



2020
SAFETY PLAN
for
Managers & Coaches



Little League Identification Number 447-09-12

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Little League Baseball

“Little League Baseball, Incorporated is a non-profit organization whose mission is to “promote, develop, supervise, and voluntarily assist in all lawful ways, the interest of those who will participate in Little League Baseball and Softball.”

Through proper guidance and exemplary leadership, the Little League program assists children in developing the qualities of citizenship, discipline, teamwork and physical well-being. By espousing the virtues of character, courage and loyalty, the Little League Baseball and Softball program is designed to develop superior citizens rather than superior athletes.” (Little League 2019)

Little League Safety Plan

In 1995, Little League Incorporated introduced ASAP (A Safety Awareness Program) to create awareness, through education and information, of the opportunities to provide a safer environment for

kids and all participants of Little League and with the goal of re-emphasizing the primary importance of safety to local little leagues around the United States. In order to be an ASAP compliant league, a Little League approved Safety Plan that meets certain acceptance criteria must be filed with Williamsport before the start of each season. Issaquah Little League annually fulfills this requirement.

The purpose of the Issaquah Little League Safety Plan is to develop guidelines for increasing the safety of activities, equipment, instruction and facilities through education, compliance, and reporting. In support of this goal, Issaquah Little League also commits itself to providing the necessary organizational structure and focus to develop, monitor, and enforce compliance with all aspects of the plan.

The Safety Plan includes the Code of Conduct and Safety Code adopted by the Issaquah Little League Board of Directors. These documents outline specific safety related policies and procedures of the League. All participants, volunteers, employees, spectators, and guests are bound by the guidelines set forth in these documents.

League Safety Officer & Committee

The League Safety Officer is an elected Member of the Issaquah Little League Board of Directors. This individual acts as the Issaquah Little League primary point of contact for the safety issues and is responsible to review, modify and communicate the League's Safety Plan each year. The plan is presented to the Board for approval and ratification prior to each upcoming season.

The League President and Safety Officer have primary responsibility for ensuring compliance with the Safety Plan. However, the entire Issaquah Little League Board of Directors, elected League Officers, and Board Approved Managers and Coaches share in the responsibility to ensure awareness and compliance with the Safety Plan relative to their respective position or office.

The Safety Officer of Issaquah Little League is mainly responsible for the development and implementation of the League's safety program. The Safety Officer is the link between the Board of Directors of Issaquah Little League and its managers, coaches, umpires, team safety officers, players, spectators, and any other third parties on the complex regarding safety matters, rules and regulations.

The Issaquah Little League will maintain a League **Safety Committee** comprised of the League Safety Officer, President, Exec VP Baseball and Softball, the Umpire in Chief, Field Services, and the Equipment Managers for Baseball and Softball. This committee will have the primary responsibility for the initial annual review of the Safety Plan and to monitor the number of injuries and accidents that occur during the season. The Safety Committee will recommend courses of action regarding any safety issues that may present itself to the League. For example, it is envisioned that this committee will meet to assist the League Safety Officer in preparing revisions and updates to the League Safety Plan, which will then be distributed to the Board for comment.

The current League Safety Committee consists of the following members:

League Safety Officer– Heather Bissmeyer
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President – Brian Mayer
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Commissioner, Baseball – Curt Hamilton
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The Issaquah Safety Officer's and the Safety Committee's responsibilities:

- Coordinating with the individual Team Managers/Coaches Officers in order to provide the safest environment possible for all.
- Scheduling a Safety Clinic for all managers, designated coaches, umpires, player agents and team safety officers during the pre-season.
- Insuring that each team receives its Safety Manual and its First-Aid Kit at the beginning of the season.
- Make Little League's "no tolerance with child abuse" clear to all.
- Re-stocking the first aid kits as needed.
- Checking fields with the Managers and listing areas needing attention.
- Creating and maintaining all signs at the ball fields, including No Parking signs, No Smoking signs, No Pets Allowed, batting cage rules, cautionary signs etc....
- 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.
- Keeping the First Aid Log. This log will list where accidents and injuries are occurring, to whom, in which divisions (major, coast, minors, and tee ball), at what times, and who was under what supervision at the time of the injury.
- Correlating and summarizing the data in the First-Aid Log to determine proper accident prevention in the future.
- Tracking all injuries and near misses in order to identify injury trends and report to Little League District Nine and Little League International and insurers.
- Assisting parents and individuals with insurance claims and will act as the liaison between Little League International and District Nine, the insurance company and the parents and individuals.
- Explaining insurance benefits to claimants and assisting them with filing the correct paperwork.
- Making sure that safety is a monthly Board Meeting topic, allowing experienced people to share ideas on improving safety with the Board, coaches, volunteers and members, and keeping current on safety equipment.

Parent Responsibilities

- The role of the little league parent is most important.

- Conduct themselves according to the Parent Code of Conduct.
- Be aware of unsafe situations and report these to the Umpire, Manager or Safety Director.
- Offer to assist in emergency situations.
- Serve as a role model for safe and proper conduct.

Rules Committee

Each year, the Issaquah Little League Local Rules and Policies are reviewed and amended with the input of the Rules Committee, chaired by the Executive VP's of Baseball and Softball respectively. The Local Rules as amended have been approved by a vote of the Board of Directors. Areas such as competitive balance, player participation, pitch count, speed of play, and safety are discussed, and any changes or additions are presented to the Board for discussion and/or ratification. Each year, these committees evaluate the Local Rules and consider necessary changes, additions and/or improvements.

Little League Volunteers

Issaquah Little League requires that all of the following personnel have annually submitted a fully completed official "Little League Volunteer Application" (located on www.issaquahlittleleague.org) and upon request a copy of valid government issued photograph identification to the President or Safety Officer for conducting a national background check that at a minimum includes review of sex offender registries, child abuse and criminal history records for approval of such volunteer, prior to the applicant assuming his/her duties for the current season: Board of Director members, Umpires, Managers, Coaches, and any other persons, volunteers or hired workers, who provide regular service to the league and/ or have repetitive access to, or contact with, players or teams.

This application is submitted via the online service: Team Connect Sports Software. Failure to submit a completed Little League Volunteer Application for the current year and upon request a copy of valid government issued photograph identification and social security number as required by the league makes that adult unable to maintain ILL membership and that adult or child volunteer is unable to volunteer in any capacity with ILL. The "Little League Volunteer Application" must be maintained by the president of the Issaquah Little League's board of directors for all personnel named above, for a minimum of the duration of the applicant's service to the league for that year. Failure to comply with this regulation by ILL may result in the suspension or revocation of tournament privileges and/or the Issaquah Little League's charter by action of the Charter or Tournament Committee in Williamsport.

Issaquah Little League will conduct an annual national background check on all personnel that are required to complete a "Little League Volunteer Application" prior to the applicant assuming his/her duties for the current season. Issaquah Little League shall not permit any person to participate in any manner, whose background check reveals a conviction or guilty plea for any crime involving or against a minor. Issaquah Little League may prohibit any individual from participating as a volunteer or hired worker, if the league deems the individual unfit to work with minors. Issaquah Little League must conduct a search of the applicable government operated statewide sex offender registry and nationwide sex offender registry. Failure to comply with this regulation may result in the suspension or revocation of tournament privileges and/or the Issaquah Little League's charter by action of the Charter of Tournament Committee in Williamsport, PA. If Issaquah Little League becomes aware of information, by any means whatsoever, that an individual including, by not limited to, volunteers, players and hired workers, has been convicted of or pled guilty to any crime involving or against a minor, the local league

must contact the applicable government agency to confirm the accuracy of the information. Upon confirmation of a conviction for, or guilty plea to, a crime against or involving a minor, the local league shall not permit the individual to participate in any manner.

Additionally, no individual may serve as ILL treasurer or have any ILL bank or other financial account signor authority or status who has any history of any criminal conviction for theft, forgery, conversion of property, possession of stolen property, robbery, burglary, moral turpitude, other similar misdemeanor or felony conviction history.

Fundamental Training and Safety Clinic for Managers/Coaches & Players

In order to ensure that ILL Coaches and Managers are well prepared for the task of coaching little league baseball/softball they are required to annually attend both the safety clinic and one or more instructional clinics offered internally or in district around the start of practice in March. Basic Fundamental Training provides instruction on proper warm-up exercises, injury prevention, coaching techniques, and instructional methods to teach proper hitting, throwing and catching mechanics.

The league sponsors annual Safety Clinics to eliminate such injuries through education and awareness and improve our response and treatment of injuries that may occur on the practice fields or during games. This Safety Clinics also complies with a mandate from Little League National Headquarters that all local Leagues provide such training on an annual basis to increase awareness and reduce injuries and help control rising costs of medical insurance premiums paid out by Little League. Safety Clinics will provide head injury/concussion information to comply with the 2009 Lystedt statute mandating such awareness for volunteer organizations using public school facilities. Additionally, Safety Clinics will provide training information/demonstrations for youth protection, field/game play safety, basic first aid, injury reporting, code of conduct, and lightening procedures.

ILL will provide information on CPR training as an option for coaches/ managers who are interested in instruction. We will also offer AED training for everyone in attendance of the Safety Clinics. Manager and Coaches Safety Clinics will be held in March.

All Issaquah Little League Softball and Baseball teams are required to have an adult representative attend the Safety Clinic. **It is mandatory that each Issaquah Little League baseball and softball team has at least one representative attend this training for League implementation of the Lystedt Law and Concussion Statute requirements. The designated team representatives may attend another approved Concussion/Head injury training session and submit documentation to the Safety officer.** The representative will be either coach or manager, as they will be spending most of the time with the players both during practice and games when injuries could occur and all coaches and even team representatives/parents are encouraged to attend. Team Parents are welcome but should not be the team's sole representative (even if a nurse or doctor), as they are not likely to attend all practices. All participants will receive the updated ILL Safety Manual, all safety forms and information on the ILL website regarding head injury prevention.

Managers & Coaches Responsibilities

The Manager is a person selected through a manager selection committee and appointed by the President of ILL to be responsible for the 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 all players. The manager is also ultimately responsible for the actions of designated coaches.

If a **Manager** leaves the field, that **Manager** shall designate a **Coach** as a substitute and such **Substitute Manager** shall have the duties, rights and responsibilities of the **Manager**.

MANAGERS MUST:

- Take possession of this Safety Manual and the First-Aid Kit supplied by ILL and bring both to all practice or games.
- Make sure that *telephone access* is available at all activities including practices. It is required that a *cellular phone* always be on hand for emergencies.
- Attend a **mandatory training session** on Safety, concussion/head injuries, injury prevention and First Aid given by ILL. At least one team representative is required to attend each year (either coach or manager).
- Attend fundamentals training (at least one coach or manager) from each team must attend annually (training qualifies the volunteer for three years but one team representative must attend annually).
- Teach players the **fundamentals** of the game while advocating safety, including but not limited to:
 - Catching fly balls
 - Sliding correctly
 - Proper fielding of ground balls
 - Simple pitching motion for balance, mechanics and technique
 - Batting positioning, loading, swinging, ball contact and safety
- Not expect more from their players than what the players are capable of.
- Notify parents that if a child is injured, sustains a suspected concussion, or is ill, the child cannot return to practice unless they have a note from their doctor. This **medical release** protects you if that child should become further injured or ill. **There are no exceptions to this rule.**
- Encourage players and volunteers to bring *water bottles* to practices and games. Also, strongly encourage parents that they bring **sunscreen** for themselves and their child.

- Insure all of their coaches and volunteers have submitted completed current year volunteer application forms for background checks and not permit anyone to assist with practice or games or have substantial contact with ILL children who have not complied with this requirement.
- Insure all forms (Concussion Information, Medical Release, and Parent/Player Code of Conduct) are executed by players and parents and supplied to you before a player may attend practice or games with Issaquah Little League.

PRIOR TO THE GAME MANAGERS WILL:

- Work with the umpire to walk the field prior to the game for hazards. Look for rocks, glass, holds etc. and correct if feasible. It is the coach/managers **responsibility** to assure the players safety during the game. If there is a facility issue, report to the Facility Operations.
- Work with the umpire to inspect the players equipment before use. Do not allow players to use ill-fitting or defective equipment, it is highly recommended that the player's equipment is made unusable to prevent a player from "saving" their equipment from discard. If it is league owned, arrange to have it replaced by the equipment manager.
- Ensure players utilize baseball/softball equipment appropriate for age, division, ability and as allowed under Little League Baseball and Issaquah Little League local rules. (This is intended to encompass all Little League rules on composite bat restrictions and managers are to keep themselves updated on website updates during the season for such).
- Ensure the players warm up prior to the game, are ready to play, are not injured or sick.
- Make sure there is a phone and a first aid kit immediately available.



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



Make Sure They Are Safe!

"Dangling"

REMEMBER:
Catchers must wear helmets during warm-ups and infield/outfield practice.

RULE 1.17
"...All catchers must wear a mask, 'dangling' type throat protector and catcher's helmet during infield/outfield practice, pitcher warm-up and games."

DURING THE GAME MANAGERS WILL:

- Make sure that players carry all gloves and other equipment off the field and to the dugout when their team is up at bat. No equipment shall be left lying on the field, either in fair or foul territory.
- Always keep players **alert** and **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 keep players behind the screens at all times. No player should handle a bat in the dugouts at any time.
- Keep players off the fences. No one should be climbing the fences, this is a preventable injury.
- Encourage players to **drink** often so they do not dehydrate. Encourage players to apply a generous amount of sunscreen.
- **Never allow children to play if they are ill, sustained a suspected concussion or head injury, or are injured.**
- Always attend to children that become injured in a game. You must **notify parents if their child has been injured** no matter how small or insignificant the injury is. **There are no exceptions to this rule.** This protects you, Little League Baseball Incorporated and ILL. If there was an injury, make sure all accident report forms are filled out and promptly provide the forms and information to the ILL Safety Officer.
- Supervise ejected, ill or injured players until released to the parent, guardian, or person the parent or guardian designates.
- Discuss any safety problems that occurred before, during or after the game with the ILL Safety Officer. Including any "near misses" that could provide valuable information to our league and district to prevent and educate against future injuries.

Safety Improvement Suggestion Form

All safety concerns are our top priority, if you have a concern please submit a "Safety Improvement Suggestion Form" on the ILL website or email the safety officer.

General Code of Conduct

The Issaquah Little League Code of Conduct has been adopted by the Board of Directors. This Code is enforced by the League Safety Officer, the League President, the League's Vice Presidents, League Managers, and Umpires. All league officers, coaches, participants, members, parents and volunteers are required to abide by this code. Based on input and feedback, the League Safety Officer will suggest revisions or modifications to this Code of Conduct from year to year, as necessary. An additional Code

of Conduct for players, parents and coaches was implemented and approved by the Board. The Board approved this mandatory form to be signed by players, coaches and parents/guardians prior to participation. Coaches/Managers are expected to abide by the General Code of Conduct, ILL Safety Code and ILL Code of Conduct.

GENERAL CODE OF CONDUCT

- Speed Limit 5 mph in roadways and parking lots while attending any Issaquah Little League function. Watch for small children around parked cars.
- No Alcohol allowed in any parking lot, field, or common areas within any Issaquah Little League complex or venue.
- No playing in parking lots at any time, use Crosswalks when crossing roadways and always be alert for traffic.
- All gates to the field must remain closed at all times. After players have entered or left the playing field, all gates should be closed and secured.
- During games respect umpires and their authority and do not question, discuss or confront them on any of their calls or decisions.
- Only team Managers and Coaches are allowed to coach players during games. Managers and Coaches are not to be questioned or confronted during games or practices and are to be spoken with at an agreed time and place.
- Only players, managers, coaches, and umpires are permitted on the playing field or in the dugout during games and practice sessions.
- Use of profanity or unsportsmanlike conduct at Little League venues will not be tolerated.
- No throwing balls against dugouts or against backstop. Catchers must be used for all batting practice sessions.
- No throwing baseballs at any time within the walkways and common areas of an Issaquah Little League complex. Also, no rock throwing.
- Do not allow children or players to climb fences or backstops.
- Pets are not permitted at games or practices.
- Observe all posted signs. Players and spectators must be on alert for foul balls and errant throws. Do not retrieve balls or other items from private property.
- During game, players must remain in the dugout in an orderly fashion at all times.
- During games, there is to be no food or snacks consumed in the dugouts or on the field of play.
- **No tobacco product use by coaches, managers or players at any time on field or dugout.**

- After each game, each team must clean up trash in dugout and around stands.
- No bullying behaviors will be tolerated, this includes players, managers, coaches and parents.
- There is a ZERO tolerance for child physical, emotional, or sexual abuse.
- Sexual harassment or discrimination based on race, color, gender, ethnicity, national origin or sexual orientation will not be tolerated by ILL.
- ***Failure to comply with this Code of Conduct may result in expulsion from practice, games, playoffs, All Star play and the ILL Complex or any fields ILL uses for such.***

Safety Code

The Board of Directors has adopted the Issaquah Little League Safety Code. All league officers, participants, members and volunteers are required to abide by this code. On game day and during practices it is expected that team managers and umpires will take actions necessary to comply with this code. The League Safety Officer will monitor compliance and make revisions to the Safety Code from year to year, as necessary.

Safety Mission

The Issaquah Little League safety mission is to provide the safest environment possible for each member of our Little League community and to continually strive to strengthen our safety program by heightening the awareness of our members through education, communication, and feedback.

ISSAQUAH LITTLE LEAGUE SAFETY CODE

- Little League Rules and the Safety Manual will be in force at all league activities.
- A comprehensive survey shall be conducted each year for all fields used by Issaquah Little League, and the results documented on appropriate forms.
- To contact emergency medical services access to a fixed or mobile telephone is required for every league activity. Such arrangements should be confirmed prior to starting all games and practices.
- Managers, coaches and umpires will be provided with basic training in first aid, concussion and head injury detection and issues, proper mechanics/fundamentals, and Little League philosophy. More advanced training is available to coaches and teams upon request.
- First-aid kits are issued to each team manager, and shall be present at each Little League game or practice.
- No games or practices should be held when weather or field conditions are not good, particularly when lighting is inadequate.
- Managers and/or umpires shall walk the fields and inspect for hazards prior to using the field. Play area should be inspected frequently for holes, damage, rocks, glass and other foreign objects that could cause injury.

- All team equipment should be stored within the team dugout, or behind screens, and not within areas defined by the umpires as "in play".
- 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 coaches.
- Procedure should be established for retrieving foul balls batted out of playing area. Do not retrieve balls from private property.
- During practice and games, all players should be alert and watching the batter on each pitch.
- Only a player on the field called to bat by the umpire may swing a bat (Age 5 - 12). No on deck position or swings are permitted. And only when called to bat by an umpire may a player pick up a bat, proceed to the batters box and take a couple of practice swings along the way. At all times, players need to be alert of the area around them when swinging bats.
- No swinging bats at any time within the walkways, common areas, on deck position and dugouts.
- During warm-up drills, establish enough space between players so that no one is endangered by wild throws or missed catches.
- Equipment should be inspected regularly for condition, proper fit, and compliance with Little League Baseball rules and regulations.
- Batters must wear Little League approved protective helmets during batting practice and games.
- Catcher must wear catcher's helmet, mask, throat guard, long model chest protector, shin guards and protective cup with athletic supporter (males) at all times for all practices and games. NO EXCEPTIONS. Managers should encourage all other male players to wear protective cups and supporters for practices and games.
- The Catcher must wear catcher's helmet and mask with a throat guard while warming up pitchers. This applies to before games, between innings and in the bullpen during all games and practices. NO EXCEPTIONS.
- Managers and Coaches may not catch from a pitcher before or during a game, this includes standing at the backstop during practice as informal catcher for batting practice.
- Except when runner is returning to a base, headfirst slides are not permitted.
- During sliding practice, bases should not be strapped down or anchored.
- Breakaway bases only are placed on Major and Minor (Coast) level league fields.
- Anchored bases are not allowed.
- At no time should "horse play" be permitted on the playing field.
- Parents of Players who wear glasses should be encouraged to provide "safety glasses".

- Parents of all players and players should be encouraged to have players use mouth guards and batting helmets with face guards.
- Remove watches, rings, pins or other jewelry during games and practices.
- Pre-game warm-ups should be performed within the confines of the playing field and not within areas that are frequented by, and thus, endanger spectators (i.e., playing catch, pepper, swinging bats, etc.).
- Reduced impact balls are to be used for T-ball, A, and AA level play and considered for practice use at the start of the season in AAA play level.
- Player's are to be encouraged to drink water, or sports drinks in moderation during practice and games.
- No children under the age of 16 are to be permitted in the concession stands. Issaquah Little League does not operate any concession stands on any fields during seasonal or playoff play. It reserves the option of such during District, Region or National Little League playoffs on its fields.

Remember, safety is everyone's job. Prevention is the key to reducing accidents to a minimum. Report all hazardous conditions to the League Safety Officer or another Board member immediately. Do not play on a field that is not safe or with unsafe playing equipment. Be sure your players are fully equipped at all times, especially catchers and batters. And, check your team's equipment often.

Lightening Evacuation Procedures

When lightening is anywhere near the vicinity of the field:

- Stop Game/Practice immediately.
- Stay away from metal fencing, bleachers **and dugouts**.
- Do not hold a metal bat.
- Walk, do not run to car and wait for an official Umpire decision on whether to continue the game or coach determination to continue practice.

Websites to check for assistance:

- [NOAA National Weather Service](#)
- [NOAA Lightning Safety](#)
- [NOAA Severe Weather Photos](#)
- [NOAA Storm Watch](#)

Guidelines for Use of Batting Cages

The Issaquah Little League has implemented the following guidelines for use of batting cages:

- Adult supervision is required at all times when the batting cage is in use.
- If a pitching machine is used to deliver the balls, the pitching machine must be operated by an adult.
- Only one batter and one pitcher/pitching machine operator are allowed in the cage at a time.
- The pitcher/pitching machine operator must use an "L" fence protector or screen.

- If possible, lock/secure the batting cage at all times when not being used by the league.
- Enforce helmet use for everyone in the batting cage; hitters and pitchers.
- Place second fence around the batting cage at a safe distance or give verbal warnings to those too close to keep people from being struck by balls hit into the netting and causing the netting to flare out.
- The only one to hold a bat will be the batter in the cage; all others will leave the bats on the ground, i.e. no swinging bats outside the batting cage.

Storage Shed Procedures

The following applies to all storage sheds used by Issaquah Little League and apply to anyone who has been issued a key by Issaquah Little League to use those sheds.

- All individuals with keys/combinations to the Issaquah Little League equipment sheds (i.e., Managers, Umpires, etc.) are aware of their responsibilities for the *orderly and safe storage of rakes, shovels, bases, etc.*
- Before you use any machinery located in the shed (i.e., lawn mowers, weed whackers, lights, scoreboards, public address systems, etc.) please locate and read the written operating procedures for that equipment. There will be no child utilization, riding on or operation of such equipment in any manner.
- All chemicals or organic materials stored in Issaquah Little League sheds shall be properly marked and labeled as to its contents.
- All chemicals or organic materials (i.e., lime, fertilizer, etc.) stored within these equipment sheds will be separated from the areas used to store machinery and gardening equipment (i.e., rakes, shovels, etc.) to minimize the risk of puncturing storage containers.
- Any witnessed "loose" chemicals or organic materials within these sheds should be cleaned up and disposed of as soon possible to prevent accidental poisoning.

Concession Stand Safety Procedures

Issaquah Little League does not regularly or routinely operate any concession stands at any of its or at the City of Issaquah fields. However, it reserves the right to do so for its own or District 9 baseball or softball tournaments. In that event, the following applies to all of the concessions run by Issaquah Little League either during League play, playoffs or District Nine Tournaments held on any Issaquah Little League operated, leased or utilized fields.


- Concession stands will be run by adults only and may be contracted out as the Board of Directors designates. Those volunteers or assignees operating any ILL concession stand will operate such under the supervision of the ILL President and Safety Officer. All volunteers will have the standard required background check performed.
- All unpackaged food must be handled with paper towels or plastic wrap. Staff members must wear plastic/rubber gloves while working. All staff members must wash their hands on a frequent basis and/or use sanitizer.
- The concession stand shall be cleaned at the end of each day, shall have a fully stocked First Aid Kit and no glass containers shall be sold at the concession stand.
- Only working staff will be allowed in the concession stand. No coach, staff, or others shall loiter in the area.
- All trash shall be removed from the concession stand at the end of each day. Rubber gloves must be worn by staff while handling the trash.

- At least one fire extinguisher will be placed in the concession stand in a visible and unblocked location when any hot food is served. All staff shall be instructed on the use of the fire extinguishers prior to working in the stand.
- A list of emergency numbers and key league personnel phone numbers shall be available in the concession stand for emergency use.


Volunteers Must Wash Hands

HOW


Wet
warm water




Wash
20 seconds
Use soap




Rinse



Dry
Use single-service paper towels



Gloves



WHEN

Wash your hands before you prepare food or as often as needed.

Wash after you:

- ▶ use the toilet
- ▶ touch uncooked meat, poultry, fish or eggs or other potentially hazardous foods
- ▶ interrupt working with food (such as answering the phone, opening a door or drawer)
- ▶ eat, smoke or chew gum
- ▶ touch soiled plates, utensils or equipment
- ▶ take out trash
- ▶ touch your nose, mouth, or any part of your body
- ▶ sneeze or cough

Do not touch ready-to-eat foods with your bare hands.

Use gloves, tongs, deli tissue or other serving utensils.
Remove all jewelry, nail polish or false nails unless you wear gloves.

Wear gloves.

when you have a cut or sore on your hand
when you can't remove your jewelry


If you wear gloves:

- ▶ wash your hands before you put on new gloves

Change them:

- ▶ as often as you wash your hands
- ▶ when they are torn or soiled

Developed by UMass Extension Nutrition Education Program with support from U.S. Food & Drug Administration in cooperation with the MA Partnership for Food Safety Education, United States Department of Agriculture Cooperating. UMass Extension provides equal opportunity in programs and employment.



Annual Facility Survey

Each year the Issaquah Little League Facility Manager conducts the annual facility survey to identify and correct any facility safety concerns. The Little League Facility Survey will be submitted to the Little League Data Center and kept on file by the Safety Officer for future reference. It is available upon request.

Umpire Guidelines

Umpire Guidelines

North Issaquah, Washington, Little League

Before the Game — Meet at home plate

- Introduce plate and base umpires, managers/coaches
- Receive official lineup cards from each team
- Discuss any local playing rules (time limit, playing boundaries, etc.)
- Discuss the strike zone
- Discuss unsportsmanlike conduct by the players
- Discuss the innings pitched by a pitcher rule
- Clarify calling the game due to weather or darkness
- Inspect playing field for unsafe conditions
- Discuss legal pitching motions or balks, if needed
- Discuss no head-first slides, no on-deck circle rules
- Get two game balls from home team
- Be sure players are not wearing any jewelry
- Be sure players are in uniform (shirts in, hats on)
- Inspect equipment for damage and to meet regulations
- Ensure that games start promptly

During the Game — Umpires and Coaches

- Encourage coaches to help speed play by having catchers and players on the bench prepared and ready to take the field with two outs
- Make sure catchers are wearing the proper safety equipment
- Continually monitor the field for safety and playability
- Pitchers warming up in foul territory must have a spotter and catcher with full equipment
- Keep game moving — one minute or eight pitches to warm up the pitcher between innings or in case of mid-inning replacement
- Make calls loud and clear, signalling each properly
- Umpires should be in position to make the call
- No protesting of any judgment calls by the umpire
- Managers are responsible for keeping their fans and players on their best behavior
- Encourage everyone to think "Safety First!"

Copy and provide to umpires for reference

Reporting Accidents & Injuries

All managers, coaches, parents, umpires, and volunteers should use the following procedures for reporting injuries.

Call 9-1-1 in any emergency or for urgent medical assistance. Cell phone callers will be connected to the Bellevue, Issaquah or King County Police dispatcher depending on which field you're calling from. Stay on the line and provide information requested by the dispatcher including the location of the field or practice area you are calling from.

EMERGENCY PHONE NUMBERS –

For Non-Emergency Calls Contact:		
Issaquah Police Dept	(425) 837-3200	
Bellevue Police Dept	(425) 452-6917	
King County Sheriff	(206) 296-3311	
Swedish Medical Center	(425) 313-4000	751 NE Blakely Drive, Issaquah
Overlake Medical Center	(425) 688-5000	1035 116 th Ave NE, Bellevue
Seattle Children's (Bellevue)	(425) 454-4644	1500 116 th Ave NE, Bellevue
Issaquah School District	(425) 837-7000	565 NW Holly St, Issaquah
Field Addresses for Emergency Dispatch		
Sambica Practice Facility	4114 W. Lake Sammamish Pkwy SE	Bellevue, WA
Central Park	1907 Park Dr. N. E. (Issaquah Highlands)	Issaquah, WA
Clark Elementary	335 First Ave SE	Issaquah, WA
Cougar Ridge Elementary (Fields 1 & 2)	4630 167th Ave SE	Bellevue, WA
Grand Ridge Elementary	1739 NE Park Dr	Issaquah, WA
Issaquah High School	700 2nd Ave SE	Issaquah, WA
Issaquah Middle School	600 2nd Ave SE	Issaquah, WA
Dodd Fields (ISD Admin Bldg.)	565 NW Holly St.	Issaquah, WA
Issaquah Valley Elementary	555 NW Holly St.	Issaquah, WA
Lakemont Park (Ball Field)	5170 Village Park Dr. S.E.	Bellevue, WA
Lewis Creek Park	5808 Lakemont Blvd.	Bellevue, WA
Maple Hills Park	15644 204th Ave SE	Renton, WA
Preston Fields	Preston Fall City Road S.E. & S.E. 87th Pl.	Preston, WA
Sunset Valley Elementary	4229 W. Lake Sammamish Blvd. SE	Bellevue, WA
Tibbetts Valley Park (Fields 1 & 2)	965 12th Ave NW	Issaquah, WA

WHAT TO REPORT –

Any incident that causes any player, manager, coach, umpire, or volunteer to receive medical treatment and/or first aid must be reported to the Director of Safety. The terms "medical treatment and/or first aid" include any injury that (a) causes a player to miss any practice or game time; or (b) any event that has the potential to require the medical assistance of a physician for evaluation and diagnosis must be reported promptly.

WHEN TO REPORT –

All such incidents described above must be reported to Heather Bissmeyer, League Safety Officer, within 48 hours of the incident. Contact information is:

Mobile: (206) 849-4652

Email/Scan to: hlynn78@gmail.com

USE THE AIG INSURANCE LITTLE LEAGUE BASEBALL ACCIDENT NOTIFICATION FORM TO REPORT INJURIES

The form is available for download from the Safety section of the League website:

www.issaquahlittleleague.org

In completing the form make sure the following information is provided:

- Our League name is: **Issaquah Little League** and **League I.D. No: 4470912**
- The name and phone number of the individual involved (and their parents).
- The date, time, and location of the incident.
- As detailed a description of the incident as possible.
- Observed objective injury information.
- The name and phone number of the individual reporting the incident.

SAFETY OFFICER RESPONSIBILITY FOR INJURY REPORTING –

The League Safety Officer will receive this injury report and will enter it into the league's safety database. Within 48 hours of receiving the incident report, the Safety Officer will contact the injured party or the party's parents and (1) verify the information received; (2) obtain any other information deemed necessary; (3) check on the status of the injured party; and (4) in the event that the injured party required other medical treatment (i.e., Emergency Room visit, doctor's visit, etc.) will advise the parent or guardian of the Issaquah Little League's insurance coverage's and the provisions for submitting any claims for reimbursement. The League Safety Officer will forward the completed Accident Notification Form to the President, Little League District 9 who will file a copy of the notice and forward it to appropriate League Official(s) for processing.

If the extent of the injuries are more than minor in nature, the League Safety Officer may periodically call the injured party to check on the status of any injuries and to check if any other assistance is necessary such as submission of insurance forms, the medical release form, etc. or 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).

RETURNING TO PLAY FOLLOWING INJURY OR ILLNESS –

According to Little Baseball National Headquarters Regulation III (D) for all levels of baseball and softball: “When a player misses more than seven (7) continuous days of participation for an illness or injury, the team Manager must receive written permission given by a physician or other medical provider for a return to full baseball/softball activity.”

Physician or other medical provider permission must also be secured following a concussion or head injury as outlined in the Concussion Information Sheet parents and players are required to review and sign in the registration process before play with the league.

Copy and post in dugouts.

Don't Swing It

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



(Photos from North Scott, Iowa, Little League)

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

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

RULE 1.08, Notes
“1. The on-deck position is not permitted in Tee Ball, Minor League or Little League (Majors) Division. 2. Only the first batter of each half-inning will be allowed outside the dugout between the half-innings in Tee Ball, Minor League or Little League (Majors) Division.”

Injured Player Guidelines

DO ...

- Reassure and aid children who are injured, frightened, or lost.
- Provide, or assist in obtaining, medical attention for those who require it.
- Know your limitations.
- Carry your first-aid kit to all games and practices.
- Keep your Safety Manual, and Medical forms with your first-aid kit.
- Assist those who require medical attention - and when administering aid, remember to ...
 - **LOOK** for signs of injury (*Blood, Black-and-blue deformity of joint etc.*).
 - **LISTEN** to the injured 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.
- Have your players' Medical Clearance Forms with you at all games and practices.

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 procedures (i.e. CPR, etc.)
- Transport injured individuals except in extreme emergencies.
- Leave an unattended child at a practice or game.
- Hesitate to report any present or potential safety hazard to the League Safety Officer immediately.
- Be alone with a child not your own, but instead always have your child at least and another parent or coach stay until the child's parent arrives.

A Fact Sheet for YOUTH SPORTS COACHES



One of the main jobs of a youth sports coach is keeping athletes safe. This sheet has information to help you protect athletes from concussion or other serious brain injury, learn how to spot a concussion, and know what to do if a concussion occurs.

What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How Can I Help Keep Athletes Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. As a youth sports coach, your actions create the culture for safety and can help lower an athlete's chance of getting a concussion or other serious injury. Aggressive and/or unsportsmanlike behavior among athletes can increase their chances of getting a concussion or other serious injury. Here are some ways you can help keep your athletes safe:

Talk with athletes about the importance of reporting a concussion:

- Talk with athletes about any concerns they might have about reporting their concussion symptoms. Make sure to tell them that safety comes first and you expect them to tell you and their parent(s) if they think they have a concussion.

Create a culture of safety at games and practices:

- Teach athletes ways to lower the chances of getting a concussion.
- Enforce the rules of the sport for fair play, safety, and sportsmanship.
- Ensure athletes avoid unsafe actions such as:
 - › Striking another athlete in the head;
 - › Using their head or helmet to contact another athlete;



Plan ahead. How can you help encourage concussion reporting among your athletes?

Athletes May Try to Hide Concussion Symptoms

Among a group of almost 800 high school athletes:

69% reported playing with concussion symptoms.

40% of these athletes said that their coach was not aware that they had a possible concussion.¹

Athletes may be less likely to tell their coach or athletic trainer about a possible concussion during a championship game or other important event.²

- › Making illegal contacts or checking, tackling, or colliding with an unprotected opponent; and/or
- › Trying to injure or put another athlete at risk for injury.
- Tell athletes that you expect good sportsmanship at all times, both on and off the playing field.

Keep up-to-date on concussion information:

- Review your state, league, and/or organization's concussion guidelines and protocols.
- Take a training course on concussion. CDC offers concussion training at no cost at www.cdc.gov/HEADSUP.
- Download CDC's *HEADS UP* app or a list of concussion signs and symptoms that you can keep on hand.

To learn more, go to www.cdc.gov/HEADSUP



Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

The Way You Talk and Think About Concussion Affects Athletes.

Make sure to tell athletes that safety comes first and you expect them to tell you and their parent(s) if they think they have a concussion.



Check out the equipment and sports facilities:

- Make sure all athletes wear a helmet that fits well and is in good condition when appropriate for the sport or activity. There is no "concussion-proof" helmet, so it is important to enforce safety rules that protect athletes from hits to the head and when a helmet falls off during a play.
- Work with the game or event administrator to remove tripping hazards and ensure that equipment, such as goalposts, have padding that is in good condition.

Keep emergency contact information handy:

- Bring emergency contact information for parents and health care providers to each game and practice in case an athlete needs to be taken to an emergency department right away for a concussion or other serious injury.
- If first responders are called to care for an injured athlete, provide them with details about how the injury happened and how the athlete was acting after the injury.

How Can I Spot a Possible Concussion?

Athletes who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Coaches or Parents

- Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (even briefly).
- Shows mood, behavior, or personality changes.
- Can't recall events prior to or after a hit or fall.



Plan ahead. How can you help athletes lower their chance of getting a concussion?

➤ **Some athletes may not report a concussion because they don't think a concussion is serious.**

.....

They may also worry about:

- ▶ **Losing their position on the team or during the game.**
- ▶ **Jeopardizing their future sports career.**
- ▶ **Looking weak.**
- ▶ **Letting their teammates or the team down.**
- ▶ **What their coach or teammates might think of them.^{3,4,5}**

Symptoms Reported by Athletes

- Headache or "pressure" in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not "feeling right," or "feeling down".

NOTE: Concussion signs and symptoms often show up soon after the injury, but it can be hard to tell how serious the concussion is at first. Some symptoms may not be noticed or may not show up for hours or days.

Enforce Safe Play. You Set the Tone for Safety.

As many as 25 percent of the concussions reported among high school athletes result from aggressive or illegal play.⁶



What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or ensure an athlete is taken to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

What Should I Do If I Think an Athlete Has a Possible Concussion?

As a coach, if you think an athlete may have a concussion, you should:

Remove the athlete from play.

When in doubt, sit them out!

Keep an athlete with a possible concussion out of play on the same day of the injury and until cleared by a health care provider.

Do not try to judge the severity of the injury yourself. Only a health care provider should assess an athlete for a possible concussion. After you remove an athlete with a possible concussion from practice or play, the decision about return to practice or play is a medical decision that should be made by a health care provider. As a coach, recording the following



Plan ahead. What should you do if you think an athlete has a concussion?

Concussions Affect Each Athlete Differently.

While most athletes with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with an athlete's parents if you notice their concussion symptoms come back after they return to play.

information can help a health care provider in assessing the athlete after the injury:

- Cause of the injury and force of the hit or blow to the head or body.
- Any loss of consciousness (passed out/knocked out) and if so, for how long.
- Any memory loss right after the injury.
- Any seizures right after the injury.
- Number of previous concussions (if any).

Inform the athlete's parent(s) about the possible concussion.

Let them know about the possible concussion and give them the **HEADS UP** fact sheet for parents. This fact sheet can help parents watch the athlete for concussion signs or symptoms that may show up or get worse once the athlete is at home or returns to school.

Ask for written instructions from the athlete's health care provider on return to play.

These instructions should include information about when they can return to play and what steps you should take to help them safely return to play.

Work with the athlete's health care provider and follow the five gradual steps for return to play. An athlete's return to school and sports should be a gradual process that is carefully managed and monitored by a health care provider.



Plan ahead. How can you help an athlete safely return to play after a concussion?

Why Should I Remove an Athlete With a Possible Concussion from Play?

The brain needs time to heal after a concussion. An athlete who continues to play with concussion has a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect an athlete for a lifetime. It can even be fatal.

What Steps Can I Take to Help an Athlete Return to Play?

An athlete's return to school and sports should be a gradual process that is approved and carefully managed and monitored by a health care provider. When available, be sure to also work closely with your team's certified athletic trainer.

Below are five gradual steps that you, along with a health care provider, should follow to help safely return an athlete to play. Remember, this is a gradual process. These steps should not be completed in one day, but instead over days, weeks, or months.



To learn more, go to www.cdc.gov/HEADSUP

You can also download the CDC *HEADS UP* app to get concussion information at your fingertips. Just scan the QR code pictured at left with your smartphone.

BASELINE: Athlete is back to their regular school activities, is no longer experiencing symptoms from the injury when doing normal activities, and has a green light from their health care provider to begin the return to play process.

An athlete should only move to the next step if they do not have any new symptoms at the current step.

STEP 1: Begin with light aerobic exercise only to increase an athlete's heart rate. This means about 5 to 10 minutes on an exercise bike, walking, or light jogging. No weightlifting at this point.

STEP 2: Continue with activities to increase an athlete's heart rate with body or head movement. This includes moderate jogging, brief running, moderate-intensity stationary biking, moderate-intensity weightlifting (less time and/or less weight than a typical routine).

STEP 3: Add heavy non-contact physical activity, such as sprinting/running, high-intensity stationary biking, regular weightlifting routine, non-contact sport-specific drills (in 3 planes of movement).

STEP 4: An athlete may return to practice and full contact (if appropriate for the sport) in controlled practice.

STEP 5: An athlete may return to competition.

REMEMBER: It is important for you and the athlete's parent(s) to watch for concussion symptoms after each day's return to play progression activity. If an athlete's concussion symptoms come back, or he or she gets new symptoms when becoming more active at any step, this is a sign that the athlete is pushing him- or herself too hard. The athlete should stop these activities, and the athlete's health care provider should be contacted. After the okay from the athlete's health care provider, the athlete can begin at the previous step.

- ¹ Rivara FP, Schiff MA, Chrisman SP, Chung SK, Ellenbogen RG, Herring SA. (2014). The effect of coach education on reporting of concussions among high school athletes after passage of a concussion law. *Amer J Sports Med*, May, 2014, 42(5):1197-1203.
- ² Bramley H, Patrick K, Lehman E, Silvis M. (2012). High school soccer players with concussion education are more likely to notify their coach of a suspected concussion. (2012). *Clin Pediatr (Phila)*, 2012 April, 51(4):332-336.
- ³ Kerr ZY, Register-Mihalik JK, Marshall SW, Evenson KR, Mihalik JP, Guskiewicz KM (2014). Disclosure and non-disclosure of concussion and concussion symptoms in athletes: Review and application of the socio-ecological framework. *Brain Inj*, 2014;28(8):1009-21.
- ⁴ Register-Mihalik JK, Guskiewicz KM, McLeod TC, Linnan LA, Mueller FO, Marshall SW. (2013a). Knowledge, attitude, and concussion-reporting behaviors among high school athletes: A preliminary study. *J Athl Train*, July 12, 2013.
- ⁵ Chrisman, S. P., Quidtquit, C., Rivara, F. P. (2013). Qualitative Study of Barriers to Concussive Symptom Reporting in High School Athletics. *J Adolesc Health*. March, 2013, 52(3): 330-335.
- ⁶ Collins CL, Fields SK, Comstock RD. (2008). When the rules of the game are broken: What proportion of high school sports-related injuries are related to illegal activity? *Inj Prev*, 14(1):34-38.

The information provided in this fact sheet or through linkages to other sites is not a substitute for medical or professional care. Questions about diagnosis and treatment for concussion should be directed to your physician or other healthcare provider.

5/2015

General Health

PHYSICAL EXAMS –

With regard to the general health of its participants, Issaquah Little League includes the following wording in its Registration Booklet:

"While physical exams are not required by league policy, National Little League strongly recommends that participants be in good general health. If your child has a physical impairment that the league should be aware of, PLEASE note the information on the registration form, and contact your leagues' Player Agent. Items such as allergies, eye problems, diabetes, etc., will be kept confidential, except that your child's manager and coach will be aware of any potential problem."

MEDICAL APPROVAL AND RELEASE –

Medical Approval and Release form is provided electronically to all managers. This form contains vital information regarding the child's current general health, the child's doctor's name, address, and phone number, and any other special medical considerations (i.e. allergies, etc.). Managers must a completed release for each of the players on their team, have them signed by apparent or guardian and are instructed to have these forms with them for every practice and game.

CONCUSSION INFORMATION SHEET –

It is required that the Concussion Information Form is provided to all managers and coaches. Managers are required to obtain a completed and signed Concussion Information Form from each of the players on their team and must keep such for the duration of the season.

COMMUNICABLE DISEASE PROCEDURES –

While the risk of one participant infecting another with a blood borne pathogen during league activities is small, there is a remote risk blood borne diseases can be transmitted. Managers and coaches should always be prepared for such a situation to arise during practice or games. Gloves are provided in the safety kit issued to each team and must be used. Procedures for reducing the potential for transmission of blood borne pathogen should include, but are not limited to the following:

- Bleeding must be stopped, the open wound covered and if there is any excess amount of blood on the uniform, it must be changed before an athlete may participate.
- Routine use of gloves or other precautions to prevent skin and mucous membrane exposure when contact with blood or other body fluids is anticipated.
- Immediately wash hands and other skin surfaces if contaminated (in contact) with blood or other body fluids and wash hands immediately after removing gloves.
- Clean all blood-contaminated surfaces and equipment with a solution made from a proper dilution of household bleach or other disinfectant before competition resumes.

- Practice proper disposal procedures to prevent injuries caused by needles and other sharp instruments or devices.
- Minimize exposure in the event of emergency mouth-to-mouth resuscitation by using, mouthpieces, resuscitation bags, or other ventilation devices.
- Managers, coaches, umpires, and volunteers with bleeding or oozing skin should refrain from all direct athletic activity and team contact until condition is resolved.
- Contaminated towels should be disposed of or disinfected properly. Contaminated gloves, gauze, bandages, etc.. should be double bagged before being placed in the trash.
- Follow acceptable guidelines in the immediate control of bleeding and when handling bloody dressings and other articles containing body fluids.

Safety Plan Forms

Accident Tracking forms, Little League insurance information, Concussion Information, and Parent/Athlete Code of Conduct, are attached and available to download and print from the Safety Section of the League's website. Volunteer applications, background checks and player medical release information is obtained via Team Connect Sports Software Instant Background Check.

<http://www.issaquahlittleleague.org>



Issaquah Little League

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

WHAT PARENTS SHOULD KNOW ABOUT LITTLE LEAGUE INSURANCE

The Little League Insurance Program is designed to afford protection to all participants at the most economical cost to the local league. The Little League Player Accident Policy is an excess coverage, accident only plan, to be used as a supplement to other insurance carried under a family policy or insurance provided by parent's employer. If there is no primary coverage, Little League insurance will provide benefits for eligible charges, up to Usual and Customary allowances for your area, after a \$50.00 deductible per claim, up to the maximum stated benefits.

This plan makes it possible to offer exceptional, affordable protection with assurance to parents that adequate coverage is in force for all chartered and insured Little League approved programs and events.

If your child sustains a covered injury while taking part in a scheduled Little League Baseball or Softball game or practice, here is how the insurance works:

1. The Little League Baseball accident notification form must be completed by parents (if the claimant is under 19 years of age) and a league official and forwarded directly to Little League Headquarters within 20 days after the accident. A photocopy of the form should be made and kept by the parent/claimant. Initial medical/dental treatment must be rendered within 30 days of the Little League accident.
2. Itemized bills, including description of service, date of service, procedure and diagnosis codes for medical services/supplies and/or other documentation related to a claim for benefits are to be provided within 90 days after the accident. In no event shall such proof be furnished later than 12 months from the date the initial medical expense was incurred.
3. When other insurance is present, parents or claimant must forward copies of the Explanation of Benefits or Notice/Letter of Denial for each charge directly to Little League Headquarters, even if the charges do not exceed the deductible of the primary insurance program.
4. Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan.
5. Limited deferred medical/dental benefits may be available for necessary treatment after the 52-week time limit when:
 - a. Deferred medical benefits apply when necessary treatment requiring the removal of a pin /plate, applied to transfix a bone in the year of injury, or scar tissue removal, after the 52-week time limit is required. The Company will pay the Reasonable Expense incurred, subject to the Policy's maximum limit of \$100,000 for any one injury to any one Insured. However, in no event will any benefit be paid under this provision for any expenses incurred more than 24 months from the date the injury was sustained.
 - b. If the Insured incurs Injury, to sound, natural teeth and Necessary Treatment requires treatment for that Injury be postponed to a date more than 52 weeks after the injury due to, but not limited to, the physiological changes of a growing child, the Company will pay the lesser of:
6. A maximum of \$1,500 or Reasonable Expenses incurred for the deferred dental treatment. Reasonable Expenses incurred for deferred dental treatment are only covered if they are incurred on or before the Insured's 23rd birthday. Reasonable Expenses incurred for deferred root canal therapy are only covered if they are incurred within 104 weeks after the date the Injury occurs.

7. No payment will be made for deferred treatment unless the Physician submits written certification, within 52 weeks after the accident, that the treatment must be postponed for the above stated reasons.
8. Benefits are payable subject to the Excess Coverage and the Exclusions provisions of the Policy.

We hope this brief summary has been helpful in a better understanding of an important aspect of the operation of the Little League endorsed insurance program.

Issaquah Little League Code of Conduct

The Issaquah Little League has implemented the following Code of Conduct, for the principles that it holds for parents, guardians, managers, coaches and players who participate in and support Little League Baseball in Issaquah, Washington. All must read, understand and sign this form prior to participating in our League.

Preamble:

- The goal of Issaquah Little League is to implant firmly in the children of our community the ideals of good sportsmanship, trustworthiness, respect, responsibility, fairness, caring, good citizenship, courage and respect for authority.
- Parents, managers, coaches, umpires and adult spectators are role models for children in attaining these goals.
- Winning of games is secondary to the primary goals of embracing the values and ideals of good citizenship.
- All umpires have the authority at their discretion to eject from the field of play any manager, coach, player for violation of the Issaquah Little League Code of Conduct and unsportsmanlike conduct. In addition, umpires have the authority to suspend play until such time as league officials can deal with unruly spectators.

General Rules of Conduct

1. Parents or guardians will not force their children to participate in sports.
2. Children participate to have fun; the game is for youth, not adults.
3. Parents or guardians will inform the managers and coaches of any physical disability or ailment which may affect the safety of a child or the safety of others.
4. Parents, guardians, managers, coaches and players will learn the rules of the game and policies of the Issaquah Little League.
5. Parents, guardians, managers, coaches and players will abide by the rules and regulations of the City of Issaquah, Washington, with respect to use of fields for purposes of play or practice and prohibition on consumption of alcohol, tobacco or drugs.
6. Parents, guardians, managers, coaches and players will be role models and encourage good sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or other sporting event.
7. Parents, guardians, managers, coaches and players will not engage in any kind of unsportsmanlike conduct with any official, manager, coach, player, parent or spectator, including, but not limited to: use of obscene or indecent language; verbal assault of an umpire; physical touching or assault of any kind; booing or taunting; refusal to shake hands; profane gestures; bullying behaviors and manipulation of game rules for the sole purpose of winning.
8. Parents will respect the officials and their authority during games and will never question or confront managers, coaches or umpires at the game field.

Issaquah Little League Code of Conduct

(continued)

I therefore agree:

1. I will not encourage any behavior or practice that would endanger the health and well being of the athletes.
2. I will play by the rules and resolve conflicts without resorting to intimidation, hostility or violence.
3. I will treat all parents, guardians, managers, coaches, players and spectators with respect, regardless of race, creed, color, gender or ability.
4. I agree that doing one's best is more important than winning.
5. I will praise players, managers and coaches for competing fairly and trying hard.
6. I will never ridicule or yell at a player, manager, or coach for making a mistake or losing a competition.
7. I will emphasize skill development and practices over winning. I will de-emphasize games and competition in the lower age groups.
8. I will promote the emotional and physical well-being of players over any personal desire to win.
9. I will abide by ALL decisions by the umpires, especially those involving judgment (ball, strike, fair, foul, safe, out) and I will NOT question or dispute them at any time.
10. I will demand a sports environment that is free from drugs, tobacco and alcohol and will refrain from their use at all sports events.
11. I will refrain from coaching players during game and practices unless I am one of the official coaches of the team.
12. I will abide by the final decision of the Issaquah Little League Board of Directors on the consequences of any violation of the Code of Conduct, which may include multiple game suspensions in the event of repeat violations, or forfeiture of the privilege of attending games.

Issaquah Little League
Board of Directors

Issaquah Little League Code of Conduct Acknowledgment

We acknowledge that we have read, understand and will comply with the Issaquah Little League Code of Conduct.

We understand that compliance with this Code of Conduct is an essential part of the sport of baseball and is a condition of participation in Issaquah Little League games and activities.

Player's name: _____

Player's signature: _____

Parent/guardian signatures: _____

Manager's signature: _____

Date: _____

CONCUSSION Information Sheet



This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
 - › Work with their coach to teach ways to lower the chances of getting a concussion.
 - › Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
 - › Ensure that they follow their coach's rules for safety and the rules of the sport.
 - › Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.



Plan ahead. What do you want your child or teen to know about concussion?

How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Parents or Coaches

- Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (*even briefly*).
- Shows mood, behavior, or personality changes.
- Can't recall events *prior to or after* a hit or fall.

Symptoms Reported by Children and Teens

- Headache or "pressure" in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not "feeling right," or "feeling down."

Talk with your children and teens about concussion. Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that *it's better to miss one game than the whole season.*

To learn more, go to www.cdc.gov/HEADSUP



Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

Concussions affect each child and teen differently. While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' health care provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities.



What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

Children and teens who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect a child or teen for a lifetime. It can even be fatal.

Revised 5/2015

Discuss the risks of concussion and other serious brain injury with your child or teen and have each person sign below.

Detach the section below and keep this information sheet to use at your children's or teens' games and practices to help protect them from concussion or other serious brain injury.

- I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.

Athlete Name Printed: _____ Date: _____

Athlete Signature: _____

- I have read this fact sheet for parents on concussion with my child or teen and talked about what to do if they have a concussion or other serious brain injury.

Parent or Legal Guardian Name Printed: _____ Date: _____

Parent or Legal Guardian Signature: _____

What Should I Do If My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a health care provider and only return to play with permission from a health care provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's health care provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a health care provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a health care provider.



To learn more, go to www.cdc.gov/HEADSUP

You can also download the CDC *HEADS UP* app to get concussion information at your fingertips. Just scan the QR code pictured at left with your smartphone.

Additional Helpful Handouts

We have included some helpful handouts that might be of help during the game. These include:

- Warm Up Drills
- Allergic Reactions
- Asthma Flare-ups
- Broken Bones
- Nose Bleeds
- Strains and Sprains
- Teeth Injuries

DON'T FORGET TO WARM UP BEFORE YOU PLAY!



BACK AND FORWARD NECK STRETCH

Tuck your chin down until it touches your chest and you can feel tension at the back of your neck. Tip your head to each side slowly until you feel the stretch.



SIDE TO SIDE NECK STRETCH

Tuck your chin down until it touches your chest and you can feel tension at the back of your neck. Tip your head to each side slowly until you feel the stretch.



OVERHEAD SHOULDER STRETCH

Point your elbow upwards, with your hand behind your head. With your other hand grab your elbow and gently pull towards the other side until a good stretch is felt. Repeat for both sides.



POSTERIOR SHOULDER STRETCH

Hold your arm horizontally across the front of your body. With your other hand, grab your elbow and gently pull towards your chest. Repeat for both sides.



SIDE STRETCH

Begin with feet slightly apart, and arm pointing overhead, held by the opposite hand. Keeping your hips stable, bend your torso so that the stretch is felt along your side. Repeat for both sides.



SIDE LUNGE STRETCH

This will stretch your hip adductor muscles. With your body and feet all facing forward, and hands on hips. Shift your weight to the side, remaining as upright as possible and keeping both feet flat on the floor. Repeat on opposite side.



FORWARD LUNGE STRETCH

This will stretch your hip flexors and hamstring muscles. With your body and feet all facing forward, place one leg back and your other leg forward, hands on the front thigh. Shift your weight forward remaining as upright as possible and keeping both feet flat on the floor. Repeat on opposite side.



QUADRICEPS STRETCH

Support yourself with one hand while standing on one leg. Bend your free leg back and hold on to your ankle with your free hand. To increase the stretch, pull the foot higher behind the body.



WRIST FLEXION

Hold out your arm with the palm facing down. Drop the fingers and palm at the wrist. Grab your fingers with the other hand and pull them towards the body. Change hands and repeat.



WRIST EXTENSION

Hold out your arm with the palm facing down. Bend the fingers and palm at the wrist. Grab your fingers with the other hand and pull them back and towards the body. Change hands and repeat.

First Aid: Allergic Reactions

Allergic reactions can be triggered by foods, medicines, pets, insect stings, pollen, and other things. Most allergic reactions aren't serious. But severe reactions can be life-threatening and need immediate medical care.

Signs and Symptoms

Mild:

- itching
- skin redness
- slight swelling
- stuffy, runny nose
- sneezing
- itchy, watery eyes
- red bumps (hives) anywhere on the body

Severe:

- swelling of the mouth or tongue
- trouble swallowing or speaking
- wheezing or trouble breathing
- belly pain, nausea, vomiting, or diarrhea
- dizziness or fainting

What to Do

- Contact a doctor if your child has an allergic reaction that is more than mild or concerns you.
- If the symptoms are mild, give an antihistamine by mouth such as diphenhydramine (such as Benadryl).
- If the symptoms are severe and you have injectable epinephrine (such as EpiPen), use it as directed right away and **call 911** for emergency medical help.

Think Prevention!

Help kids avoid anything they're allergic to, and keep an oral antihistamine available.

If your child has a severe allergy or has had a severe reaction, be sure the injectable epinephrine is on-hand at all times (including at school). You, your child (if old enough), and anyone who cares for your child know how to use it.

Reviewed by: Kate M. Cronan, MD

Date reviewed: April 2018

Note: All information on KidsHealth® is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult your doctor.

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First Aid: Asthma Flare-Ups

During an asthma flare-up (or attack), the airways in the lungs become irritated and swollen, making breathing harder.

Some flare-ups are mild, but others can be life-threatening. So it's important to know how to spot them and deal with them right away.

Signs & Symptoms

Of an asthma flare-up include:

- wheezing
- coughing
- chest tightness
- shortness of breath

Of a **severe asthma flare-up** include:

- trouble breathing even when sitting still
- difficulty speaking without pausing
- feeling tired or drowsy
- blueness around the lips
- the areas below the ribs, between the ribs, and in the neck sink in with each breath

What to Do

Doctors usually give patients a detailed asthma action plan that includes how to prevent and handle flare-ups. If your child has an asthma flare-up, follow the plan's treatment guidelines. Because each child's asthma is different, each action plan will be too.

Get Emergency Medical Care or Call 911 if Your Child:

- begins to show signs of a severe flare-up
- has a flare-up that enters the danger zone (red zone) of the asthma action plan

Think Prevention!

To help prevent flare-ups:

- Help your child to avoid the triggers that can cause flare-ups.
- Make sure your child takes the long-term control medicine as directed by the doctor — even when feeling well.
- Make sure your child always has the prescribed medicines and takes them to school and on trips.
- Be sure your child gets a flu shot every year.
- Work with the doctor to follow your child's asthma action plan.

Reviewed by: Kate M. Cronan, MD

Date reviewed: July 2018

Note: All information on KidsHealth® is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult your doctor.

First Aid: Broken Bones

Broken bones (or fractures) are a common injury in kids. They often happen after a fall. All broken bones need medical care, no matter how small it seems.

Signs & Symptoms of a Broken Bone

Your child may have a broken bone if:

- you heard a "snap" or a grinding noise during an injury
- there's swelling, bruising, or tenderness
- the injured part is difficult to move or hurts when moving, being touched, or bearing weight

What to Do

- Take clothing off the injured area.
- Apply an ice pack wrapped in cloth.
- Keep the injured limb in the position you find it.
- Put a simple splint on the broken area if you have one. A splint holds the bone still. This protects it until the child is seen by the doctor. To make a splint, you can use a small board, cardboard, or folded up newspapers. Wrap it with an elastic bandage or tape.
- Get medical care.
- Don't let your child eat or drink in case they need surgery.

Do Not Move Your Child and Call 911 Right Away If:

- You suspect a serious injury to the head, neck, or back.
- A broken bone comes through the skin. While waiting for help:
 - Keep your child lying down.
 - Do **not** wash the wound or push in any part that's sticking out.

Think Prevention!

Not every fracture can be prevented. But you can make a break less likely. Follow these tips:

- Use safety gates at bedroom doors and at both the top and bottom of stairs (for babies or toddlers).
- Follow helmet and safety gear rules for young athletes and any child riding a bicycle, tricycle, skateboard, scooter, or any type of skates and roller blades.
- Do not use infant walkers.

Reviewed by: Kate M. Cronan, MD

Date reviewed: May 2018

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First Aid: Nosebleeds

Although they can be scary, nosebleeds are common in children and usually aren't serious. Most stop on their own and can be treated safely at home. Nosebleeds happen more often in winter and when the air is dry.

What to Do

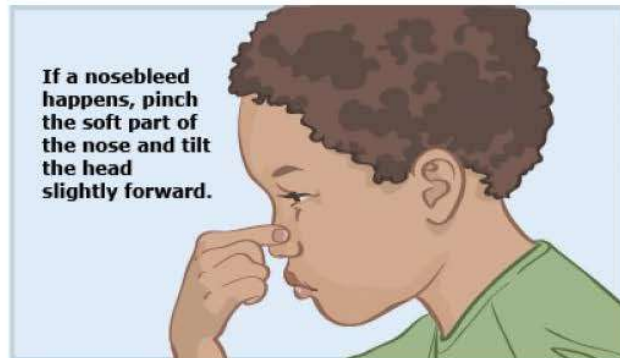
- Have your child sit up with his or her head tilted slightly forward. **Do not have the child lean back** (this may cause gagging, coughing, or vomiting).
- Pinch the soft part of the nose at the bottom of the nostrils for at least 10 minutes.

Get Medical Care if Your Child:

- has nosebleeds often
- may have put something in the nose
- bruises easily or has heavy bleeding from minor wounds
- recently started a new medicine

Get Emergency Medical Care if Bleeding:

- is heavy
- happens along with dizziness or paleness
- continues after two or three times of applying pressure for 10 minutes each
- is the result of a blow to the head or a fall



Think Prevention!

To help prevent dryness in the nose, use saline (saltwater) nasal spray or drops (or put petroleum jelly on the inside edges of the nostrils), and use a humidifier in your child's bedroom. Discourage nose picking and keep kids' fingernails short.

Reviewed by: Kate M. Cronan, MD
Date reviewed: June 2018

Note: All information on KidsHealth® is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult your doctor.

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First Aid: Strains and Sprains

Strains are injuries to muscle or tendons (which connect muscle to bone) due to overstretching. Sprains involve a stretch or a partial tear of ligaments (which connect two bones). Sprains and strains happen more often in teens than in younger children.

Signs and Symptoms

- pain in the joint or muscle
- swelling and bruising
- warmth and redness of the injured area
- trouble moving the injured part

What to Do

- Make sure your child stops activity right away.
- Think **R.I.C.E.** for the first 48 hours after the injury:
 - **Rest:** Rest the injured part until it's less painful.
 - **Ice:** Wrap an icepack or cold compress in a towel and place over the injured part immediately. Continue for no more than 20 minutes at a time, four to eight times a day.
 - **Compression:** Support the injured part with an elastic compression bandage for at least 2 days.
 - **Elevation:** Raise the injured part above heart level to decrease swelling.
- Give your child ibuprofen or acetaminophen for pain and swelling.

Get Emergency Medical Care if Your Child Has:

- severe pain when the injured part is touched or moved
- continued trouble bearing weight
- more bruising
- numbness or a feeling of "pins and needles" in the injured area
- a limb that looks "bent" or misshapen
- signs of infection (increased warmth, redness, streaks, swelling, and pain)
- a strain or sprain that doesn't seem to be improving after 5 to 7 days

Think Prevention!

Teach kids to warm up properly and to stretch before and after exercising or participating in any sport, and make sure they **always wear appropriate protective equipment**.

Reviewed by: Kate M. Cronan, MD
Date reviewed: July 2018

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First Aid: Teeth Injuries

If your child loses a baby tooth earlier than expected, there's no need to try to replace it. But if a permanent tooth comes out, it's a dental emergency. Permanent teeth have the best chance of being saved when replaced within 15 minutes. So it's important to act quickly and follow the guidelines below.

Many other dental injuries are less urgent, but may need to be looked at by a dentist. Most dental injuries in preschool and school-age kids happen from falls, while dental injuries in teens are often sports-related. If you think your child has signs of head or other injuries, call your doctor.

What to Do

If a baby, toddler, or young child injures the gums or baby teeth:

1. Apply pressure to the area (if it's bleeding) with a piece of cold, wet gauze. If your child is old enough to follow directions, ask him or her to bite down on the gauze.
2. Offer an ice pop to suck on to reduce swelling, or hold an ice-pack wrapped in a washcloth to the cheek.
3. Give acetaminophen or ibuprofen as needed for pain.
4. Call a dentist.
5. Watch for swelling of the gums, continued pain, a fever, or a change in the color of the tooth.

If a permanent tooth is chipped or broken:

1. Collect all pieces of the tooth.
2. Rinse the mouth with warm water.
3. Call a dentist right away to schedule a visit.

Get Medical Care if a Permanent Tooth Is Knocked Out:

Go to the dentist or emergency room after following these steps:

1. Find the tooth. Call a dentist **right away** or go to an emergency room if you aren't sure if it's a permanent tooth (baby teeth have smooth edges).
2. Hold the tooth by the crown (the "chewing" end of the tooth) — **not** the root.
3. Place the tooth in a balanced salt solution (like Save-A-Tooth), if you have it. If not, place the tooth in a saline solution or a container of milk or your child's saliva. You also can place the tooth between your lower lip and gum. **Don't store it in tap water.**
4. For older kids and teens, try placing the tooth back in the socket without touching the root. Have your child bite down on gauze to help keep it in place.
5. If the tooth is stored in a container (rather than back in the socket), have your child bite down on a gauze pad or handkerchief to relieve bleeding and pain.

Think Prevention!

Make sure kids wear mouthguards and protective gear for contact sports and helmets while biking, skateboarding, and inline skating. Childproof your house to prevent falls.

Reviewed by: Kate M. Cronan, MD

References

Little League. "Mission Statement." Little League, 2019, <https://www.littleleague.org/who-we-are/mission-statement/>.