidity increase, the chances of developing Heat Exhaustion or Heat Stroke also increases. • Watch for signs and symptoms in yourself and others. Pay special attention to small children and older adults as they are at higher risk of developing heat exhaustion and heat stroke. <p>What to Look for to Identify Heat Exhaustion and Heat Stroke:</p> <table border="1"> <thead> <tr> <th>Heat Exhaustion</th> <th>Heat Stroke</th> </tr> </thead> <tbody> <tr> <td>Headache</td> <td>Headache</td> </tr> <tr> <td>Blurred vision</td> <td>Dizziness</td> </tr> <tr> <td>Nausea or upset stomach</td> <td>Disorientation, agitation, confusion</td> </tr> <tr> <td>Vomiting</td> <td>Sluggishness or fatigue</td> </tr> <tr> <td>Sluggishness or fatigue</td> <td>Increased body (inside) temperature</td> </tr> <tr> <td>Thirst</td> <td>Loss of consciousness</td> </tr> <tr> <td>Extreme sweating</td> <td>Rapid heart beat</td> </tr> <tr> <td>Skin is cool, pale and moist</td> <td>Skin is hot, red and dry</td> </tr> <tr> <td>Slight increase in body temperature</td> <td>Hallucinations</td> </tr> </tbody> </table> | Heat Exhaustion | Heat Stroke | Headache | Headache | Blurred vision | Dizziness | Nausea or upset stomach | Disorientation, agitation, confusion | Vomiting | Sluggishness or fatigue | Sluggishness or fatigue | Increased body (inside) temperature | Thirst | Loss of consciousness | Extreme sweating | Rapid heart beat | Skin is cool, pale and moist | Skin is hot, red and dry | Slight increase in body temperature | Hallucinations |
|--|---|-----------------|-------------|---|---|-----------------------------------|---|--|--|------------------|--|--|-------------------------------------|--|--|--|---|------------------------------|--------------------------|-------------------------------------|----------------|
| Heat Exhaustion | Heat Stroke | | | | | | | | | | | | | | | | | | | | |
| Headache | Headache | | | | | | | | | | | | | | | | | | | | |
| Blurred vision | Dizziness | | | | | | | | | | | | | | | | | | | | |
| Nausea or upset stomach | Disorientation, agitation, confusion | | | | | | | | | | | | | | | | | | | | |
| Vomiting | Sluggishness or fatigue | | | | | | | | | | | | | | | | | | | | |
| Sluggishness or fatigue | Increased body (inside) temperature | | | | | | | | | | | | | | | | | | | | |
| Thirst | Loss of consciousness | | | | | | | | | | | | | | | | | | | | |
| Extreme sweating | Rapid heart beat | | | | | | | | | | | | | | | | | | | | |
| Skin is cool, pale and moist | Skin is hot, red and dry | | | | | | | | | | | | | | | | | | | | |
| Slight increase in body temperature | Hallucinations | | | | | | | | | | | | | | | | | | | | |
| <p>Get Trained</p> | <ul style="list-style-type: none"> • Keep cool – take breaks often when working or playing outdoors in extreme heat. • Drink every 20 – 30 minutes throughout the day such as water, juice or sports drinks. • Avoid caffeinated drinks or alcoholic beverages – they can speed up the effects of heat stroke. • Avoid strenuous work or sport activities during the intense sunlight hours from 11 am to 4 pm. <p>How to Treat Heat Exhaustion and Heat Stroke:</p> <table border="1"> <thead> <tr> <th>Heat Exhaustion</th> <th>Heat Stroke</th> </tr> </thead> <tbody> <tr> <td>Move the person to a cool and dry place</td> <td>Call 9-1-1 immediately – heat stroke is deadly</td> </tr> <tr> <td>Have the person lie down and rest</td> <td>Do CPR if the person is not breathing and has no pulse until EMS help arrives</td> </tr> <tr> <td>Apply cool water to skin and reapply often</td> <td>Move the person to a cool and dry place Place the feet higher than the head</td> </tr> <tr> <td>Fan the wet skin</td> <td>Apply cool water to skin and reapply often</td> </tr> <tr> <td>Have person drink fluids such as water, juice or sports drinks</td> <td>Fan the wet skin</td> </tr> <tr> <td>Apply ice to head, neck, armpits and groin areas</td> <td>Apply ice to head, neck, armpits and groin areas</td> </tr> <tr> <td>If the person is showing signs of heat stroke call, 9-1-1 immediately</td> <td>If possible, put the person in cool water if they are unconscious but still have vital signs (pulse, breathing)</td> </tr> </tbody> </table> | Heat Exhaustion | Heat Stroke | Move the person to a cool and dry place | Call 9-1-1 immediately – heat stroke is deadly | Have the person lie down and rest | Do CPR if the person is not breathing and has no pulse until EMS help arrives | Apply cool water to skin and reapply often | Move the person to a cool and dry place Place the feet higher than the head | Fan the wet skin | Apply cool water to skin and reapply often | Have person drink fluids such as water, juice or sports drinks | Fan the wet skin | Apply ice to head, neck, armpits and groin areas | Apply ice to head, neck, armpits and groin areas | If the person is showing signs of heat stroke call, 9-1-1 immediately | If possible, put the person in cool water if they are unconscious but still have vital signs (pulse, breathing) | | | | |
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| <p>Wear the Gear.</p> | <p>When outdoors:</p> <ul style="list-style-type: none"> • Wear light-coloured clothes and wide brimmed hat to reflect the heat from the sun • Make arrangements to have fluids with you • Remember to practice sun safety <p>When at home:</p> <ul style="list-style-type: none"> • Have a cool bath or shower to lower your body temperature • Use fans to move the air around in your home • Go to the mall or other air conditioned building if your home is too hot | | | | | | | | | | | | | | | | | | | | |
| <p>Stay Sober</p> | <ul style="list-style-type: none"> • Avoid alcoholic beverages. Alcohol interferes with the body’s ability to regulate body temperature. Dehydration occurs more rapidly when consuming alcohol and will decrease your ability to monitor signs and symptoms! • Be alert to your body’s condition – keep watch for signs of Heat Exhaustion and Heat Stroke! | | | | | | | | | | | | | | | | | | | | |