

PLATTE CANYON LITTLE LEAGUE

District 5 ID #4060301

2019 ASAP PLAN

SAFETY MANUAL



2019

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Little League Qualified Safety Plan Requirements

1. League Safety Officer: **Eric Smith** on file with Little League Headquarters and member of PCLL Board.
2. Platte Canyon Little League will provide a paper copy of this Safety Manual to all managers/coaches, league volunteers, and the District Administrator (electronic copy). An electronic copy will also be available on the PCLL website.
3. Emergency and Key Official phone numbers are listed on page 4. Numbers are also provided in managers' binders and posted at the concession stand at main Burland Complex, at the equipment shed at Mud Hole and in dugouts at Wandcrest field. Coaches are required to keep binders with them at all games and practices. Further Injury and First Aid Instructions are included in the pages that follow.
4. Platte Canyon Little League will use the 2019 Official Little League Volunteer Application form to screen all volunteers and complete a background check. This will be completed by the league President or Secretary through JDP "Quick App" to keep personal information safe and private. All volunteers will be cross checked with background information and photo id. Anyone refusing to fill out Volunteer Application is ineligible to be a league member.
5. **Coaches Clinic/ Meeting/ Training:**
At least one manager/coach from each team must attend the training. Every Manager/Coach will attend this training at least once every 3 years. Training will be conducted by a coaching coordinator or other league official and will cover fundamentals training. Training may be in partnership with KCLL.
6. CPR/First Aid Training: Platte Canyon Little League will require at least one manager/coach from each team to have a current CPR/First Aid Certification. Every manager/coach must attend this training once every three years. Platte Canyon Fire Department will conduct the training. Alternatively, manager/coach may take comparable class online or at another location and submit documentation to Platte Canyon Little League.

Every manager/coach must complete the CDC on-line Head Injury training.

<http://www.cdc.gov/concussion/HeadsUp/youth.html>

Additionally, each athlete as well as a parent/guardian must sign the Concussion Information Sheet (kept in each Coach Binder).

7. Coaches (home team) will be required to walk/ inspect the fields prior to practices and games. Umpires will also be required to walk the fields for hazards before each game.
8. Platte Canyon Little League has completed and updated our 2019 Facility Survey and submitted online.
9. Concession Stand Safety

- Menu shall be posted and approved by the Safety Officer and the League President
- Our Concession Safety Procedures will be posted in the concession stand and can be found on page 21.
10. The League Safety Officer and the Equipment Manager will inspect all equipment prior to start of the season.
 - Managers/Coaches will inspect equipment prior to each game
 - Umpires will be required to inspect equipment prior to each game.
 11. Platte Canyon Little League will use the provided incident tracking form from the Little League website and will provide completed Accident forms to Safety Officer within 24-48 hours of the incident.
 12. Each team will be issued an updated **First Aid Kit** including instant ice packs and will be required to have it at every practice and game. Additionally, each team will be issued a roll of duct tape to cover any blood on clothing. First Aid Kits, Ice Packs and Duct Tape will also be available in the Concession Stand at the Burland Complex.
 13. **Lightning Procedures and Evacuation**
A designated adult chosen by the home team coach must monitor lightning activity at each field during the entire game. Additional lightning information can be found on page 19. Pre-game/warm ups follow the same rules as the game guidelines for lightning procedures.
 14. Platte Canyon Little League will require ALL TEAMS to enforce **ALL Little League Rules**.
 15. Platte Canyon Little League player registration data and Coach and Manager Data is submitted annually through the Little League Data Center.
 16. Platte Canyon Little League will share safety initiatives and best practices to help better the Little League experience. This year PCLL implemented the JDP Quick App background checks which helped with security, safety and efficiency. New signs were obtained and posted and policy reinforced regarding no pets to help ensure safety at PCLL facilities. Safety plan is now posted online and also in each coaches' binder.
 17. Platte Canyon Little League will complete the Qualified Safety Plan Registration Form.
 18. Platte Canyon Little League has submitted safety plan to District 5 Administrator for review.

SAFETY RESPONSIBILITIES FOR TEAM MANAGERS

The most important job for Platte Canyon Little League (PCLL) team managers is to promote safety and minimize accidents/injury for every youth player who participates in PCLL youth baseball programs. It is the manager's responsibility to administer all of the safety guidelines and procedures mandated by Little League International and Little League District 5, and to administer additional safety measures that might be recommended by PCLL.

BEFORE the first team practice, ALL VOLUNTEERS having repetitive contact with players must complete the mandatory Background Check through JDP (<https://www.jdp.com/littleleague/littleleague-backgroundcheck/>).

BEFORE the first team practice, ALL MANAGERS must distribute this safety manual to all of their assistant coaches and all volunteers having repetitive contact with players.

PCLL requires fundamental coach training with at least one coach from each team in attendance. ALL managers and coaches are encouraged to attend. The dates for coach training will be announced prior to the start of the season.

PCLL also requires that at least one manager or coach from each team be CPR and first-aid certified.

Managers and coaches who have been CPR and first-aid certified within the last three years are not required to be re-certified for this season. In addition, it is required that at least one manager or coach from each team complete a concussion-injury training course annually (<https://www.cdc.gov/headsup/youthsports/training/index.html>). Certificates should be kept on file with the league and a printed copy should be available at all times in the team binder during practices and games. Information regarding first-aid, CPR, and concussion-injury training courses will be provided to all team managers by the PCLL Safety Officer.

For each practice and game, managers must: (1) have a first-aid safety kit that is complete, and be able to administer necessary treatment for various minor injuries, (2) have a working cell phone, (3) ensure there is at least one manager or coach on the field who is first aid certified, (4) require inspection of all team equipment to ensure no item is faulty, (5) fill out all of the appropriate injury forms (provided upon request by the Safety Officer or other PCLL officials) as soon as possible after any injury that needs documentation. **It is critical that the PCLL Safety Officer be notified within 24 hours, via email, regarding any injury suffered, regardless of severity,** and (6) have a copy of this safety manual at every practice and game.

BEFORE each practice and game, managers should require all players to participate in team warm-ups/calisthenics. Brief "cool-down" exercises at the end of practices and games also are highly recommended.

ALL VOLUNTEERS: It is YOUR RESPONSIBILITY to thoroughly read this safety manual and be familiar with all of its contents. The PCLL Safety Officer will distribute and/or make available printed copies of this Safety Manual to all PCLL volunteers.

MANAGERS: It is YOUR RESPONSIBILITY to inform the parents of any player injury or sickness that occurs during practices or games and needs attention or observation by the parents.

PARENTS: It is YOUR RESPONSIBILITY to communicate with your child and coach regarding any injury or sickness that occurs during practices or games. Please consult your medical professional.

EMERGENCY AND IMPORTANT PHONE NUMBERS

*IN CASE OF EMERGENCY, **CALL 911*** **FIRE - SHERIFF - MEDICAL**

<u>Platte Canyon Fire Department</u>	<u>303.838.5853</u>
<u>Elk Creek Fire & Rescue</u>	<u>303.816.9385</u>
<u>Park County Sheriff (Bailey Sub)</u>	<u>303.838.4441</u>
<u>Park County Sheriff (Non-Emergency)</u>	<u>719.836.2494</u>
<u>Jefferson County Sheriff</u>	<u>303.277.0211</u>
<u>Conifer Medical Center</u>	<u>303.647.5300</u>

PCLL BOARD OF DIRECTORS CONTACT INFORMATION



NAME	POSITION	PHONE	EMAIL
Steve Spodyak	President	303.594.3837	sspodyak@plattecanyonlittleleague.org
Dave Ebaugh	Vice President	303.990.3792	dave@plattecanyonlittleleague.org
Katie Spodyak	Secretary	719.838.0814	kspodyak@plattecanyonlittleleague.org
	Player Agent/Uniforms		
Steve Batzer	Treasurer	303.816.1707	sbatzer@plattecanyonlittleleague.org
Eric Smith	Coach Coordinator	303.919.1286	esmith@plattecanyonlittleleague.org
	Safety Agent/Equipment		
Mike Davidson	Equipment	303.803.6334	
Jessica Munsterman	Fundraising and Sponsorships	303.257.2284	jmunsterman@plattecanyonlittleleague.org

PCLL Mailing Address:
PO Box 1738
Bailey, CO 80421

LITTLE LEAGUE DISTRICT 5 ADMINISTRATION

Mike Sedillos	Little League District 5 President	mikesedillos@vcn.com 303.902.4918
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GENERAL SAFETY MEASURES TO ENSURE SAFE PLAY

1. PCLL requires that ALL TEAMS enforce Little League Rules.
2. Ensure players have required equipment at all times.
3. Ensure male players wear protective cups (protective cups are required for catchers and strongly recommended for all players)
4. Coaches are required to walk/inspect the fields prior to practices and games.
5. Ensure players are widely spaced during throwing/catching practice.
6. Ensure players only swing bats at the plate or in a designated swinging/batting area. Ensure these areas are clear of any other players.
7. Ensure players do not hit balls unless they are at the plate and the players in the field are aware that such play is underway, or they are in a designated hitting area (e.g., batting cage, hitting into screen/net).
8. The on-deck position is not allowed in Tee-Ball, Minors (including coach-pitch), or Little League (Majors) Divisions. In these divisions, only the first batter of each half inning is allowed outside the dugout between half innings.
9. Coaches shall not warm-up pitchers.
10. The Safety Officer will submit a safety plan registration form with the ASAP plan.
11. League player registration data or player roster data and coach and manager data shall be submitted via the Little League Data Center at www.LittleLeague.org.
12. Complete the Annual Little League Facility Survey.

A CONCUSSION FACT SHEET FOR BASEBALL COACHES

by Centers for Disease Control and Prevention

Knowing the signs and symptoms of a concussion will help every youth baseball coach feel more comfortable in case of an emergency. Being prepared for a youth baseball injury means knowing what to look for and how to respond.

WHAT IS A CONCUSSION?

A concussion is an injury that changes how the cells in the brain normally work. A concussion is caused by a blow to the head or body that causes the brain to move rapidly inside the skull. Even a mild bump or blow to the head can be serious. Concussions can result from a fall, or from two players colliding, or being hit by a ball or bat, even while wearing a helmet.

The potential for concussions is greatest in athletic environments where collisions are common.

Concussions can occur in any organized or unorganized sport or recreational activity. As many as 3.8 million sports- and recreation-related concussions occur in the United States each year.

THE FACTS

- A concussion is a brain injury.
- All concussions are serious.
- Concussions can occur without loss of consciousness.
- Concussions can occur in any sport.
- Recognition and proper management of concussions when they first occur can help prevent further injury or even death.

RECOGNIZING A POSSIBLE CONCUSSION

To help recognize a concussion, you should watch for the following two things among your athletes:

1. A forceful blow to the head or body that results in rapid movement of the head.
2. Any change in the athlete's behavior, thinking, or physical functioning.

Athletes who experience any of these signs or symptoms after a bump or blow to the head should be removed from play until given permission to return to play by a health care professional with experience in evaluating for concussion. Signs and symptoms of concussion can last from several minutes to days, weeks, months or even longer in some cases.

Remember, you can't see a concussion and some athletes may not experience and/or report symptoms until hours or days after the injury. If you have any suspicion that your athlete has a concussion, you should remove the athlete from play.

SIGNS AND SYMPTOMS OBSERVED BY COACHING STAFF

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets field or batting position

- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Can't recall events prior to hit or fall

SYMPTOMS REPORTED BY THE ATHLETE

- Headache or head pressure
- 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”

PREVENTION AND PREPARATION

As a coach, you can play a key role in preventing concussions and responding to them properly when they occur. Here are some steps you can take to ensure the best outcome for your athletes and the team:

- Educate athletes and parents about concussion. Talk with athletes and their parents about the dangers and potential long-term consequences of concussion. For more information on long-term effects of concussion, view the following online video clip at http://www.cdc.gov/ncipc/tbi/Coaches_Tool_Kit.htm#Video.
- Explain your concerns about concussions and your expectations of safe play to athletes, parents, and assistant coaches. Pass out the concussion fact sheets for athletes and for parents at the beginning of the season and again if a concussion occurs.

INSIST THAT SAFETY COMES FIRST

Teach athletes safe playing techniques and encourage them to follow the rules of play.

Encourage athletes to practice good sportsmanship at all times.

Make sure athletes wear the right protective equipment for their activity (such as batting helmets, protective cups, and appropriate eyewear). Protective equipment should fit properly, be well maintained, and be worn correctly.

Review the fact sheet with your team to help them recognize the signs and symptoms of a concussion.

Teach athletes and parents that it is dangerous to play with a concussion. Sometimes players and parents wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring

injured athletes to play. Don't let athletes persuade you that they're "just fine" after they have sustained any bump or blow to the head. Ask if players have ever had a concussion.

Prevent long-term problems. A repeat concussion that occurs before the brain recovers from the first, usually within a short period of time (hours, days, or weeks), can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in brain swelling, permanent brain damage, and even death. This more serious condition is called second impact syndrome.

Keep athletes with known or suspected concussion from play until they have been evaluated and given permission to return to play by a health care professional with experience in evaluating for concussion.

Remind your players: "It's better to miss one game than the whole season."

WHAT SHOULD A COACH DO WHEN A CONCUSSION IS SUSPECTED?

1. Remove the athlete from play. Look for the signs and symptoms of a concussion if your athlete has experienced a bump or blow to the head. Athletes who experience signs or symptoms of concussion should not be allowed to return to play. When in doubt, keep the athlete out of play.
2. Ensure that the athlete is evaluated right away by an appropriate health care professional. Do not try to judge the severity of the injury yourself. Health care professionals have a number of methods that they can use to assess the severity of concussions. As a coach, recording the following information can help health care professionals in assessing the athlete after the injury:
 - Cause of the injury and force of the hit or blow to the head
 - Any loss of consciousness (passed out/knocked out) and, if so, for how long
 - Any memory loss immediately following the injury
 - Any seizures immediately following the injury
 - Number of previous concussions (if any).
3. Inform the athlete's parents or guardians about the possible concussion and give them the fact sheet on concussions. Make sure they know that the athlete should be seen by a health care professional experienced in evaluating for concussion.
4. Allow the athlete to return to play only with permission from a health care professional with experience in evaluating for concussion. A repeat concussion that occurs before the brain recovers from the first can slow recovery or increase the likelihood of having long-term problems. Prevent common long-term problems and the rare second impact syndrome by delaying the athlete's return to play until the player receives appropriate medical attention/evaluation and approval for return to play.

For more information on concussion and traumatic brain injury, visit www.cdc.gov/injury

SOURCES OF INFORMATION:

1. Powell JW. *Cerebral concussion: causes, effects, and risks in sports*. Journal of Athletic Training 2001; 36(3):307-311.
2. Langlois JA, Rutland-Brown W, Wald M. *The epidemiology and impact of traumatic brain injury: a brief overview*. Journal of Head Trauma Rehabilitation 2006; 21(5):375-378.
3. Lovell MR, Collins MW, Iverson GL, Johnston KM, Bradley JP. *Grade 1 or "ding" concussions in high school athletes*. The American Journal of Sports Medicine 2004; 32(1):47-54.
4. Institute of Medicine (US). *Is soccer bad for children's heads? Summary of the IOM Workshop on Neuropsychological Consequences of Head Impact in Youth Soccer*. Washington (DC): National Academy Press; 2002.
5. Centers for Disease Control and Prevention (CDC). *Sports-related recurrent brain injuries-United States*. Morbidity and Mortality Weekly Report 1997; 46(10):224-227. Available at: www.cdc.gov/mmwr/preview/mmwrhtml/00046702.htm.

A CONCUSSION FACT SHEET FOR BASEBALL PLAYERS AND PARENTS

by Centers for Disease Control and Prevention

Concussions can result from a fall to the ground, two players colliding, being hit by a ball or bat, or running into a fence or any obstacle. Below are some ways to determine whether a concussion may have occurred.

WHAT IS A CONCUSSION?

A concussion is a brain injury that:

- Is caused by a bump or blow to the head
- Can change the way your brain normally works
- Can occur during practices or games in any sport
- Can happen even if you have not been knocked out
- Can be serious even if you have only been dinged.

WHAT ARE THE SYMPTOMS OF A CONCUSSION?

- Headache or “pressure” in your head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light
- Bothered by noise
- Feeling sluggish, hazy, foggy or groggy
- Difficulty paying attention
- Memory problems
- Confusion
- Player “does not feel right”

WHAT SHOULD I DO IF I THINK I MIGHT HAVE A CONCUSSION?

1. **Tell your coaches and your parents.** Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach if one of your teammates might have a concussion.
2. **Get a medical checkup.** A doctor or health care professional can tell you if you have a concussion and when you have thoroughly recovered to return to practice or games.
3. **Give yourself time to get better.** If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a second concussion. Second or later concussions can cause damage to your brain. It is important to rest until you get approval from your doctor or health care professional to return to practices or games.

HOW CAN I PREVENT A CONCUSSION?

Accidents do and will happen, but by staying alert and using basic common sense, the probability of receiving a concussion are significantly reduced. There are many steps you can take to protect yourself, and your teammates:

- Follow your coach's rules for safety during practice and games at all times.
- Practice good sportsmanship.
- Use the proper sports equipment, including personal protective gear, and make sure they fit properly.
- Always stay alert and focused during all practices and games.
- Watch the ball at all times while on the field.
- Do not stand near anyone swinging a bat.
- Ensure the entire area around you is clear and nobody is nearby before swinging your bat.
- Never throw or sling your bat.
- Never walk up behind someone holding a bat without announcing your presence first and ensuring they are not going to swing.

PREVENTING DEHYDRATION IN YOUTH SPORTS

*The following precautions and treatments were taken from the Mayo Clinic website
<http://www.mayoclinic.com/health/dehydration/SM00037>*

Children don't adapt as well as adults do to exercise in hot, humid weather. They produce more heat, sweat less and may be less likely to drink enough fluids during exercise, all of which increase the risk of dehydration. Dehydration can lead to heat-related illnesses, such as heat cramps, heat exhaustion and heatstroke.

Youth may be particularly vulnerable to dehydration and other heat-related illnesses if they:

- Rarely exercise
- Are overweight or obese
- Have had a recent illness that caused vomiting or diarrhea
- Have had a previous heat-related illness.

Heat-related problems are most likely within the first few days of practice. That's why it's best to take it easy at first, gradually increasing the amount of activity, and the amount of protective equipment, as the days pass. Young athletes may need up to two weeks to safely acclimate to the heat.

During hot and humid weather conditions and during strenuous workouts, coaches are encouraged to:

- Reduce the intensity of physical activity lasting more than 15 minutes.
- Take water breaks every 15 minutes.
- Limit clothing to a single layer of light-colored, lightweight material.
- Require young athletes to drink plenty of fluids before and during practices and games at regular beverage breaks, even if they aren't thirsty.
- Encourage each child to pay attention to early signs and symptoms of dehydration, including:
 - Dry or sticky mouth
 - Thirst
 - Headache
 - Dizziness
 - Cramps
 - Excessive fatigue.

Remind each player that he or she is responsible for reporting these signs and symptoms to the coach right away. If dehydration is detected early, fluids and rest may be all that's needed. If any child seems confused or loses consciousness, seek emergency care.

EACH PLAYER MUST BRING WATER TO EVERY PRACTICE AND GAME, IN SUFFICIENT AMOUNT, TO LAST THROUGH THE ENTIRE PRACTICE OR GAME.

TREATING MINOR BRUISES IN YOUTH SPORTS

*The following treatments were taken from various websites including the following:
emedicinehealth.com, firstaid.webmd.com, healthychildren.org*

Definition: A bruise refers to an area of skin discoloration (typically black and blue) that occurs after a trauma to the soft tissue. A bruise develops when small blood vessels beneath the skin rupture and blood leaks into the soft tissue beneath the skin. Bruises are classified as:

- Subcutaneous: A bruise beneath the skin
- Intramuscular: A bruise within a muscle
- Periosteal: A bruise to a bone

The treatment for a minor bruise is most effective immediately after the injury, while the bruise is still reddish in color:

1. A cold compress such as an icepack should be applied to the affected area for 20-30 minutes in order to speed healing and reduce the swelling.
2. Do not apply ice directly to the skin. Wrap the icepack in a cloth or towel.
3. If the bruise takes up a larger area of the leg or foot, the leg should be kept elevated as much as possible during the first 24 hours after the injury.
4. After 48 hours, heat in the form of a warm washcloth applied to the bruise for 10 minutes or so, 2 or 3 times a day should increase blood flow to the bruised area allowing the skin to reabsorb the under skin blood more quickly, ultimately causing the red color to fade.
5. If a bruise (sometimes called a “goose egg”) occurs on the head, but the person did not black out, is able to remember the accident, and did not exhibit signs of a concussion (see Concussion Fact Sheets on page 4), it is unlikely that a serious head injury has resulted. On the other hand, if the person cannot remember what happened and you suspect the person may have a concussion, he or she should be taken to the nearest emergency care facility.
6. If a bruise occurs just above the eye, you can expect the bruise to travel to the area just under the eye, possibly causing a black eye, because of the effects of gravity. As long as you are able to move the affected eye in all directions, and do not have changes in vision, it is unlikely to be a serious injury that requires a visit to the hospital.

TREATING MINOR BURNS IN YOUTH SPORTS

*The following treatments were taken from various websites including the following:
emedicinehealth.com, firstaid.webmd.com, healthychildren.org*

PREVENT SHOCK - EASE PAIN - REDUCE THE RISK OF INFECTION

Items Needed for MINOR Burns: Cool Water, Analgesic, Sterile Bandages.

Burns are classified as:

- 1st Degree: Such as minor sun burning
- 2nd Degree: Burning that causes blistering, red blotchy marks on skin
- 3rd Degree: All layers of skin are charred, white and destroyed.

Treatment is most effective immediately after the injury.

First-Degree burns are the most benign and most common burns of all. Because first-degree burns irritate nerve endings (especially fingertips), they can hurt a great deal. Luckily, healing is very quick because only the outermost layer of skin is affected. There will be no blisters on a first-degree burn, nor will the skin be broken. There may be some swelling on and around the burned area.

First-degree burns do not usually need professional medical attention. Simply cool the burn under cold, running water for several minutes to stop the burn from getting worse. Soothe the area with some aloe vera ointment or burn cream.

Second-Degree burns are distinguished by the blistering, red blotchy marks they leave on skin. Blisters form in these burns because the burn penetrates deeper into the layers of skin, releasing body fluids that erupt and cause blisters on the surface.

Submerge the burned area in cold water (as cold as possible). If the burn occurred on the chest or back, pour cold water from a bucket or a hose directly onto the burn. DO NOT place dry cloth on the burn. **Seek professional medical care as soon as possible.**

Third-Degree burns are deadly serious. If you encounter someone who has a third-degree burn, get medical attention immediately. **Call 911 immediately!!**

TREATING MINOR CUTS IN YOUTH SPORTS

*The following treatments were taken from various websites including the following:
emedicinehealth.com, firstaid.webmd.com, healthychildren.org*

Items Needed for MINOR CUTS: Clean Water, Antibiotic Ointment, Sterile Bandages.

Treatment is most effective immediately after the injury.

1. The first priority is to stop the wound from bleeding. This done by applying firm pressure to the wound using a cloth or towel.
2. Cleaning the wound is important to minimize the risk of infection and scarring. Rinse the wound with clean water, removing any dirt, gravel or glass. Clean the wound next with sterile gauze.
3. The best way to prevent infection is to apply a topical antibiotic to the wound and cover it with a dressing. Studies show that applying a topical antibiotic can promote healing in 8 days, as opposed to 13 days for wounds left untreated.

Beyond the above MINOR cut wound care, it is difficult to advise specific wound care.

Consider the following questions:

1. Can the bleeding be stopped?
2. Is the wound deep, the edges torn, does fat protrude from it, is the cut over half an inch long, is it a puncture, or a gaping wound? Stitches may be needed.
3. Can the wound be adequately cleaned?
4. Is it possible that serious underlying damage was done, such as a cut nerve or tendon?
5. When was the last “tetanus” shot given to the injured person?
6. The injured person should have had a tetanus booster immunization shot within the last 10 years if the cut is simple and clean, or within the last 5 years if the cut is more complex or dirty.
7. Promote healing and minimize potential scarring by covering the wound. A minor cut only requires a Band-Aid that will sufficiently close the “minor” cut.

TREATING MINOR SPRAINS IN YOUTH SPORTS

*The following treatments were taken from various websites including the following:
emedicinehealth.com, firstaid.webmd.com, healthychildren.org*

Items Needed for MINOR SPRAINS: Cold pack, Elastic Sport Wrap.

Treatment is most effective immediately after the injury.

REMEMBER “**R I C E**”:

1. **Rest** the injured part. Pain is the body's signal to not move an injury.
2. **Ice** the injury. This will limit the swelling and help with the spasm.
3. **Compress** the injured area. This again, limits the swelling. Be careful not to apply a wrap so tightly that it might act as a tourniquet and cut off the blood supply.
4. **Elevate** the injured part above the level of the heart. This lets gravity help reduce the swelling by allowing fluid and blood to drain down to the heart.

Beyond the above MINOR SPRAIN care, it is advised to seek professional medical attention, if after 15 minutes:

1. Pain continues to be severe
2. Unable to put ANY weight on the sprain
3. The injured person cannot move the joint
4. There is numbness in any part

A mild sprain involves overstretching or slightly tearing the ligaments without affecting the stability of the joint. While there may be some swelling and bruising, the person is usually able to put weight on the affected joint.

In a moderate sprain, the ligament is torn but does not rupture completely. The joint is usually very painful, swollen, discolored and difficult to move.

A severe sprain involves a complete tear or rupture of one or more ligaments, making it impossible for the person to move the joint normally or put weight on it. This is a severe injury that usually requires immobilization in a cast or brace. Surgery may be needed to repair the ligaments.

TREATING A MINOR BLOODY NOSE IN YOUTH SPORTS

*The following treatments were taken from various websites including the following:
emedicinehealth.com, firstaid.webmd.com, healthychildren.org*

Items needed for a MINOR BLOODY NOSE: Cotton Wads, Cold pack, Clean Cloth.

Treatment is most effective immediately after the injury.

1. Always lean body and head slightly FORWARD - DO NOT LEAN BACK. Leaning back can let blood get into the windpipe, which can cause a blocked airway, or for blood to go into the stomach. Blood could irritate the stomach lining and cause vomiting. Also, never lie flat with a bloody nose, or place your head between your legs.
2. Roll up a small wad of cotton and insert into the bloody nostril snugly, just to lessen the mess.
3. Pinch the nose just below the bony bridge, and press firmly toward the face. Your fingers should be on the soft tissue as well as the bone. There should not be visible bleeding while holding the nose.
 - a. (1) Hold the nose for 3 minutes. Do not let go to check bleeding until the 3 minutes is up. After 3 minutes, release the pressure to see if the bleeding has stopped. (2) If not, repeat the pressure for 5 minutes this time. Do not let go to check the bleeding until 5 minutes is up. (3) You may repeat the pressure another 5 minutes, if necessary.
4. A coldpack placed over the bridge of the nose, in addition to pressure, can help constrict the blood vessels and stop the bleeding.
5. After the bleeding is controlled, do not let the victim blow his or her nose. Blowing the nose will release the clots and encourage bleeding to start again.
6. Bloody noses after trauma to the head may indicate a brain injury, especially if the bleeding occurs without obvious facial injury. **Call 911 immediately.** Advise the victim to calmly breathe out of their mouth.
7. Always be sure to ask exactly what was going on when the bleeding started. You need to know if it was a simple hit to the nose, a bad fall, a hard hit to the head, or if it just simply started bleeding. This information is important to relay back to the parents and/or medical professional.

Beyond the above MINOR BLOODY NOSE care, it is advised to seek professional medical attention.

PERFORMING CPR (CARDIOPULMONARY RESUSCITATION)

****This is not a substitute for actual CPR training. Participate in a CPR class for proper training.**

FIRST CALL 911 - If the victim is breathing, briskly rub your knuckles against the victim's sternum. If the victim wakes up, but is confused or not able to speak, call 911.

1. **Attempt to Wake Victim.** If someone else is there to help, one of you call 911 while the other moves on to step 2.
2. **Begin Chest Compressions.** If the victim is not breathing, or is just gasping for breath, call 911, and go to step 2. If the victim is not breathing, place the heel of your hand in the middle of his chest. Put your other hand on top of the first. Compress (push down) the chest at least 2 inches. Allow the chest to completely recoil (raise) before the next compression. Compress the chest at a rate of at least 100 pushes per minute. Perform 30 compressions at this rate (should take you about 18 seconds).

If you ARE NOT trained in CPR, CONTINUE to do chest compressions until help arrives, or the victim wakes up. It's normal to feel pops and snaps when you first begin chest compressions - DON'T STOP! You are not going to make the victim worse.

3. **Rescue Breaths.** If you ARE trained in CPR, after 30 compressions, open the victim's airway using the chin-lift, head-tilt method. Pinch the victim's nose and make a seal over the victim's mouth with yours.

Use a CPR mask if available. Give the victim a breath big enough to make the chest rise. Let the chest fall, then repeat the rescue breath once more. If the chest doesn't rise on the first breath, reposition the head with the chin-lift, head-tilt method and try again. Whether it works on the second try or not, go to step 4. If you don't feel comfortable with this step, just continue to do chest compressions at a rate of at least 100/minute, until professional help arrives.

4. **Repeat Chest Compressions.** Do 30 more chest compressions just like you did the first time.
5. **Repeat Rescue Breaths.** Give 2 more breaths just like you did in step 3 (unless you're skipping the rescue breaths).
6. **KEEP GOING.** Repeat steps 4 and 5 for about two minutes (about 5 cycles of 30 compressions and 2 rescue breaths).

After 2 minutes of chest compressions and rescue breaths, stop compressions and recheck victim for breathing. If the victim is still not breathing, continue CPR starting with chest compressions. **Repeat** the process, checking for breathing every 2 minutes (5 cycles or so), until help arrives. If the victim wakes up, you can stop CPR.

*****Play It Safe With Lightning*****

IF YOU HEAR IT.....CLEAR IT!!

IF YOU SEE IT.....FLEE IT!!

REMEMBER:

1. Track approaching storms using Internet radar, websites, or other means. The use of a cell phone with Internet access is an effective way to track storms.
2. Evacuate fields when storms are about 10 miles away. Have players and spectators go to enclosed buildings or to cars with the windows rolled up.
3. Clear fields immediately if loud thunder is heard or lightning is seen. All players must go to parent vehicles when lightning is seen nearby.

WAIT:

1. Wait 20 minutes before returning to play after the last sign of lightning activity in your area.
2. Player parents/guardians should not leave until the game is “called” so that all players can be accounted for.

WARM-UP AND COOL-DOWN

Children are naturally flexible. With young muscles still growing and developing, coaches may not think stretching is very important. Proper pre- and post-workout routines can help care for the muscles that allow the players to take the field.

It is encouraged that youth coaches begin practices and games with a dynamic warm-up. For the younger players, 10 minutes total of blood-pumping, body-moving activity can help raise the body's core temperature and loosen up muscles for the practice or game. Older players may need 15 minutes of warm-up. These are not static stretching exercises, but active dynamic warm-ups.

DYNAMIC WARM-UP

Start by having players run from foul pole to opposite foul pole and back, and then do some agility exercises:

- High Knees
- Butt Kicks
- Jumping Jacks
- Arm Windmills (from small to large)
- And/or other similar exercises

STRETCHING

The goal is to perform stretching exercises that involve the whole body. Muscles stretch more easily if the body is warmed up properly before you stretch. If muscles are still tight after the dynamic warm-up, then do some specific stretching for the area. Pitchers especially, but all players need to really work on their shoulder muscles, to make sure they are loose before throwing. Coaches should be reminded to have their players do stretching and warm-up exercises any time they have been idle for a period.

Some coaches start players hitting, then go to throwing drills, making sure they stretch out their arms before throwing. It saves time stretching and saves injuries to arms. Be sure to warm up and stretch the trunk before hitting, or players risk injuries like groin pulls.

COOL DOWN EXERCISES

After a practice or game, don't just send your kids home. Have players run a lap around the field, then sit in a circle and stretch muscles to strengthen and get fresh blood in them.

Cool downs are a time to reflect on the practice on what went well, and what may need improvement. But above all, these tips can keep players playing, and not sidelined with muscle injuries. If you're injured, you can't play the sport you love," Michele said. "We need to warm up and cool down to prevent injuries.

Young kids are so flexible, they don't realize they can pull muscles. So for younger players, this is as much about instilling good routines for the players for later life.

PCLL BASEBALL CONCESSION STAND SAFETY

NOTE: THIS NOTICE MUST BE POSTED INSIDE THE CONCESSION STAND

PCLL follows strict guidelines and Colorado State Health Department rules and regulations to ensure concession safety and cleanliness.

IMPORTANT: Everyone handling and serving food must wear latex-free food serving gloves.

CLEANLINESS:

- Wash hands and all surfaces.
- Wash hands often with hot soapy water before handling food.
- Clean cutting boards, dishes, and utensils with hot soapy water after preparing each food item.
- ALL food counters and surfaces must be kept clean using an anti-bacterial sanitizing solution.
- Use a clean plate for cooked food. Never place cooked food on a plate that previously held raw food.

FOOD SEPARATION:

- Do not Contaminate!!
- Use a clean plate for cooked food.
- Never place cooked food on a plate that previously held raw food.

COOKING FOOD:

- When cooking in a microwave oven, cover food, stir and rotate for even cooking.
- Use a clean metal stemmed thermometer to measure the internal temperature of cooked food, to make sure it is thoroughly done at 165°F.
- Keep hot foods hot, and cold foods cold.
- All food items should be covered whenever possible.
- Cold foods must be kept at 41°F or below.
- Hot foods must be kept at 140°F or above.

FOOD REFRIGERATION:

- Refrigerate foods quickly. Cold temperatures keep harmful bacteria from growing and multiplying.
- Refrigeration temperature must be set at 40°F or lower. Freezer at 0°F or lower.
- Divide large amounts of food into small containers for quick cooling.
- Don't over-pack the refrigerator.
- Thaw food in the refrigerator.

CONCESSION STAND USE

In order for PCLL to maintain the facility properly and be compliant with Health Department Law, we ask you to be aware of several items:

- No child under 14 permitted in the kitchen area of concession stand. Health Department code!
- Proper clean-up of the kitchen, utensils, heating pots, etc. is necessary on a daily basis.
- There must be an OSHA approved, properly functioning fire extinguisher in kitchen area.

WASH HANDS FREQUENTLY!!