Rye Brook Little League

2024 Safety Manual

Robert Bertolacci
President

Kathy Laoutaris
Vice President

Rocco Furano
Secretary

Paul Vinci
Safety Officer

The following manual will address all the requirements set forth by A.S.A.P (A Safety Awareness Program) for the 2024 Rye Brook Little League Season.

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Requirements

Requirement number One:	Safety Officer on File
Requirement number Two:	Publish and Distribution of Safety Manuals
Requirement number Three:	Emergency Numbers and Board Members
Requirement number Four:	2024 Returning Volunteering Form
Requirement number Five:	Coach / Manager Training
Requirement number Six:	First Aid Training
Requirement number Seven:	Walk the Fields
Requirement number Eight:	Facility Survey
Requirement number Nine:	Concessions
Requirement number Ten:	Equipment Inspection
Requirement number Eleven:	Accident Reporting
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Requirement number Thirteen:	Equipment
Requirment number Fourteen:	Player Registration / Manager Data
Requirment number Fifteen:	Safety Plan Registration

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POLICY STATEMENT

Rye Brook Little League Safety Plan

The Rye Brook Little League Is an Organization Whose Mission Is to Provide an Opportunity for Our Community's Youth to Learn the Game Of Baseball In A Safe, Fun and Friendly Environment.

Dear Managers and Coaches:

Welcome to another fun and exciting season of Rye Brook Little League Baseball and Softball!

Our commitment to this Safety Manual is proof that we are dedicated to our cause. Please read it carefully, from cover to cover, as it will familiarize you with safety fundamentals. Then use the manual as a powerful reference guide throughout the season.

Always use common sense, never doubt what children tell you, and report all accidents or safety infractions when they occur.

Now, let's play ball and play it safe!

Very truly yours,

Robert Bertolacci, President
Kathy Laoutaris, Vice President
Rocco Furano, Secretary
Paul Vinci, Safety Officer

Rye Brook Little League

Mission Statement
"Safety is Everyone's Responsibility"

Rye Brook Little League's highest priority is for the safety of our kids. Prevention is the key to reducing accidents. At Rye Brook Little League, we are committed to encouraging and providing a safe environment. To succeed we need your commitment to become our *Safety Advocates* for Rye Brook Little League.

Rye Brook Little League is actively participating in Little Leagues, A Safety Awareness Program (ASAP), whose mission is "to create awareness, through education and information, of the opportunities to provide a safer environment for kids and all participants of Little League Baseball." Every Volunteer shall have a background check completed prior to season start date. Safety Officer shall utilize First Advantage to complete check.

The purpose of this manual is to provide important safety information to Rye Brook Little League. While specifically written for Managers, and Coaches the information contained in this document can be a useful resource for all participants of Rye Brook Little League.

Coaches, Managers and Umpires shall act as Team and Player safety agents.

We request your assistance, and guidance in making Rye Brook Little League a great program. If you have any concerns, or suggestions for improvement, please contact us at rbertolacci@ryebrook.org or take a moment to drop an idea in our new suggestion box located at the Recreation office. Your feedback is important to us!

Thank you for your commitment to SAFETY!

2024 Rye Brook Little League Safety Officer on File with Little League International is Paul Vinci

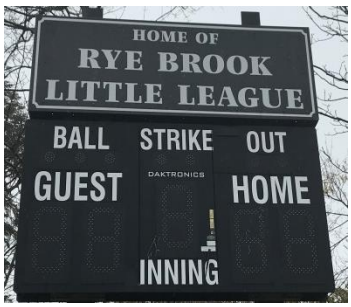
Training for Coaches and Managers

Rye Brook Little League is required to provide training to the Coaches and Managers covering all aspects of baseball and softball safety, including but not limited to the fundamentals of baseball/softball (i.e., hitting, sliding, fielding, pitching, etc.) as well as the fundamentals of first aid training opportunities including the proper use of an AED.

Rye Brook Little League REQUIRES attendance of at least one Coach or Manager from every team at the 2024 Safety Training Meeting which will include fundamentals and first aid training. It is necessary for each Coach or Manager to attend at least one Safety Training Meeting at least once every two (2) years, but one team representative is still required to attend the Safety Training Meeting attend each year.
The Safety Officer will keep attendance records annually and equipment will not be distributed to teams that have not satisfied the required attendance and participation in the 2024 Safety Meeting.

Currently, this years' Safety meeting date is to be determined.
Full participation in the **entire** meeting is required and every prospective Coach or Manager from Softball or Baseball will be notified via e-mail of the upcoming Safety Training Meeting and subsequently their training status. All attendees will be highly encouraged to pass along all information to those Managers or Coaches that were unable to attend the meeting and to other volunteers, parents, and players as well.
Only those who are currently licensed Medical Doctors, RN's, LPNs, and licensed Paramedics are exempt from attending these special training sessions. Other training courses attended that are hosted by other organizations DO NOT satisfy this Mandatory Requirement. If there are severe and extenuating circumstances which affect your ability to attend, **prior** arrangements must be made with the Director of Safety or the League President.

Respectfully,
Paul Vinci
2024 Rye Brook Safety Officer



SAFETY MANUAL AND FIRST AID KITS

Each team will be issued a Safety Manual and a First Aid Kit is always in the equipment boxes at the field. The manager or a team representative will acknowledge receipt of Safety Manual by signing in the space below.

The Director of Umpires will be issued copies of the Safety Manual.

The Safety Manual will include phone numbers for all emergency personnel, Board Directors, Rye Brooks Little League's Code of Conduct, Board Responsibilities, and "Do's and Don'ts" of treating injured players. The First Aid Kit will include the necessary items to treat an injured player until professional help arrives, if necessary.

I have received my Safety Manual and First Aid Kit and will have both items present at all practices, batting cage practices, games (season games and post-season games) and any other event where team members may be injured.

_____ _____

Print name of Manager/Coach **Team name and division**

_____ _____

Signature of Manager/Coach **Date**

Please sign and return to the Safety Officer(s),

Paul Vinci

Email: rbertolacci@ryebrook.org

Rye Brook Little League Contact Information

WEBSITE: **www.ryebrook.org**

2024 Board of Directors:

President	Robert Bertolacci
Vice President	Kathy Laoutaris
Secretary	Rocco Furano
Safety Officer	Paul Vinci
Player Agent	Rocco Furano
Umpire Coordinator	Kathy Laoutaris
Field Maintenance Coordinator	Paul Vinci
Equipment Coordinator	Kathy Laoutaris
Sponsorship Co.	Robert Bertolacci

Contact numbers to be included in First Aid Kits

Rye Brook Police – Emergency (914) 937-1020
Emergency Number 9-1-1

CODE OF CONDUCT

The board of directors of Rye Brook Little League (RBLL) has mandated the following **Code of Conduct**. All coaches and managers should read this Code of Conduct and ensure that he or she understands and agrees to comply with the Code of Conduct. Coaches and Managers shall be required to attend a PCA seminar to be held prior to the start of the season. This training will assist in understanding Code of Conduct.

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

- At any time, lay a hand upon, push, shove, strike, or threaten to strike an official.
- Be guilty of heaping personal verbal or physical abuse upon any official for any real or perceived wrong decision or judgment.
- Be guilty of an objectionable demonstration of dissent at an official's decision by throwing of gloves, helmets, hats, bats, balls, or any other forceful unsportsmanlike action.
- Be guilty of using unnecessarily rough tactics in the play of a game against the body of an opposing player.
- Be guilty of a physical attack upon any board member, official manager, coach, player, or spectator.
- Be guilty of the use of profane, obscene, or vulgar language in any manner at any time.
- Appear on the field of play, stands, or anywhere within the RBLL complex or other facilities while in an intoxicated state and under the influence of alcohol or other controlled substances.
- Be guilty of gambling upon any play or outcome of any game with anyone, at any time.
- Smoke while in the stands or on the playing field or in any dugout at any time. Smoking will only be permitted in designated areas that will be 20 feet from any spectator stands or dugouts.
- Be guilty of discussing publicly with spectators in a derogatory or abusive manner any play, decision, or opinion about any players during a game.
- As a manager or coach, be guilty of mingling with or fraternizing with spectators during the game.
- Speak disrespectfully to any manager, coach, official or representative of the league.
- Be guilty of tampering or manipulation of any league rosters, schedules, draft positions or selections, official score books, rankings, financial records, or procedures.
- Shall challenge an umpire's authority. The umpires shall have the authority and discretion during a game to penalize the offender according to the infraction up to and including removal from the game.

The Board of Directors will review all infractions of the ELL Code of Conduct. Depending on the seriousness or frequency of such actions, the Board may assess additional disciplinary action leading to, and including, expulsion from the league.

RBLL SAFETY CODE

The Board of Directors of the Rye Brook Little League has mandated the following **Safety Code**. All managers and coaches will read this **Safety Code** and then summarize it to the players on their team.

- Responsibility for safety procedures belongs to every adult member of the Rye Brook Little League.
- RBLL will complete the Mandatory Annual Little League Facility Survey and create a corrective action plan, if necessary.
- Each player, manager, designated coach, umpire, team safety officer shall use proper reasoning and care to prevent injury to himself / herself and to others.
- Only league approved managers and/or coaches are allowed to practice with teams.
- Each year, all managers and designated coach from each team will attend the provided first aid / AED instruction. Dates and locations to be determined. There will be no athletic event taking place without a certified CPR/AED coach present for the contest.
- First-aid kits are in the equipment boxes at all fields.
- No games or practices will be held when weather or field conditions are poor, particularly when lighting is inadequate.
- Play area will be inspected before games and practices for holes, damage, stones, glass, and other foreign objects.
- Team equipment should be stored within the team dugout or behind screens, and not within the area defined by the umpires as "in play
- Only players, managers, coaches, and umpires are permitted on the playing field or in the dugout during games and practice sessions.
- Responsibility for keeping bats and loose equipment off the field of play should be that of a player assigned for this purpose or the team's manager and designated coaches.
- Coaches / managers shall attend a fundamental training seminar. Time: TBD
- 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.
- All pre-game warm-ups should be performed within the confines of the playing field and not within the areas that are frequented by, and thus endangering spectators, (i.e., playing catch, pepper, swinging bats etc.)
- Equipment should be inspected regularly for the condition of the equipment as well as for proper fit.
- Batters must wear Little League approved protective helmets.
- Except when a runner is returning to a base, headfirst slides are not permitted.
- During sliding practice, bases should not be strapped down or anchored.
- At no time should "horse play" be permitted on the playing field or in dugouts.
- Parents of players who wear glasses should be encouraged to provide "safety glasses" for their children.
- On-deck batters are not permitted to swing bats.
- Managers will only use the official Little League balls supplied by RBLL.

- Once a ball has become discolored, it will be discarded.
- All male players will wear athletic supporters or cups during games.
- Catchers must wear a cup. Managers should encourage that cups be worn at practices too.
- Male catchers must wear the metal, fiber or plastic type cup and a long-model chest protector.
- Female catchers must wear long or short model chest protectors.
- All catchers must wear chest protectors with neck collar, throat guard, shin guards and catcher's helmet, all of which must meet Little League specifications and standards.
- All catchers must wear a mask, "dangling" type throat protector and catcher's helmet during practice, pitcher warm-up, and games. **Note**: Skullcaps are **not** permitted.
- Shoes with metal spikes or cleats are **not** permitted. Shoes with molded cleats are permissible.
- Players will not wear watches, rings, pins, jewelry or other metallic items during practices or games. (Exception: Jewelry that alerts medical personnel to a specific condition is permissible and this must be taped in place.)
- No food or drink, at any time, in the dugouts. (Exception: bottled water, Gatorade, and water from drinking fountains)
- Catchers must wear a catcher's mitt (not a first baseman's mitt or fielder's glove) of any shape, size, or weight consistent with protecting the hand.
- Catchers may not catch, whether warming up a pitcher, in practices, or games without wearing full catcher's gear and an athletic cup as described above.
- Never hesitate to report any present or potential safety hazard to the RBLL Safety Officer immediately.
- Speed Limit is 5 miles per hour in roadways and parking lots.
- No alcohol or drugs allowed on the premises at any time.
- No medication will be administered to a child except by the child's parent. This includes all over-the counter medications, such as aspirin and Tylenol.
- No playing in the parking lots at any time.
- No playing on and around lawn equipment or machinery at any time.
- No smoking within twenty feet of the dugouts and concession stands.
- No swinging bats or throwing baseballs at any time within the walkways and common areas of the complex.
- Reduced impact balls shall be used in clinic level games / practices.
- Coaches / Managers shall have a working cell phone at all games / practices
- Observe all posted signs.
- Players and spectators should be always alert for foul balls and errant throws.
- All gates to the fields must always remain closed. After players have entered or left the playing field, gates should be closed and secured.
- Bicycle helmets must be always worn when riding bicycles on the premises as well as to and from the premises.
- There is no running allowed on the bleachers.
- All Fields (2) have installed mandatory disengage-able bases.

RESPONSIBILITIES of Board Members

President

The President of RBLL is responsible for ensuring that the policies and regulations of the RBLL Safety Officer are carried out by the entire membership to the best of his abilities.

Safety Officer

The primary responsibility of the RBLL Safety Officer is to develop and implement the League's safety program.

The Safety Officer is the link between the Board of Directors of Rye Brook Little League and its managers, coaches, umpires, players, spectators, and any other third parties on the complex regarding safety, rules and regulations.

The RBLL Safety Officer's responsibilities include**:**

- Coordinating with the individual Division Coordinators to provide the safest environment possible for all.
- Certification of all volunteers through background checks and checking references
- Assisting parents and individuals with insurance claims and acting as the liaison between the insurance company, parents and individuals.
- Explaining insurance benefits to claimants and assisting them with filing the correct paperwork.
- Keeping the First Aid Log. This log will list when, where why and how accidents and injuries occur.
- Correlating and summarizing the data in the First-Aid Log to determine proper accident prevention in the future.
- Ensuring that each team receives its Safety Manual.
- Installing First-Aid Kits in the clubhouse and re-stocking the kits as needed.
- Make Little League's "no tolerance of child abuse" policy clear to all.
- Checking fields with the Field Managers and identifying areas in need of attention.
- Scheduling a First-Aid Clinic and/or CPR training class for all managers, designated coaches, umpires, player agents and Division Officers during the pre-season.
- Acting immediately in resolving unsafe or hazardous conditions once a situation has been brought to his/her attention.

- Making spot checks at practices and games to make sure all managers have their First-Aid Kits and Safety Manuals.
- Tracking all injuries and near misses to identify injury trends.
- Making sure that safety is a monthly Board Meeting topic and allowing experienced people to share ideas on improving safety.

League player registration data or player roster data and coach and manager data will be submitted via the Little League Data Center at www.LittleLeague.org. This is a requirement for an approved ASAP plan again in 2024.

Managers and Coaches

Managers are persons accepted by the RBLL Board to be responsible for their team's actions on the field, and to represent the team in communications with the umpire and the opposing team.

- The Manager shall always be responsible for the team's conduct, observance of the official rules and deference to the umpires.

- The Manager is also responsible for the safety of his players. He/She is also ultimately responsible for the actions of designated coaches.

- If a Manager leaves the field, that Manager shall designate a Coach to assume all the duties, rights, and responsibilities of the Manager.

During Pre-Season**:**

Managers will:

- Take possession of this Safety Manual.
- Attend a mandatory training session on First Aid given by RBLL with his/her designated coaches.
- Cover the basics of safe play with his/her team before starting the first practice.
- Review the RBLL Code of Conduct and the RBLL Safety Code before the first game.
- Teach players the fundamentals of the game while advocating safety.
- Teach players how to slide before the season starts. A board representative will be available to teach these fundamentals if the Manager or designated coaches do not know them.
- Notify parents that if a child is injured or ill, he or she cannot return to practice unless they have a note from their doctor. This medical release protects the manager should that child suffer further injury or illness. There are no exceptions to this rule.
- Encourage players to bring water bottles to practices and games.
- Tell parents to bring sunscreen for themselves and their children.
- Encourage your players to wear mouth protection.
- First-time Managers and Coaches are requested to read books or view video on Little League Baseball mechanics.

During Season Play:

Managers and Coaches will make certain that equipment is in safe and in working order.

- Make sure that telephone access is available at all activities including practices. It is suggested that a cellular phone always be on hand.
- Do not expect more from players than what the players are capable of.

Teach the fundamentals of the game to players:

- Catching fly balls
- Sliding correctly
- Proper fielding of ground balls
- Simple pitching motion for balance
- Be open to ideas, suggestions, or help.
- Promote prevention as the key to reducing accidents and injuries.
- Have players wear sliding pads if they have cuts or scrapes on their legs.
- Always have First-Aid Kit and Safety Manual on hand.
- Use common sense.

Pre-Game and Practice:

Managers will:

- Make sure that all players are healthy, rested and alert.
- Make sure that players returning from being injured have a medical release form signed by their doctor. Otherwise, they cannot play.
- Make sure players are wearing the proper uniform and catchers are wearing a cup.
- Make sure that the equipment is in good working order and is safe.
- Agree with the opposing manager on the fitness of the playing field. If the two managers cannot agree, the President or a duly delegated representative shall make the determination.
- Enforce the rule that no bats and balls are permitted on the field until all players have done their proper stretching.
  1. Calf muscles
  2. Hamstrings
  3. Quadriceps
  4. Groin
  5. Back
  6. Shoulders
  7. Elbow/forearm
  8. Arm shake-out
  9. Neck

- Have players do a light jog around the field before starting to throw warm-ups that should follow this order.
  1. Light tosses short distance.
  2. Light tosses medium distance.
  3. Light tosses large distance.
  4. Medium tosses medium distance.
  5. Regular tosses medium distance.
  6. Field ground balls.
  7. Field pop flies

We will use the posted sign on the next page in all dugouts to remind coaches of the procedure before each game

HAVE YOU:

- ☑ Walked field for debris/foreign objects
- ☑ Inspected helmets, bats, catchers' gear
- ☑ Made sure a First Aid kit is available
- ☑ Checked conditions of fences, backstops, bases and warning track
- ☑ Made sure a working telephone is available
- ☑ Held a warm-up drill

During the Game:

Managers will:

- Make sure that all players carry all gloves and other equipment off the field and to the dugout when their team is up at bat. No equipment shall be left lying on the field, either in fair or foul territory.
- Keep player's alert.
- Always maintain discipline.
- Be organized.
- Keep players and substitutes sitting on the team's bench or in the dugout unless participating in the game or preparing to enter the game.
- Make sure catchers are wearing the proper equipment.
- Encourage everyone to think "Safety First".
- Observe the "no on-deck" rule for batters and always keep players behind the screens. No player should handle a bat in the dugouts at any time.
- Keep players off fences.
- Get players to drink often so they do not dehydrate.
- Not play children that are ill or injured.
- Attend to children that become injured in a game.
- Not lose focus by engaging in conversation with parents and passerby.

Post-Game:

Managers will:

- Do cool down exercises with the players.
  1. Light jog.
  2. Stretching as noted above.
  3. Those who throw regularly (pitchers and catchers) should ice their shoulders and elbows.
  4. Catchers should ice their knees.
- Not leave the field until every team member has been picked up by a known family member or designated driver.
- Notify parents if their child has been injured no matter how small or insignificant the injury is**.** There are no exceptions to this rule. This protects you, Little League Baseball, and ELL.
- Discuss any safety problems with the Division Coordinator that occurred before, during or after the game.
- If there was an injury, make sure an accident report was filled out and given to the ELL Safety Officer.
- Return the field to its pre-game condition, per ELL policy.

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

Umpires

Pre Game

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

During the Game:

- Govern the game as mandated by Little League rules and regulations.
- Check baseballs for discoloration and nicks and declare a ball unfit for use if it exhibits these traits.
- Act as the sole judge as to whether and when play shall be suspended or terminated during a game because of unsuitable weather conditions or the unfit condition of the playing field; as to whether and when play shall be resumed after such suspension; and as to whether and when a game shall be terminated after such suspension.
- Act as the sole judge as to whether and when play shall be suspended or terminated during a game because of low visibility due to atmospheric conditions or darkness.
- Enforce the rule that no spectators shall be allowed on the field during the game.
- Make sure catchers are wearing the proper equipment.
- Continue to monitor the field for safety and playability.
- Make calls loudly and clearly, signaling each call properly.
- Make sure players and spectators keep their fingers out of the fencing.

Post Game:

- Check with the managers of both teams regarding safety violations.
- Report any unsafe situations to the ELL Safety Officer by telephone and in writing.

FIELD MANAGERS

The RBLL Field Managers are responsible to ensure the fields and structures used meet the safety requirements as set forth in this manual. All findings, recommendations and action plans should be discussed during the ELL Board Meetings.

EQUIPMENT MANAGER

The RBLL Equipment Manager is responsible to get damaged equipment repaired or replaced as reported. This replacement will happen in a timely manner. The Equipment Manager will also exchange equipment if it doesn't fit properly. The Equipment Manager will work closely with the Division Coordinators to ensure that all teams always possess the proper equipment.

CONDITIONING AND STRETCHING

Conditioning is an intricate part of accident prevention. Extensive studies on the effect of conditioning, commonly known as "warm-up," have demonstrated that:

- The stretching and contracting of muscles just before an athletic activity improves general control of movements, coordination, and alertness.

- Such drills also help develop the strength and stamina needed by the average youngster to compete with minimum accident exposure.

The purpose of stretching is to increase flexibility within the various muscle groups and prevent tearing from overexertion. Stretching should never be done forcefully, but rather in a gradual manner to encourage looseness and flexibility.

Hints on Stretching

- Stretch necks, backs, arms, thighs, legs, and calves.
- Don't ask the child to stretch more that he or she is capable of.
- Hold the stretch for at least 10 seconds.
- Don't allow bouncing while stretching. This tears down the muscle rather than stretching it.
- Have one of the players lead the stretching exercises.

Hints on Calisthenics

- Repetitions of at least 10.
- Have kids synchronize their movements.
- Vary upper body with lower body.
- Keep the pace up for a good cardio-vascular workout

PITCHING

Pitch count does matter.

Every year, sport doctors lecture about pitching injuries and how to prevent them. Remember, in the major leagues, a pitcher is removed after approximately 100 pitches. **A child cannot be expected to perform like an adult!**

Little League managers and coaches are usually quick to teach their pitchers how to get movement on the ball. Unfortunately, the technique that older players use is not appropriate for children thirteen (13) years and younger. The snapping of the arm used to develop this technique will most probably lead to serious injuries as the child matures.

Arm stress during the acceleration phase of throwing affects both the inside and the outside of the growing elbow. On the inside, the structures are subjected to distraction forces, causing them to pull apart. On the outside, the forces are compressive in nature with different and potentially more serious consequences. The key structures on the inside (or medial) aspect of the elbow include the tendons of the muscles that allow the wrist to flex and the growth plate of the medial epicondyle ("Knobby" bone on the inside of the elbow). The forces generated during throwing can cause this growth plate to pull away (avulse) from the main bone. If the distance between the growth plate and main bone is great enough, surgery is the only option to fix it. This growth plate does not fully adhere to the main bone until age 15!

Similarly, on the outside (or lateral) aspect of the elbow, the two bony surfaces can be damaged by compressive forces during throwing.

This scenario can lead to a condition called Avascular Necrosis or Bone Cell Death because of compromise of the local blood flow to that area. This disorder is permanent and often leads to fragments of the bone breaking away (loose bodies), which float in the joint and can cause early arthritis. This loss of elbow motion and function often precludes further participation. Studies have demonstrated that curveballs cause most problems at the inside of the elbow due to the sudden contractive forces of the wrist musculature.

Fastballs, on the other hand, place more force at the outside of the elbow. Sidearm delivery, in one study, led to elbow injuries in 74% of pitchers compared with 27% in pitchers with a vertical delivery style. Dr. Glenn Fleisig at the American Sports Medicine Institute is in the process of finalizing the results of a study funded by USA Baseball that evaluated pitch counts in skeletally immature athletes as they relate to both elbow and shoulder injuries. The study included 500 athletes, ages 9-14, from the Birmingham, Alabama area. Each child who pitched in a game was called after the game and interviewed over the phone. The investigators were able to conduct over 3000 interviews. Approximately 200 of the 500 pitchers had videotape of their mechanics.

Preliminary data have demonstrated the following:

- A significantly higher risk of elbow injury occurred after pitchers reached 50 pitches/outing.
- A significantly higher risk of shoulder injury occurred after pitchers reached 75 pitches/outing.
- In one season, a total of 450 pitches or more led to cumulative injury to the elbow and the shoulder.
- The mechanics, whether good or bad, did not lead to an increased incidence of arm injuries.
- The preliminary data suggest that throwing curveballs increases risk of injury to the shoulder more so than the elbow; however, subset analysis is being undertaken to investigate whether the older children were the pitchers throwing the curve.
- The pitchers who limited their pitching repertoire to the fastball and change-up had the lowest rate of injury to their throwing arm**.**
- A slider increased the risk of both elbow and shoulder problems.
- Based on the data, a recommendation can be made to reduce the number of pitches per outing to 50-60 for the 8-12 age groups and 50-75 for the 13- and 14-year-old.

Based on this research, ELL recommends against the teaching or throwing of curveballs under the age of 13. If a curveball is taught, the Manager should instruct the child to throw the curveball like a football without snapping the arm or the wrist. If the manager or coach is unsure how to do this, he/she can consult teaching materials in the clubhouse or contact an ELL board member for further instruction.

- **The Pitch Count rules for RBLL are:**

In case of discrepancies, RBLL House Rules supersede this document re "Pitch Count."

Effective as of the 2009 season, Little League changed its rules governing pitching from **maximum innings per week to maximum pitch-counts per day**. The national rules also stipulate required days of rest between pitching appearances, based on the pitch-counts per day.

Pitching

Pitching chart is as follows:

1-20 pitches.	1 day rest
21- 35 pitches.	2 days' rest
36-50 pitches.	3 days' rest
51-65 pitches.	4 days' rest
66+ pitches.	5 days' rest

85 pitch limit/4 innings per game, whichever comes first. Pitcher may start an inning with up to 80 pitches, can finish a batter if he goes to 85 on that batter.

Pitcher may not return to mound after leaving for another pitcher. For example, a player cannot pitch an inning or to a batter, play another position and/or sit on the bench following that inning/batter, and then pitch again later in that inning or game.

Coaches are required to keep pitch counts for their team and opposing team must check with each other each half inning to corroborate the pitch counts. The pitch counts must be turned in with the stats after each game.

Examples of three (3) days of mandatory rest are:

Sunday,	cannot pitch until **Thursday**;
Monday,	cannot pitch until **Friday**
Tuesday,	cannot pitch until **Saturday**
Wednesday,	cannot pitch until **Sunday**
Thursday,	cannot pitch until **Monday**
Friday,	cannot pitch until **Tuesday**
Saturday	cannot pitch until **Wednesday**

Pitch-counts must be recorded and reported to RBLL. For each team, a coach should be designated to use the pitch counter. Each team monitors its own pitcher and the opponent's pitchers, and teams compare counts after the half-inning (or when there is a pitching change during the inning). If there's a discrepancy in pitch counts that manager cannot resolve, the Umpire will decide in favor of the team that just pitched the inning -- but must report the discrepancy to the League Coordinator (especially if discrepancies are large). If teams refuse to keep count, the RBLL must be informed.

Reporting pitch-counts along with game scores is mandatory. In managers' reports to the President (with CC to League Coordinator), the pitchers must be identified by name along with their LL Age, pitch-counts and innings pitched.

INTENTIONAL WALKS: National Little League has removed the “automatic” intentional-walk rule. It a team wishes to intentionally walk a batter, the pitcher must **throw four pitches intentionally out of the strike zone** that are not struck at by the batter, and which are called “balls” by the Umpire. **All such pitches will be counted when determining that pitcher’s pitch-count.**

Children should not be encouraged to "play through pain." Pain is a warning sign of injury. Ignoring it can lead to greater injury.

HYDRATION

Good nutrition is important for children. Sometimes, the most important nutrient children need is water – especially when they're physically active. When children are physically active, their muscles generate heat thereby increasing their body temperature. As their body temperature rises, their cooling mechanism - sweat – kicks in. When sweat evaporates, the body is cooled.

Unfortunately, children get hotter than adults during physical activity and their body's cooling mechanism is not as efficient as adults. If fluids aren't replaced, children can become overheated.

We usually think about dehydration in the summer months when hot temperatures shorten the time it takes for children to become overheated.
But keeping children well hydrated is just as important in the winter months.
Additional clothing worn in the colder weather makes it difficult for sweat to evaporate, so the body does not cool as quickly.

It does not matter if it's January or July; thirst is not an indicator of fluid needs. Therefore, children must be encouraged to drink fluids even when they don't feel thirsty.

Managers and coaches should schedule drink breaks every 15 to 30 minutes during practices on hot days and should encourage players to drink between every inning.

During any activity water is an excellent fluid to keep the body well hydrated. It's economical too! Offering flavored fluids like sport drinks or fruit juice can help encourage children to drink. Sports drinks should contain between 6 and 8 percent carbohydrates (15 to 18 grams of carbohydrates per cup) or less. If the carbohydrate levels are higher, the sports drink should be diluted with water.

Fruit juice should also be diluted (1 cup juice to 1 cup water). Beverages high in carbohydrates like undiluted fruit juice may cause stomach cramps, nausea and diarrhea when the child becomes active. Caffeinated beverages (tea, coffee,
Colas) should be avoided because they are diuretics and can dehydrate the body further. Avoid carbonated drinks, which can cause gastrointestinal distress and may decrease fluid volume.

COMMON SENSE

Keeping everyone safe comes down to using common sense. For instance, if you witness a strange person walking around the complex who appears to be acting suspiciously, you would report your concern immediately to a Board Member. There is normally a Board Member on site (see the RBLL Contact List on p. 7). The Board Member, after hearing your concerns, would investigate the matter and respond appropriately.

Another example of common sense – You witness kids throwing or batting rocks within the complex. They are having fun but are unknowingly endangering others. Don't just walk by and assume that

someone else will deal with the situation. Stop and make them aware of what they are doing wrong and ask them to stop.

The Webster's Dictionary definition of common sense is: Native good judgment; sound ordinary sense. In other words, to use common sense is to realize the obvious. Therefore**,** if you witness something that is not safe, do something about it! And encourage all volunteers and parents to do the same.

EQUIPMENT

The Equipment Manager is an elected Board Member and is responsible for purchasing and distributing equipment to the individual teams. This equipment is checked and tested when it is issued, but it is the Manager's responsibility to maintain it. Managers should inspect equipment before each game and each practice.

The Equipment Manager will promptly replace damaged and ill-fitting equipment. Furthermore, kids like to bring their own gear. This equipment can only be used if it meets the requirements as outlined in this Safety Manual and the Official Little League Rule Book.

At the end of the season, all equipment must be returned to the Equipment Manager.

- Each team, at all times in the dugout, shall have at least six (6) protective helmets, which must meet NOCSAE specifications and standards.
- RBLL no longer will provide these helmets at the beginning of the season. Players must provide their own helmets which must meet NOCSAE specifications and standards.
- Each helmet shall have an exterior warning label. NOTE: The warning label cannot be embossed in the helmet but must be placed on the exterior portion of the helmet and be visible and easy to read.
- Use of a helmet by the batter and all base runners is mandatory.
- Use of a helmet by a player base coach is mandatory.
- Use of a helmet by an adult base coach is optional.
- All male players must wear athletic supporters.
- Male catchers must wear the metal, fiber or plastic type cup and a long-model chest protector.
- Female catchers must wear long or short model chest protectors.
- All catchers must wear chest protectors with neck collar, throat guard, shin guards and catcher's helmet, all of which must meet Little League specifications and standards.
- All catchers must wear a mask, "dangling" type throat protector and catcher's helmet during practice, pitcher warm-up, and games. NOTE: Skullcaps are not permitted.
- If the gripping tape on a bat becomes unraveled; the bat must not be used until it is repaired.
- Bats with dents, or that are fractured in any way, must be discarded.
- Only Official Little League balls will be used during practices and games.
- No wood bats at any time.
- Make sure that the equipment issued to you is appropriate for the age and size of the kids on your team. If it is not, get replacements from the Equipment Manager.
- Replace questionable equipment immediately by notifying the ELL Equipment Manager.
- Pitchers can no longer wear Multi-colored gloves.

WEATHER

Rain:

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

Lightning:

The average lightning stroke is 5-6 miles long with up to 30 million volts at 100,000 amps flow in less than a tenth of a second. The average thunderstorm is 6-10 miles wide and moves at a rate of 25 miles per hour.

Once the leading edge of a thunderstorm approaches to within 10 miles, you are at immediate risk due to the possibility of lightning strokes coming from the storm's overhanging anvil cloud.

This fact is the reason that many lightning deaths and injuries occur with clear skies overhead. On average, the thunder from a lightning stroke can only be heard over a distance of 3-4 miles, depending on terrain, humidity and background noise around you. By the time you can hear the thunder, the storm has already approached to within 3-4 miles!

If you can hear, see or feel a thunderstorm:

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

Hot Weather:

Precautions must be taken in order to make sure the players do not dehydrate.

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

Exposure to Sun

Ultra-Violet Ray Exposure increases an athlete's risk of developing a specific type of skin cancer known as melanoma. RBLL recommends sunscreen with an SPF 15 (sun protection factor) of at least 15 as a means of protection from damaging ultra-violet light.

EVACUATION PLAN

Severe storms, lightning, and high winds are all possible in Southern New York. For this reason, RBLL must have an evacuation plan. If an emergency should arise that would require evacuation, sound the alarm via loudspeaker, shouting out or sending runners.

1. At that time all players will return to the dugout and wait for their parents to come and get them.
2. If a player's parent is not attending the game, the Manager will take responsibility for evacuating that child.
3. Once parents have obtained their children, they will proceed to their cars in a calm and orderly manner.
4. Drivers will then proceed slowly and cautiously out of the facility, observing the 5-MPH speed limit.
5. Once outside the facility, drivers will observe the posted speed limits.

GENERAL FACILITY

- All bleachers will be sturdy and safe.
- All dugouts will have bat racks.
- Speed bumps are painted yellow; their purpose is to slow traffic.
- The backstops will always be screened for the safety of the catcher.
- The dugouts will be clean and free of debris at all time.
- Dugouts and bleachers will be free of protruding nails and wood slivers.
- Home plate, batter's box, bases, and the area around the pitcher's mound will be checked periodically for tripping and stumbling hazards.
- Materials used to mark the field will consist of a non-irritating white pigment (no lime).
- Chain-link fences will be checked regularly for holes, sharp edges, and loose edges and will be repaired or replaced accordingly. Padded tops, inspected prior to game.
- The safety caps on chain-link fences will be checked regularly for cracks and will be repaired or replaced accordingly.
- "5 M.P.H. Speed Limit" signs will be posted along the main drive of the complex.
- Fences / netting checked regularly to ensure safety from foul balls
- RBLL Board Members, Managers, coaches, players, and parents should help pick up trash and other materials that could lead to accidents on the ELL complex.

ACCIDENT REPORTING PROCEDURE

What to report

An incident that causes any player, manager, coach, umpires, or volunteers to receive medical treatment and/or first aid must be reported to the ELL Safety Officer. This includes even passive treatments such as the evaluation and diagnosis of the extent of the injury.

When to report

Incidents must be reported to the Safety Officer within 24 hours of occurrence

Paul Vinci (914) 447-2818
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How to make a report

Accidents and injuries are documented and reported by using the RBLL Preliminary Accident Report which may be downloaded from the RBLL Website.

Initial reports may also come through telephone conversations which provide at minimum, the following information:

- The name and phone number of the individual involved.
- The date, time, and location of the incident.
- A detailed description of the incident, if possible.
- The preliminary estimation of the extent of any injuries.
- The name and phone number of the person reporting the incident.

RBLL Safety Officer's Responsibilities

Within 24 hours of receiving the ELL Preliminary Accident Report, the ELL Safety Officer will contact the injured party or the party's parents and;

- Verify the information received.
- Obtain any other information deemed necessary.
- Check on the status of the injured party; and
- If the injured party required other medical treatment (i.e., Emergency Room visit, doctor's visit, et.) will advise the parent or guardian of the Elmsford Little League's insurance coverage and the provision for submitting any claims.

If the extent of the injuries are more than minor in nature, the RBLL Safety Officer shall periodically call the injured party to:

- Check on the status of any injuries, and
- Check if any other assistance is necessary in areas such as submission of insurance forms, etc., until such time as the incident is considered "closed" (i.e., no further claims are expected and/or the individual is participating in the League again).

INSURANCE POLICIES

Little League accident insurance covers only those activities approved or sanctioned by Little League Baseball, Incorporated. Rye Brook Little League (Majors), and Minor League participants shall not participate as a Little League (Majors), Minor League and Tee Ball team in games with other teams of other programs or in tournaments except those authorized by Little League Baseball, Incorporated.

Rye Brook Little League (Majors), and Minor League participants may participate in other programs during the Little League (Majors), and Minor League regular season and tournament provided such participation does not disrupt the Little League (Majors), and Minor League season or tournament team. Unless expressly authorized by the Board of Directors of RBLL, Games played for any purpose other than to establish a League champion or as part of the International Tournament are prohibited.

Explanation of Coverage

The Rye Brook Little League's insurance policy is designed to afford protection to all participants at the most economical cost to RBLL. It can be used to supplement other insurance carried under a family policy or insurance provided by a parent's employer. If there is no other coverage, Little League insurance - which is purchased by the RBLL, not the parent - takes over and provides benefits, after a $50 deductible per claim for all covered injury treatment costs up to the maximum stated benefits. This plan makes it possible to offer exceptional, low-cost protection with assurance to parents that adequate coverage is always in force during the season.

The Rye Brook Little League Insurance Policy is designed to supplement a parent's existing family policy.

How the insurance works

1. First have the child's parents file a claim under their insurance policy; Blue Cross, Blue Shield or any other insurance protection available.

2. Should the family's insurance plan not fully cover the injury treatment, the Little League Policy will help pay the difference, after a $50 deductible per claim, up to the maximum stated benefits.

3. If the child is not covered by any family insurance, the Little League Policy becomes primary and will provide benefits for all covered injury treatment costs, after a $50 deductible per claim, up to the maximum benefits of the policy.

4. Treatment of dental injuries can extend beyond the normal fifty-two-week period if dental work must be delayed due to physiological changes of a growing child. Benefits will be paid at the time treatment is given, even though it may be some
   years later. Maximum dollar benefit is $500 for eligible dental treatment after the normal fifty-two-week period, subject to the $50 deductible per claim.

Filing a Claim:

When filing a claim, (see claim forms in appendix) all medical costs should be fully itemized. If no other insurance is in effect, a letter from the parent's/guardians or claimant's employer explaining the lack of Group or Employer insurance must accompany a claim form.

On dental claims, it will be necessary to fill out a Major Medical Form, as well as a Dental Form; then submit them to the insurance company of the claimant, or parent(s)/guardian(s), if claimant is a minor. "Accident damage to whole, sound, normal teeth as a direct result of an accident" must be stated on the form and bills. Forward a copy of the insurance company's response to Little League Headquarters. Include the claimant's name, League ID, and year of the injury on the form.

Claims must be filed with the ELL Safety Officer. He/she forwards them to Little League Baseball, Incorporated, PO Box 3485, Williamsport, PA, 17701. Claim officers can be contacted at (570) 327-1674 and fax (570) 326-2951. Contact the ELL Safety Officer for more information.

Protective equipment cannot prevent all injuries a player might receive while participating in Baseball/Softball

CHILD ABUSE

Volunteers

Volunteers are the greatest resource Little League has in aiding children's development into leaders of tomorrow. But some potential volunteers may be attracted to Little League to be near children for abusive reasons.

Big Brothers/Big Sisters of America defines child sexual abuse as "the exploitation of a child by an older child, teen or adult for the personal gratification of the abusive individual." So, abusing a child can take many forms, from touching to non-touching offenses.

Child victims are usually made to feel as if they have brought the abuse upon themselves; they are made to feel guilty. For this reason, sexual abuse victims seldom disclose the victimization. Consider this: Big Brothers/Big Sisters of America contend that for every child abuse case reported, ten more go unreported. Children need to understand that it is never their fault, and both children and adults need to know what they can do to keep it from happening.

Anyone can be an abuser and it could happen anywhere. By educating parents, volunteers, and children, you can help reduce the risk that it may happen at Rye Brook Little League.

Four Step Plan

Like all safety issues, prevention is the key. Rye Brook Little League has a **four-step plan** for selecting caring, competent and safe volunteers. Volunteer are Defined as: Board Members, Managers, Coaches, Team Parents, Concession Workers, and anyone else designated by the league.

1. Application: To include residence information, employment history, and references. All potential volunteers must fill out the application that clearly asks for information about prior criminal convictions. The form also points out that all positions are conditional based on the information received back from a background check.

2. Interview: Make all applicants aware of the policy that no known child-sex offender will be given access to children in the Little League Program. Checks will be performed using National Sex Offender Registries.

3. Reference Checks: Make sure the information given by the applicant is corroborated by references.

4. Identification: Each certified volunteer will receive a Rye Brook LL approved volunteer badge that must be worn to all Little League events including, but not limited to games, practices, meeting, parades, etc.…
   The badge will have the approved volunteer's name and certifying year and will be attached to a lanyard. This will ensure that only certified approved volunteers will be working with our children.

Substitute Coaches

Occasionally, a team might be lacking its manager or one or more coaches at a game.

Under no circumstances can anyone act as a substitute coach without previous approval from the RBLL, as signified by an "Approved Volunteer" badge.

To receive this badge, volunteers must undergo a background check. When a “badge-approved” volunteer is not available, only Board Members may substitute for an absent manager or coach.

If a team's staff is shorthanded, the manager or coaches (including approved substitutes) can designate players to coach at 1st base and 3rd base when the team is at bat. **Or**, they can leave the coaching-boxes vacant.

At least one pre-approved adult must be present in the dugout at all times when the team bats or plays the field. The umpires will enforce these substitution rules strictly. If a team does not comply with this rule, umpires will cancel or suspend the game, and report the incident to the Board. A list of "approved volunteers" will be kept at the field. In addition to wearing a badge, approved volunteers **must show the umpires a photo ID**. Teams are urged to find additional “approved volunteer” substitutes before the season begins. Contact the “Safety Coordinator” for these approvals. **Finally**, there can be no “surrogate coaching” from outside the fences adjacent to the playing fields. Again, the umpires will enforce these rules **.**

Reporting Suspected Abuse

In the unfortunate case that child sexual abuse is suspected, you should immediately contact the RBLL President, or a RBLL Board Member if the President is not available, to report the abuse.

RBLL, along with district administrators, will contact the appropriate law enforcement agencies.

Investigation

RBLL will appoint an individual with significant professional background to receive and act on abuse allegations. These individuals will act in a confidential manner and serve as the League’s liaison with the local law enforcement community. Little League volunteers should not attempt to investigate suspected abuse on their own.

Suspending/Termination

When an allegation of abuse is made against a Little League volunteer, it is our duty to protect the children from any possible further abuse by keeping the alleged abuser away from children in the program. If the allegations are substantiated, the next step is clear -- assuring that the individual will not have any further contact with the children in the League.

Immunity From Liability

According to Boys & Girls Clubs of America, “Concern is often expressed over the potential for criminal or civil liability if a report of abuse is subsequently found to be unsubstantiated.”

However, we want adults and Little Leaguers to understand that they shouldn't be afraid to come forward in these cases, even if it isn't required and even if there is a possibility of being wrong. All states provide immunity from liability to those who report suspected child abuse in "good faith." At the same time, there are also rules in place to protect adults who prove to have been inappropriately accused.

The Buddy System

It is an old maxim, but it is true: There is safety in numbers. Encourage kids to move about in a group of two or more children of similar age, whether an adult is present or not. This includes travel, leaving the field, or using the restroom areas. It is far more difficult to victimize a child if they are not alone.

Access

Controlling access to areas where children are present -- such as the dugout or restrooms -- protects them from harm by outsiders. It's not easy to control the access of large outdoor facilities, but visitors could be directed to a central point within the facility. Individuals should not be allowed to wander through the area without the knowledge of the Managers, Coaches, Board Directors, or any other Volunteer.

Lighting

Child sexual abuse is more likely to happen in the dark. The lighting of fields, parking lots and any and all indoor facilities where Little League functions are held should be bright enough so that participants can identify individuals as they approach, and observers can recognize abnormal situations.

Toilet Facilities

Generally speaking, Little Leaguers are capable of using toilet facilities on their own, so there should be no need for an adult to accompany a child into rest room areas. There can sometimes be special circumstances under which a child requires assistance to toilet facilities, for instance when the T-Ball and Challenge divisions, but there should still be adequate privacy for that child. Again, we can utilize the *"**buddy system**"* here.

Fiction and Fact

"Sex abusers are dirty old men." Not true. While sex abusers cut across socioeconomic levels, educational levels and race, the average age of a sex offender has been established at 32.

"Strangers are responsible for most of the sexual abuse." Fact: 80-85% of all sexual abuse cases in the US are perpetrated by an individual familiar to the victim. Less than 20% of all abusers are strangers.

"Most sex abusers suffer from some form of serious mental illness or psychosis." Not true. The actual figure is more like 10%, almost exactly the same as the figure found in the general population of the United States.

"Most sex abusers are homosexuals." Also not true. Most are heterosexual.

"Children usually lie about sexual abuse anyway." In fact, children *rarely* lie about being sexually abused. If they say it, don't ignore it.

"It only happens to girls." While females do comprise the largest number of sexual abuse victims, it is now believed that the number for male victims is much higher than reported.

HEALTH AND MEDICAL

What is First-Aid?

First-Aid means exactly what the term implies -- it is the first care given to a victim. It is usually performed by the first person on the scene and continued until professional medical help arrives, (9-1-1 paramedics). **Make sure a cell phone is available for practices and games for emergency telephone calls.** At no time should anyone administering First-Aid go beyond his or her capabilities. Know your limits!

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

First Aid-Kits

First Aid Kits will be supplied in the equipment boxes at all Little League Fields. The RBLL Safety Officer's name and phone number can be taped on the inside lid of the kits to make it easier to report any incidents.

To replenish materials in the First Aid Kit, the Manager, designated coaches, or the appointed Team Safety Officer must contact the RBLL Safety Officer. (cf. p.7)
. The First Aid Kit will come in a plastic box and include items such as:

- Instant Ice Packs
- Antiseptic Wipes
- Roll of Gauze
- Large Bandages 2"x4"
- Large Non-stick Bandages
- Band-Aids 1"x3"
- Antiseptic Cream Packs
- Cloth Athletic Tape
- Eye Pads
- Roll of Gauze
- Burn Cream Packs
- Scissors
- Pair of Latex Gloves
- Tweezers
- Sterile Gauze Pads

If you require additional First Aid Kits / supplies, contact the safety officer immediately.

Good Samaritan Laws

There are laws to protect you when you help someone in an emergency situation. The **"**Good Samaritan Laws" give legal protection to people who provide emergency care to ill or injured persons. When citizens respond to an emergency and act as a reasonable and prudent person would under the same conditions, Good Samaritan immunity generally prevails. This legal immunity protects you, as a rescuer, from being sued and found financially liable for the victim's injury. For example, a reasonable and prudent person would –

- Move a victim only if the victim's life was endangered.
- Ask a conscious victim for permission before giving care.
- Check the victim for life-threatening emergencies before providing further care.
- Summon professional help to the scene by calling **Rye Brook Police Department (RBPD)** directly at **914-937-1020** or by dialing **9-1-1**.
- Continue to provide care until more highly trained personnel arrive. Good Samaritan laws were developed to encourage people to help others in emergency situations. They require that the "Good Samaritan" use common sense and a reasonable level of skill, not to exceed the scope of the individual's training in emergency situations. It is assumed each person would do his or her best to save a life or prevent further injury.
- Make use of an **Automatic External Defibrillator (AED).**

The AED is located on in the women's bathroom

People are rarely sued for helping in an emergency. However, the existence of Good Samaritan laws does not mean that someone cannot sue. In rare cases, courts have ruled that these laws do not apply in cases when an individual rescuer's response was grossly or willfully negligent or reckless or when the rescuer abandoned the victim after initiating care.

Permission to Give Care

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

Do not give care to a conscious victim who refuses your offer to give care. If the conscious victim is an infant or child, permission to give care should be obtained from a supervising adult when one is available. If the condition is serious, permission is implied if a supervising adult is not present.

Permission is also implied if a victim is unconscious or unable to respond. This means you can assume that, if the person could respond, he or she would agree to care.

Treatment On Site

Do . . .

- Assess the injury. If the victim is conscious, find out what happened, where it hurts, watch for shock.
- Know your limitations.
- Call **Rye Brook Police Department (RBPD)** directly at **914-937-1020 or 911** immediately if person is unconscious or seriously injured.
- Look for signs of injury (blood, black-and-blue, deformity of joint etc.)
- Listen to the injured player describe what happened and what hurts if conscious. Before questioning, you may have to calm and soothe an excited child.
- Feel gently and carefully the injured area for signs of swelling or grating of broken bone.
- Talk to your team afterwards about the situation if they are involved. Often players are upset and worried when another player is injured. They need to feel safe and understand why the injury occurred.

Don't . . .

- Administer any medications.
- Provide any food or beverages (other than water).
- Hesitate in giving aid when needed.
- Be afraid to ask for help if you're not sure of the proper procedure, (i.e., CPR, etc.)
- Transport injured individual except in extreme emergencies.

Emergency Numbers

The most important help that you can provide to a victim who is seriously injured is to call for professional medical help. Make the call quickly, preferably from a cell phone near the injured person. If this is not possible, send someone else to make the call from a nearby telephone. Be sure that you or another caller follows these steps.

- First dial the **Rye Brook Police Department (RBPD)** directly at **914-937-1020**.
- Give the dispatcher the necessary information. Answer any questions that he or she might ask.
- Call 911 if for some reason contact cannot be made to **(RBPD).**

Most dispatchers will ask:

- The exact location or address of the emergency. Include the name of the city or town, nearby intersections, landmarks, etc.
- The telephone number from which the call is being made.
- The caller's name.
- What happened - for example, a baseball related injury, bicycle accident, fire, fall, etc.
- How many people are involved?
- The condition of the injured person - for example, unconsciousness, chest pains, or severe bleeding.
- What help (first aid) is being given.
- Do not hang up until the dispatcher hangs up. The EMS dispatcher may be able to tell you how to best care for the victim.
- Continue to care for the victim till professional help arrives.
- Appoint somebody to go to the street and look for the ambulance and fire engine and flag them down if necessary. This saves valuable time. Remember, every minute counts.

When to call

If the injured person is unconscious, **call 9-1-1 immediately**. Sometimes a conscious victim will tell you not to call an ambulance, and you may not be sure what to do. Regardless, call **9-1-1** and request paramedics if the victim -

- Is or becomes unconscious.
- Has trouble breathing or is breathing in a strange way.
- Has chest pain or pressure.
- Is bleeding severely.
- Has pressure or pain in the abdomen that does not go away.
- Is vomiting or passing blood.
- Has seizures, a severe headache, or slurred speech.
- Appears to have been poisoned.
- Has injuries to the head, neck or back.
- Has possible broken bones.

If in doubt, always call **(RBPD) 914-937-1020** or **9-1-1** and request paramedics.

Also call the Rye Brook Police Department or 9-1-1 for any of these situations:

- Fire or explosion
- Downed electrical wires
- Swiftly moving or rapidly rising water
- Presence of poisonous gas
- Vehicle Collisions
- Vehicle/Bicycle Collisions
- Victims who cannot be moved easily

Checking the Victim

Conscious Victims**:**

If the victim is conscious, ask what happened. Look for other life-threatening conditions that need attention. The victim may be able to tell you what happened and how he or she feels. This information helps determine what care may be needed.

This check has two steps:

1. Talk to the victim and to any people standing by who saw the accident take place.
2. Check the victim from head to toe, so you do not overlook any problems.

Do not ask the victim to move, and do not move the victim yourself.

- Examine the scalp, face, ears, nose, and mouth.
- Look for cuts, bruises, bumps, or depressions.
- Watch for changes in consciousness.
- Notice if the victim is drowsy, not alert, or confused.
- Look for changes in the victim's breathing. A healthy person breathes regularly, quietly, and easily. Breathing that is not normal includes noisy breathing such as gasping for air; making rasping, gurgling, or whistling sounds; breathing unusually fast or slow; and breathing that is painful.
- Notice how the skin looks and feels. Note if the skin is reddish, bluish, pale or gray.
- Feel with the back of your hand on the forehead to see if the skin feels unusually damp, dry, cool, or hot.
- Ask the victim again about the areas that hurt.
- Ask the victim to move each part of the body that doesn't hurt.
- Check the shoulders by asking the victim to shrug them.
- Check the chest and abdomen by asking the victim to take a deep breath.
- Ask the victim if he or she can move the fingers, hands, and arms.
- Check the hips and legs in the same way.
- Watch the victim's face for signs of pain and listen for sounds of pain such as gasps, moans or cries.
- Look for odd bumps or depressions.
- Think of how the body usually looks. If you are not sure if something is out of shape, check it against the other side of the body.
- Look for a medical alert tag on the victim's wrist or neck. A tag will give you medical information about the victim; care to give for that problem, and who to call for help.

- When you have finished checking, if the victim can move his or her body without any pain and there are no other signs of injury, have the victim rest sitting up.
- When the victim feels ready, help him or her stand up.

Unconscious Victims

If the victim does not respond to you in any way, assume the victim is unconscious.
Call **(RBPD) 914-937-1020** or **9-1-1** and report the emergency immediately.

Checking an Unconscious Victim**:**

- Tap and shout to see if the person responds. If no response -
- Look, listen and feel for breathing for about 5 seconds.
- If there is no response, position victim on back, while supporting head and neck.
- Tilt head back, lift chin and pinch nose shut. (See breathing section to follow)
- Look, listen, and feel for breathing for about 5 seconds.
- If the victim is not breathing, give 2 slow breaths into the victim's mouth.
- Check pulse for 5 to 10 seconds.
- Check for severe bleeding. Finger sweep maneuver administered to an unconscious victim of foreign body airway obstruction

When treating an injury, remember:

Protection
Rest
Ice
Compression
Elevation
Support

Muscle, Bone, or Joint Injuries

Symptoms of Serious Muscle, Bone, or Joint Injuries:

Always suspect a serious injury when the following signs are present:

- Significant deformity
- Bruising and swelling
- Inability to use the affected part normally
- Bone fragments sticking out of a wound
- Victim feels bones grating; victim felt or heard a snap or pop at the time of injury
- The injured area is cold and numb
- Cause of the injury suggests that the injury may be severe.

If any of these conditions exists, call **(RBPD) 914-937-1020** or **9-1-1** immediately and administer care to the victim until the paramedics arrive.

Treatment for muscle or joint injuries:

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

Treatment for fractures:

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

Treatment for broken bones:

Once you have established that the victim has a broken bone, and you have called **(RBPD) 914-937-1020** or **9-1-1**, all you can do is comfort the victim, keep him/her warm and still and treat for shock if necessary (see "Caring for Shock" section)

Osgood Schlaughter's Disease*:*

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

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

Concussion:

Concussions are defined as any blow to the head. They can be fatal if the proper precautions are not taken.

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

DO NOT MOVE the victim. Call **(RBPD) 914-937-1020** or **9-1-1** immediately.

Head and Spine Injuries

When to suspect head and spine injuries:

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

Signals of Head and Spine Injuries

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

General Care for Head and Spine Injuries

Call **Rye Brook Police Department (RBPD)** directly at **914-937-1020**.

- Or 9-1-1 immediately.
- Minimize movement of the head and spine.
- Maintain an open airway.
- Check consciousness and breathing.
- Control any external bleeding.
- Keep the victim from getting chilled or overheated till paramedics arrive and take over care.

Contusion to Sternum:

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

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

- If a player complains of pain in his chest after being struck Call **(RBPD) 914-937-1020** or **9-1-1** immediately and treat the player until professional medical help arrives.

- The use of heart protective equipment is required for all when playing the pitcher and pitcher's helper positions (A Division and above).

Sudden Illness

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

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

Care For Sudden Illness

- Call **(RBPD) 914-937-1020** or 9-1-1
- Help the victim rest comfortably.
- Keep the victim from getting chilled or overheated.
- Reassure the victim.
- Watch for changes in consciousness and breathing.
- **Has a seizure** -- Do not hold or restrain the person or place anything between the victim's teeth. Remove any nearby objects that might cause injury. Cushion the victim's head using folded clothing or a small pillow.

Caring for Shock

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

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

Caring for shock involves the following simple steps:

- Have the victim lie down. Helping the victim rest comfortably is important because pain can intensify the body's stress and accelerate the progression of shock.

- Control any external bleeding.
- Help the victim maintain normal body temperature. If the victim is cool, try to cover him or her to avoid chilling.
- Try to reassure the victim.
- Elevate the legs about 12 inches unless you suspect head, neck, or back injuries or possible broken bones involving the hips or legs. If you are unsure of the victim's condition, leave him or her lying flat.
- Do not give the victim anything to eat or drink, even though he or she is likely to be thirsty.
- Call **(RBPD) 914-937-1020** or 9-1-1 immediately. Shock can't be managed effectively by first aid alone. A victim of shock requires advanced medical care as soon as possible.

Breathing Problems/Emergency Breathing

If Victim is not Breathing:

- Position victim on back while supporting head and neck.
- With victim's head tilted back and chin lifted, pinch the nose shut.
- Give two (2) slow breaths into victim's mouth. Breathe in until chest gently rises.

Once a victim requires emergency breathing you become the life support for that person -- without you the victim would be clinically dead. You must continue to administer emergency breathing and/or CPR until the paramedics get there. It is your obligation, and you are protected under the "Good Samaritan" laws.

- Check for a pulse at the carotid artery (use fingers instead of thumb).
- If pulse is present but person is still not breathing give 1 slow breath about every 5 seconds. Do this for about 1 minute (12 breaths).
- Continue rescue breathing as long as a pulse is present, but person is not breathing.

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

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

Heart Attack or Cardiac Arrest

Signs of a Heart Attack

- Heart attack pain is most often felt in the center of the chest, behind the breastbone. It may spread to the shoulder, arm or jaw. Signals of a heart attack include:
- Persistent chest pain or discomfort - Victim has persistent pain or pressure in the chest that is not relieved by resting, changing position, or oral medication. Pain may range from discomfort to an unbearable crushing sensation.
- Breathing difficulty -
  Victim's breathing is noisy.

Victim feels short of breath.
Victim breathes faster than normal.

- Changes in pulse rate -
  Pulse may be faster or slower than normal
  Pulse may be irregular.

- Skin appearance -
  Victim's skin may be pale or bluish in color.
  Victim's face may be moist.
  Victim may perspire profusely.
- Absence of pulse -
  The absence of a pulse is the main signal of a cardiac arrest.
- The number one indicator that someone is having a heart attack is that he or she will be in denial. A heart attack means certain death to most people. People do not wish to acknowledge death therefore they will deny that they are having a heart attack.

Care For A Heart Attack or Cardiac Arrest

- Recognize the signals of a heart attack.
- Convince the victim to stop activity and rest.
- Help the victim to rest comfortably.
- Try to obtain information about the victim's condition.
- Comfort the victim.
- Call **(RBPD) 914-937-1020 or *9-1-1*** and report the emergency.
- Assist with medication, if prescribed.
- Monitor the victim's condition.
- Be prepared to give CPR or use the Automatic External Defibrillator (AED) if the victim's heart stops beating.

Location of the Automatic External Defibrillator (AED)

The AED is located in the women's bathroom. Managers setting up for the first game of the day should make certain that the AED is in place.

Giving CPR and Use of AED

- Position victim on back on a flat surface.
- Retrieve yourself or by sending someone the AED
- As trained place the leads on the patient by following the instructions
- Turn AED on and follow voice commands
- In the event that the AED does not shock patient, prepare to commence CPR upon commands from the AED
- Position yourself so that you can give rescue breaths and chest compression without having to move (usually to one side of the victim).
- Find hand position on breastbone.
- Position shoulders over hands. Compress chest 15 times. (For small children only 5 times)
- With victim's head tilted back and chin lifted, pinch the nose shut.
- Give two (2) slow breaths into victim's mouth. Breathe in until chest gently rises. For small children only 1 time)

- Do 3 more sets of 15 compressions and 2 breaths. (For small children, 5 compressions and 1 breath)
- Recheck pulse and breathing for about 5 seconds.

  It is possible that you will break the victim's ribs while administering CPR. Do not be concerned about this. The victim is clinically dead without your help. You are protected under the "Good Samaritan" laws.

- If there is no pulse continue sets of 15 compressions and 2 breaths. (For small children, 5 compressions and 1 breath)
- When giving CPR to small children only use one hand for compressions to avoid breaking ribs.

When to stop CPR

- If another trained person takes over CPR for you.
- If Paramedics arrive and take over care of the victim.
- If commanded by the AED machine
- If you are exhausted and unable to continue.

Choking

Partial Obstruction with Good Air Exchange**:**

Symptoms may include forceful cough with wheezing sounds between coughs.

Treatment: Encourage victim to cough as long as good air exchange continues. DO NOT interfere with attempts to expel object.

Partial or Complete Airway Obstruction in Conscious Victim

Symptoms may include Weak cough; high-pitched crowing noises during inhalation; inability to breathe, cough or speak; gesture of clutching neck between thumb and index finger; exaggerated breathing efforts; dusky or bluish skin color.

Treatment - The Heimlich Maneuver:
- Stand behind the victim.
- Reach around victim with both arms under the victim's arms.
- Place thumb side of fist against middle of abdomen just above the navel. Grasp fist with other hand.
- Give quick, upward thrusts.
- Repeat until object is coughed up.

Bleeding

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

- **Act quickly**. Have the victim lie down. Elevate the injured limb higher than the victim's heart unless you suspect a broken bone.

- **Control bleeding** by applying direct pressure on the wound with a sterile pad or clean cloth.

- If bleeding is controlled by direct pressure, **bandage firmly** to protect wound. Check pulse to be sure bandage is not too tight.

- If bleeding is not controlled by use of direct pressure, **apply a tourniquet** only as a last resort and call **(RBPD) 914-937-1020** or 9-1-1 immediately.

Nosebleed

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

Bleeding On the Inside and Outside of the Mouth

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

Infection

To prevent infection when treating open wounds, you must:

- **CLEANSE**... the wound and surrounding area gently with mild soap and water or an antiseptic pad; rinse and blot dry with a sterile pad or clean dressing.
- **TREAT**... to protect against contamination with ointment supplied in your First-Aid Kit.
- **COVER**... to absorb fluids and protect wound from further contamination with Band-Aids, gauze, or sterile pads supplied in your First-Aid Kit. (Handle only the edges of sterile pads or dressings)
- **TAPE**... to secure with First-Aid tape (included in your First-Aid Kit) to help keep out dirt and germs.

Deep Cuts

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

Splinters

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

Symptoms: May include: Pain, redness and/or swelling.
Treatment:
- First wash your hands thoroughly, then gently wash affected area with mild soap and water.
- Sterilize needle or tweezers by boiling for 10 minutes or heating tips in a flame; wipe off carbon (black discoloration) with a sterile pad before use.

- Loosen skin around splinter with needle; use tweezers to remove splinter. If splinter breaks or is deeply lodged, consult professional medical help.
- Cover with adhesive bandage or sterile pad, if necessary.

Insect Stings

In highly sensitive persons, do not wait for allergic symptoms to appear. Seek professional medical help immediately. Call **(RBPD) 914-937-1020** or 9-1-1. If breathing difficulties occur, start rescue breathing techniques; if pulse is absent, begin CPR.

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

Treatment:

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

Emergency Treatment of Dental Injuries

AVULSION (Entire Tooth Knocked Out)

If a tooth is knocked out, place a sterile dressing directly in the space left by the tooth. Tell the victim to bite down. Dentists can successfully replant a knocked-out tooth if they can do so quickly and if the tooth has been cared for properly.

- Avoid additional trauma to tooth while handling. **Do Not** handle tooth by the root. **Do Not brush** or scrub the tooth. **Do Not** sterilize the tooth.

- If debris is on tooth, gently rinse with water.

- If possible, re-implant and stabilize by biting down gently on a towel or handkerchief. **Do only** if athlete is alert and conscious.

- If unable to re-implant:

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

LUXATION (Tooth in Socket, but Wrong Position)

EXTRUDED TOOTH - Upper tooth hangs down and/or lower tooth raised up.
- Reposition tooth in socket using firm finger pressure.

- Stabilize tooth by gently biting on towel or handkerchief.
- **TRANSPORT IMMEDIATELY TO DENTIST**.

LATERAL DISPLACEMENT - Tooth pushed back or pulled forward.
- Try to reposition tooth using finger pressure.
- Victim may require local anesthetic to reposition tooth; if so, stabilize tooth by gently biting on towel or handkerchief.
- **TRANSPORT IMMEDIATELY TO DENTIST**.

INTRUDED TOOTH - Tooth pushed into gum - looks short.
- Do nothing - avoid any repositioning of tooth.

FRACTURE (Broken Tooth)

- **TRANSPORT PATIENT AND TOOTH FRAGMENTS TO DENTIST.** 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 be gently biting on a towel or handkerchief to control bleeding.
- Should extreme pain occur, limit contact with other teeth, air, or tongue. Pulp nerve may be exposed, which is extremely painful to athlete.
- **IMMEDIATELY** save all fragments of fractured tooth in the plastic baggie supplied in your First-Aid kit, as described under Avulsion, Item 4.

Burns

The care for burns involves the following 3 basic steps.

Stop the Burning -- Put out flames or remove the victim from the source of the burn.

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

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

Chemical Burns

If a person suffers a chemical burn,

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

If an eye has been burned:

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

Sunburn

If victim has been sunburned,

1. Treat as you would any major burn (see above).
2. Treat for shock if necessary (see section on "Caring for Shock")
3. Cool victim as rapidly as possible by applying cool, damp cloths or immersing in cool, not cold water.
4. Give victim fluids to drink.
5. Get professional medical help immediately for severe cases.

Dismemberment

If part of the body has been torn or cut off, try to find the part and wrap it in sterile gauze or any clean material, such as a washcloth. Put the wrapped part in a plastic bag. Keep the part cool by placing the bag on ice, if possible, but do not freeze. Be sure the part is taken to the hospital with the victim. Doctors may be able to reattach it.

Penetrating Objects

If an object, such as a knife or a piece of glass or metal, is impaled in a wound:

1. **Do not remove the item!**
2. Place several dressings around object to keep it from moving.
3. Bandage the dressings in place around the object.
4. If object penetrates chest and victim complains of discomfort or, pressure, quickly loosen bandage on one side and reseal. Watch carefully for recurrence. Repeat procedure if necessary.
5. Treat for shock if needed (see "Care for Shock" section).
6. Call **(RBPD) 914-937-1020** or 9-1-1 for professional medical care.

Poisoning

Call **(RBPD) 914-937-1020** or 9-1-1 immediately before administering First Aid then:

1. **Do not** give any First Aid if victim is unconscious or is having convulsions. Begin rescue breathing techniques or CPR if necessary. If victim is convulsing, protect from further injury; loosen tight clothing if possible.

2. If professional medical help does not arrive immediately:

   - DO NOT induce vomiting if poison is unknown, a corrosive substance (i.e., acid, cleaning fluid, lye, drain cleaner), or a petroleum product (i.e., gasoline, turpentine, paint thinner, lighter fluid).

- Induce vomiting if poison is known and is not a corrosive substance or petroleum product. To induce vomiting: Give adult one ounce of syrup of ipecac (1/2 ounce for child) followed by four or five glasses of water. If victim has vomited, follow with one ounce of powdered, activated charcoal in water, if available.

- Take poison container, (or vomitus if poison is unknown) with victim to hospital.

Heat Exhaustion

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

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

Sunstroke (Heat Stroke)

Symptoms may include: extremely high body temperature (106□F or higher); hot, red, dry skin; absence of sweating; rapid pulse; convulsions; unconsciousness.

Treatment:
1. Call **(RBPD) 914-937-1020** or *9-1-1* immediately.
2. Lower body temperature quickly by placing victim in partially filled tub of cool, not cold, water (avoid over-cooling). Briskly sponge victim's body until body temperature is reduced then towel dry. If tub is not available, wrap victim in cold, wet sheets or towels in well ventilated room or use fans and air conditioners until body temperature is reduced.
3. ***DO NOT*** give stimulating beverages (caffeine beverages), such as coffee, tea or soda.

Transporting an Injured Person

If injury involves neck or back, **DO NOT move victim** unless it is absolutely necessary. Wait for paramedics.

If victim must be pulled to safety, move body lengthwise, not sideways. If possible, slide a coat or blanket under the victim:

- Carefully turn victim toward you and slip a half-rolled blanket under back.
- Turn victim on side over blanket, unroll, and return victim onto back.
- Drag victim headfirst, keeping back as straight as possible.

If victim must be lifted:

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

Communicable Disease Procedures

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

- A bleeding player should be removed from competition as soon as possible.
- Bleeding must be stopped, the open wound covered, and the uniform changed if there is blood on it before the player may re-enter the game.
- Routinely use gloves to prevent mucous membrane exposure when contact with blood or other body fluid are anticipated (latex gloves are provided in First Aid Kit).
- Immediately wash hands and other skin surface if contaminated with blood with antibacterial soap (Lever 2000).
- Clean all blood contaminated surfaces and equipment with a 1:1 solution of Clorox Bleach (supplied in the concession stands and club house). A 1:1 solution can be made by using a cap full of Clorox (2.5cc) and 8 ounces of water (250cc).
- CPR Masks will be available in the concession stands and club house.
- Managers, coaches, and volunteers with open wounds should refrain from all direct contact with others until the condition is resolved.
- Follow accepted guidelines in the immediate control of bleeding and disposal when handling bloody dressings, mouth guards and other articles containing body fluids.

Facts about AIDS and hepatitis

AIDS stand for acquired immune deficiency syndrome. It is caused by the human immunodeficiency virus (HIV). When the virus gets into the body, it damages the immune system, the body system that fights infection. Once the virus enters the body, it can grow quietly in the body for months or even years. People infected with HIV might not feel or appear sick. Eventually, the weakened immune system gives way to certain types of infections.

The virus enters the body in 3 basic ways:

1. Through direct contact with the bloodstream. Example: Sharing a non-sterilized needle with an HIV-positive person -- male or female.
2. Through the mucous membranes lining the eyes, mouth, throat, rectum, and vagina. Example: Having unprotected sex with an HIV positive person -- male or female.
3. Through the womb, birth canal, or breast milk. Example: Being infected as an unborn child or shortly after birth by an infected mother. The virus cannot enter through the skin unless there is a cut or break in the skin. Even then, the possibility of infection is very low unless there is direct contact for a lengthy period of time. Currently, it is believed that saliva is not capable of transmitting HIV. The likelihood of HIV transmission during a First-Aid situation is very low. Always give care in ways that protect you and the victim from disease transmission.
   - If possible, wash your hands before and after giving care, even if you wear gloves.
   - Avoid touching or being splashed by another person's body fluids, especially blood.
   - Wear disposable gloves during treatment.

If you think you have put yourself at risk, get tested. A blood test will tell whether or not your body is producing antibodies in response to the virus. If you are not sure whether you should be tested, call

your doctor, the public health department, or the AIDS hot line (1-800-342-AIDS). In the meantime, don't participate in activities that put anyone else at risk.

Like AIDS, hepatitis B and C are viruses. Even though there is a very small risk of infecting others by direct contact, one must take the appropriate safety measures, as outlined above, when treating open wounds. There is now a vaccination against hepatitis B. Managers are strongly recommended to see their doctor about this.

Prescription Medication

Do not, at any time, administer any kind of prescription medicine.
This is the parent's responsibility only.

Asthma and Allergies

Many children suffer from asthma and/or allergies (allergies especially in the springtime). Allergy symptoms can manifest themselves to look like the child has a cold or flu while children with asthma usually have difficult time breathing when they become active. Allergies are usually treated with prescription medication. If a child is allergic to insect stings/bites or certain types of food, you must know about it because these allergic reactions can become life threatening.

Parents are required to complete a medical history form at registration. It is their responsibility to make RBLL aware of any pre-existing medical conditions. (The form is included in the appendix of this safety manual). Study their comments and know which children on your team have any medical concerns. Likewise, a child with asthma needs to be watched carefully. If a child starts to have an asthma attack, have him stop playing immediately and calm him down until he/she is able to breathe normally. If the asthma attack persists, dial **(RBPD) 914-937-1020** or 9-1-1 and request emergency assistance.

Colds and Flu

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

Attention Deficit Disorder

What is Attention Deficit Disorder (ADD)

ADD is now officially called Attention-Deficit/Hyperactivity Disorder, or **ADHD**, although most lay people, and even some professionals, still call it ADD (the name given in 1980). ADHD is a neuron-biologically based developmental disability estimated to affect between 3-5 percent of the school age population. This disorder is found present more often in boys than girls (3:1).

No one knows exactly what causes ADHD. Scientific evidence suggests that the disorder is genetically transmitted in many cases and results from a chemical imbalance or deficiency in certain neurotransmitters, which are chemicals that help the brain regulate behavior.

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

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

Treatment of ADHD usually involves medication. Do not, at any time, administer medication -- even if the child asks you to do so. Make sure a parent is aware that the game of baseball can be dangerous and suggest that the child takes any prescribed medications before coming to a practice or game.

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

What are the symptoms of ADHD? -

Inattention - The child:

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

Hyperactivity - The child:

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

Impulsivity - This is where the child:

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

Emotional Instability - This is where the child:

- often has angry outbursts.
- is a social loner.
- blames others for problems.
- fights with others quickly.
- is very sensitive to criticism.

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

When giving directions to ADHD children it is important to have them repeat the directions to make sure they have correctly received them. For younger ADHD children, the directions should consist of only one or two step instructions. For older children more complicated directions should be stated in writing.

Children with ADHD often miss important aspects of social interaction with their peers. When this happens, they have a difficult time “fitting in.” They need to focus in on how other children are playing with each other and then attempt to behave similarly. ADHD children often enter a group play situation like the proverbial “bull in the china closet” and upset the play session.

There is no way to know for sure that a child has ADHD. There is no simple test, such as a blood test or urinalysis. An accurate diagnosis requires an assessment conducted by a well-trained professional (usually a developmental pediatrician, child psychologist, child psychiatrist, or pediatric neurologist) who knows a lot about ADHD and all other disorders that can have symptoms similar to those found in ADHD.

PARENTAL CONCERNS ABOUT SAFETY

The following are some of the most common concerns and questions asked by parents regarding the safety of their children when it comes to playing baseball. We have also included appropriate answers below the questions.

I'm worried that my child is too small or too big to play on the team/division he has been assigned to.

Little League has rules concerning the ages of players on T-Ball, Farm, Minor, Major and Senior teams. Rye Brook Little League observes those rules and then places children on teams according to their skills and abilities based on their try-out ratings at the beginning of the season. If for some reason you do not think your child belongs in a particular division, please contact the ELL Player Agent and share your concerns.

Should my child be pitching so many innings per game?

Little League has rules regarding pitching which all managers and coaches must follow. The rules are different depending on the division of play but the rules are there to protect children.

Do mouth guards prevent injuries?

A mouth guard can prevent serious injuries such as concussions, cerebral hemorrhages, incidents of unconsciousness, jaw fractures and neck injuries by helping to avoid situations where the lower jaw gets jammed into the upper jaw. Mouth Guards are effective in moving soft issue in the oral cavity away from the teeth, preventing laceration and bruising of the lips and cheeks, especially for those who wear orthodontic appliances.

How do I know that I can trust the volunteer managers and coaches not to be child molesters?

Rye Brook Little League runs background checks on all board members, managers and designated coaches before appointing them. Volunteers are required to fill out applications which give RBLL the information and permission it needs to complete a thorough investigation. If the League receives inappropriate information on a volunteer, that volunteer will be immediately removed from his/her position and banned from the facility.

How can I complain about the way my child is being treated by the manager, coach, or umpire?

You can directly contact the RBLL Player Agent or any RBLL board member. Their names and telephone numbers are posted. The complaint will be brought to the RBLL President's attention immediately and investigated.

Will that helmet on my child's head really protect him while he or she is at bat and running around the bases?

The helmets used at Rye Brook Little League must meet NOCSAE standards as evidenced by the exterior label. These helmets are certified by Little League Incorporated and are the safest protection

for your child. The helmets are checked for cracks at the beginning of each game and replaced if need be.

Is it safe for my child to slide into the bases*?*

Sliding is part of baseball. Managers and coaches teach children to slide safely in the pre-season.

My child has been diagnosed with ADHD - is it safe for him to play?

Rye Brook Little League addresses ADHD in its Safety Manual. Managers and coaches now have a reference to better understand ADHD. The knowledge they gain here will help them coach ADHD children more effectively. The primary concern is, of course, safety. Children must be aware of where the ball is at all times. Managers and coaches must work together with parents in order help ADHD children focus on safety issues.

FIELD AND GAME SAFETY CHECKLIST

BE ALERT! All umpires, managers and coaches are responsible for checking field safety conditions before each game.

✓ **CHECK PLAYING FIELD FOR HAZARDS**
✓ **ENSURE EQUIPMENT IS IN GOOD SHAPE**
✓ **REPORT ALL NEEDED REPAIRS**

Field Condition ok? yes / no

Backstop
Home plate
Bases secure
Pitcher's mound
Batter's box level
Batter's box marked
Grass surface (even)
Gopher holes
Infield fence repair
Outfield fence repair

Catchers Equipment ok? – yes / no

Shin guards
Helmet
Face mask
Throat protector
Catcher's cup (boys)
Chest protector
Catcher's mitt

Players Equip. ok? yes / no

Batting helmets
Jewelry removed
Bats inspected
Shoes checked
Uniforms checked
Athletic cups (boys)
Little League patch
Heart guards for pitchers

Safety Equip. ok? yes / no

First-aid Kit for each team
Foul lines marked
Sprinkler condition
Ice packs for injuries
Blanket for shock
Coach's box marked
Safety Manual
Injury report forms

Dugouts ok? yes / no

Bench needs repair
Roof needs repair
Bat racks
Helmet racks
Trash cans
Clean up needed

Spectator Areas ok? yes / no

Bleachers need repair
No Smoking
Parking Area Safe
Bleachers clean
Fence gates closed
Walkways clear

APPENDIX I

2024 Qualified Safety Registration Form

APPENDIX II

2024 Little League Facility Survey

APPENDIX III

Volunteer Forms 2024
(New / Returning)

APPENDIX IV

ASAP POSTERS
To be used at RBLL Facility

Appendix V

Positive Coaching Initiative