



**South Sunrise Little League
“SSLL”**

**A Safety Awareness Plan 2019
“Safety Plan”**

**SSLL is located at the McPherson Athletic Facility:
333 S. Prospect Ave
Orange, CA 92869**

Dear Managers, Coaches, and Volunteers,

Welcome to the 2019 season of South Sunrise Little League!

This year's Safety Manual reflects the improving economic times in our community. Enrollment is up, team sponsorships are up, and we have balanced our budget. We are maintaining our facility in a safe manner and continue to strive for improvement. This year the South Sunrise Little League Board of Directors is committed to improving our League's safety through cooperation with the City of Orange. e:

Our Safety Manual and all of the accident reporting forms, volunteer applications, by-laws, local rules, and sponsorship forms are available on our website: www.southsunrise.com. All locks have been changed with a new accountability system to return keys. SSSL Equipment Managers have inventoried and replaced all deficient gear for our players. A safety inspection was completed by the City of Orange for our Snack Bar. Safety suggestion box has been implemented at snack bar. Over 40 new first aid kits were issued to managers with a back-up supply available at the snack bar.

This year our safety goals/initiatives include:

- Educate all parents on new concussion protocols and ensure parents receive concussion training through CDC worksheets.
- Implement safety suggestion box at snack bar.
- Painting gate closures a high visible color for safety.
- Ensure new USA bats are used at all times, league has purchased several bats to ensure all kids have access to a new bat.
- Require snack bar workers to obtain safe food handling certificates to qualify to work for our snack bar.

The commitment to this Safety Manual is proof that we at South Sunrise Little League are dedicated to our cause. Please read it carefully, from cover to cover, as it will familiarize you with safety fundamentals. Then use the manual as a powerful reference guide throughout the season. Additional copies are available on the website: southsunrise.com and in the team room.

In closing, remember that safety rests with all of us, the volunteers and parents of South Sunrise Little League. Always use common sense, never doubt what children tell you, and report all accidents or safety infractions when they occur. Thank you for putting the safety of our children first.

Very truly yours,

Charles Amante, President, SSSL

Matthew Gogan, Vice-President, SSSL

Matthew Anderson & Frank Acosta, Safety Officers, SSSL

MISSION STATEMENT

South Sunrise Little League is a non-profit organization run entirely by volunteers whose and our mission is to provide an opportunity for our community's children to learn the game of Baseball in a safe and friendly environment.

RESPONSIBILITIES:

The President: Charles Amante

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

SSLL Safety Officers: Matt Anderson & Frank Acosta

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

The SSSL Safety Officer is the link between the Board of Directors of South Sunrise Little League and its managers, coaches, umpires, players, spectators, and any other third parties on the complex in regards to safety matters, rules and regulations.

The SSSL Safety Officer's responsibilities include:

- Coordinating the individual Team Safety Officers in order to provide the safest environment possible for all.
- Assisting parents and individuals with insurance claims and will act as the liaison between the insurance company and the parents and individuals.
- Explaining insurance benefits to claimants and assisting them with filing the correct paperwork.
- Keeping the First Aid Log. This log will list where accidents and injuries are occurring, to whom, in which divisions (Major, AAA, AA, A, Rookie, Tee-Ball, Softball), at what times, under what supervision.
- Correlating and summarizing the data in the First-Aid Log to determine proper accident prevention in the future.
- Insuring that each team receives its Safety Manual and its First-Aid Kit at the beginning of the season.
- Installing First-Aid Kits in all concession stands and re-stocking the kits as needed.
- Make Little League's "no tolerance with child abuse" clear to all.
- Inspecting concession stand and checking fire extinguishers.
- Instructing concession stand workers on the use of fire extinguishers.
- Checking fields with the Field Managers and listing areas needing attention.
- Scheduling a First-Aid Clinic and CPR training class for all managers, designated coaches, umpires, player agents and team safety officers during the pre-season.
- Creating and maintaining all signs on the SSSL complex including No Parking signs, No Smoking signs, No Pets Allowed, 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.
- Tracking all injuries and near misses in order to identify injury trends.
- Visiting other leagues to allow a fresh perspective on safety.
- Making sure that safety is a monthly Board Meeting topic, and allowing experienced people to share ideas on improving safety.

The SSSL Members:

The SSSL Members will adhere to and carry out the policies as set forth in this safety manual.

The SSSL Information Officer: Anthony Mendoza

The SSSL Information Officer is responsible for maintaining SSSL's web site at southsunrise.com and the hotline at (714) 538-9743. The hotline is updated by 3:30 pm on weekdays and 7:30 on the weekends for game day status.

Managers and Coaches:

The Manager is a person appointed by the president of SSSL 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. Coaching clinic was held on January 19, 2019. The clinic covered such topics as; first aid, concussion protocol, pitching, catching, sliding, infield plays, outfield plays, base running, and how to run a practice. All Training Material is also located on the South Sunrise website (southsunrise.com) under handouts.

- (a) **The Manager** shall always be responsible for the team's conduct, observance of the official rules and deference to the umpires.
- (b) **The Manager** is also responsible for the safety of his players. He/She is also ultimately responsible for the actions of designated coaches.
- (c) 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**.

Pre-Season:

Managers will:

- **Take possession of this Safety Manual and the First-Aid Kit** supplied by SSSL.
- Attend a **mandatory training session on First Aid** given by SSSL with his/her designated coaches.
- Meet with all parents at a Team parents meeting to discuss Little League philosophy and safety issues.
- Cover the basics of safe play with his/her team before starting the first practice.
- **Teach players the fundamentals** of the game while advocating safety.
- Teach players how to slide before the season starts. A board representative will be available to teach these fundamentals if the Manager or designated coaches do not know them.

- Encourage players to bring water bottles to practices and games.
- Tell parents to bring **sunscreen** for themselves and their child.
- Encourage your players to wear **mouth protection**.

**** First-time Managers and Coaches** are requested to read books or refer to the website (southsunrise.com) for information on coaching.

Season Play:

Managers will:

- Make sure that telephone access is available at all activities including practices. It is suggested that a cellular phone always be on hand;
- Not expect more from their players than what the players are capable of;
- Teach the **fundamentals** of the game to players;
- Catching fly balls;
- Sliding correctly;
- Proper fielding of ground balls;
- Simple pitching motion for balance;
- Be open to ideas, suggestions or help;
- Enforce that **prevention** is the key to reducing accidents to a minimum;
- Have players wear sliding pads if they have cuts or scrapes on their legs;
- Always have First-Aid Kit and Safety Manual on hand;
- Use common sense.

Pre-Game and Practice:

Managers will:

- Make sure that players are healthy, rested and alert;
- Make sure players are wearing the proper uniform and catchers are wearing a cup;
- Make sure that the equipment is in good working order and is safe;
- Agree with the opposing manager on the fitness of the playing field. In the event that the two managers cannot agree, the President or a duly delegated representative shall make the determination.

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;
- Keep players **alert**;
- Maintain **discipline** at all times;
- 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 fences;
- Get players to **drink** often so they do not dehydrate;
- Not play children that are ill or injured;
- Attend to children that become injured in a game;
- Not lose focus by engaging in conversation with parents and passerby's.

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

Umpires:

Pre-Game

Before a game starts, the umpire shall:

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

During the Game:

During the game, the umpire shall:

- Govern the game as mandated by Little League rules and regulations.
- Check baseballs for discoloration and nicks and declare a ball unfit for use if it exhibits these traits.
- Act as the sole judge as to whether and when play shall be suspended or terminated during a game because of unsuitable weather conditions or the unfit condition of the playing field; as to whether and when play shall be resumed after such suspension; and as to whether and when a game shall be terminated after such suspension.

- Act as the sole judge as to whether and when play shall be suspended or terminated during a game because of low visibility due to atmospheric conditions or darkness.
- Enforce the rule that no spectators shall be allowed on the field during the game.
- Make sure catchers are wearing the proper equipment.
- Continue to monitor the field for safety and playability.
- Make the calls loud and clear, signaling each call properly.
- Make sure players and spectators keep their fingers out of the fencing.

Post-Game

After a game, the umpire shall:

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

Facilities Director:

The SSSL Facilities Director is responsible to ensure the fields and structures used by SSSL meet the safety requirements as set forth in this manual.

Concession Stand Director:

The SSSL Concession Stand Director is responsible to ensure the Concession Stand Volunteers are trained in safety procedures. Director Olivia Anderson conducted this training on February 23, 2019. We now mandating that all snack bar workers obtain their safe food handling certificates.

Equipment Director:

The SSSL Equipment Director is responsible to get damaged equipment repaired or replaced as reported. This replacement will happen in a timely manner. The Equipment Director will also exchange equipment if it doesn't fit properly. Equipment Director inspected the equipment on January 26, 2019. Several bags and various pieces of equipment were destroyed and replaced.

SAFETY FIRST!
BE ALERT!
CHECK PLAYING FIELD FOR HAZARDS
PLAYERS MUST WEAR PROPER EQUIPMENT
ENSURE EQUIPMENT IS IN GOOD SHAPE
MAINTAIN CONTROL OF THE SITUATION
MAINTAIN DISCIPLINE
BE ORGANIZED
KNOW PLAYERS' LIMITS AND DON'T
EXCEED THEM
MAKE IT FUN!



WEATHER

Most of our days in Southern California are warm and sunny but there are those days when the weather turns bad and creates **unsafe weather conditions**.

Rain:

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



Lightning:

The average lightning stroke is 5-6 miles long with up to 30 million volts at 100,000 amps flow in less than a tenth of a second.

The average thunderstorm is 6-10 miles wide and moves at a rate of 25 miles per hour.

Once the leading edge of a thunderstorm approaches to within 10 miles, you are at immediate risk due to the possibility of lightning strokes coming from the storm's overhanging anvil cloud. This fact is the reason that many lightning deaths and injuries occur with clear skies overhead.



On average, the thunder from a lightning stroke can only be heard over a distance of 3-4 miles, depending on terrain, humidity and background noise around you. By the time you can hear the thunder, the storm has already approached to within 3-4 miles! The sudden cold wind that many people use to gauge the approach of a thunderstorm is the result of down drafts and usually extends less than 3 miles from the storm's leading edge. By the time you feel the wind; the storm can be less than 3 miles away!

If you can **HEAR, SEE OR FEEL** a **THUNDERSTORM**:

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

Hot Weather:

One thing we do get in Southern California is hot weather. Precautions must be taken in order to make sure the players on your team do not **dehydrate** or **hyperventilate**.

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

Ultra-Violet Ray Exposure:

This kind of exposure increases and athlete's risk of developing a specific type of skin cancer known as **melanoma**.

The American Academy of Dermatology estimates that children receive 80% of their lifetime sun exposure by the time that they are 18 years old. Therefore, SSLL will recommend the use of sunscreen with a SPF (sun protection factor) of at least 15 as a means of protection from damaging ultra-violet light.

ACCIDENT REPORTING PROCEDURE



What to report:

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

When to report:

All such incidents described above must be reported to the SSLL Safety Officer within 24 hours of the incident. The SSLL Safety Officers, Matthew Anderson & Frank Acosta, can be reached at the following:

Matthew Anderson
Cell: 951-675-7374
Email: Medicmatt77@gmail.com

Frank Acosta
Cell: (714) 980-0243
Email: Facosta13@yahoo.com

The SSL Safety Officers' contact information will be posted at all times on the main message board inside the snack bar.

How to make a report:

Reporting incidents can come in a variety of forms. Most typically, they are telephone conversations. At a minimum, the following information must be provided:

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

Accidents occurring outside the team (i.e., spectator injuries, concession stand injuries and third party injuries) shall be handled directly by the SSL Safety Officer.

SSL Safety Officers' Responsibilities:

Within 24 hours of receiving the SSL Accident Investigation Form, the SSL Safety Officer will contact the injured party or the party's parents and:

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

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

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

INSURANCE POLICIES

Little League accident insurance covers only those activities approved or sanctioned by Little League Baseball, Incorporated.

Explanation of Coverage:

Little League® Baseball & Softball

CLAIM FORM INSTRUCTIONS

For claims occurring after January 1, 2005

WARNING — *It is important that parents/guardians and players note that: Protective equipment cannot prevent all injuries a player might receive while participating in baseball/softball. To expedite league personnel's reporting of injuries, we have prepared guidelines to use as a checklist in completing reports. It will save time -- and speed your payment of claims.*

The AIG Accident Master Policy acquired through Little League contains an "Excess Coverage Provision" whereby all personal and/or group insurance shall be used first. To help explain insurance coverage to parents/guardians refer to What Parents Should Know on the internet that should be reproduced on your league's letterhead and distributed to parents/guardians of all participants at registration time.

If injuries occur, initially it is necessary to determine whether claimant's parents/guardians or the claimant has other insurance such as group, employer, Blue Cross and Blue Shield, etc., which pays benefits. (This information should be obtained at the time of registration prior to tryouts.) If such coverage is provided, the claim must be filed first with the primary company under which the parent/guardian or claimant is insured.

When filing a claim, all medical costs should be fully itemized and forwarded to Headquarters. If no other insurance is in effect, a letter from the parent's/guardians or claimant's employer explaining the lack of group or employer insurance should accompany the claim form. The AIG Accident Policy is acquired by leagues, not parents, and provides comprehensive coverage at an affordable cost.

Accident coverage is underwritten by National Union Fire Insurance Company of Pittsburgh, Pa., with its principal place of business in New York, NY. This is a brief description of the coverage available under the policy. The policy will contain limitations, exclusions, and termination provisions.

*With your league's cooperation, insurance rates have increased only three times since 1965. This rate stability would not have been possible without your help in stressing safety programs at the local level. The ASAP manual, **League Safety Officer Program Kit**, is recommended for use by your Safety Officer. In 2000 the State of Virginia was the first state to have its accident insurance rates reduced by high participation in ASAP and reduction in injuries. In 2002, seven more states have had their accident insurance rates reduced, as well. They are Alaska, California, Delaware, Idaho, Montana, Washington, and Wisconsin.*

TREATMENT OF DENTAL INJURIES

Deferred Dental Treatment for claims or injuries occurring in 2002 and beyond: If the insured incurs injury to sound, natural teeth and necessary treatment requires that dental treatment for that injury must be postponed to a date more than 52 weeks after the date of the injury due to, but not limited to, the physiological changes occurring to an insured who is a growing child, we will pay the lesser of the maximum benefit of \$1,500.00 or the reasonable expense 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.

1. *Print or type all information.*
2. *Complete all portions of the claim form before mailing to our office.*
3. *Be sure to include league name and league ID number.*

PART I - CLAIMANT, OR PARENT(S)/GUARDIAN(S), IF CLAIMANT IS A MINOR

1. *The adult claimant or parent(s)/guardians(s) must sign this section, **if the claimant is a minor.***
2. *Give the name and address of the injured person, along with the name and address of the parent(s)/guardian(s), if claimant is a minor.*
3. *Fill out all sections, including check marks in the appropriate boxes for all categories. **Do not leave any section blank. This will cause a delay in processing your claim and a copy of the claim form will be returned to you for completion.***
4. *It is mandatory to forward information on other insurance. Without that information there will be a delay in processing your claim. If no insurance, written verification from each parent/spouse employer must be submitted.*
5. *Be certain all necessary papers are attached to the claim form. (See instruction 3.) Only itemized bills are acceptable.*
6. *On dental claims, it is necessary to submit charges to the major medical and dental insurance company of the claimant, or parent(s)/guardian(s) if claimant is a minor. "Accident-related treatment to whole, sound, natural teeth as a direct and independent result of an accident" must be stated on the form and bills. Please forward a copy of the insurance company's response to Little League Headquarters. Include the claimant's name, league ID, and year of the injury on the form.*

PART II - LEAGUE STATEMENT

1. *This section must be filled out, signed and dated by the **league official.***
2. *Fill out all sections, including check marks in the appropriate boxes for all categories. **Do not leave any section blank.***

This will cause a delay in processing your claim and a copy of the claim form will be returned to you for completion.

IMPORTANT: Notification of a claim should be filed with Little League International within 20 days of the incident for the current season.

South Sunrise Little League Insurance Policy is designed to supplement a parent's existing family policy.

2019 SSLL Volunteer Program

All Managers, Coaches, Board Members and other volunteers in the South Sunrise Little League completed the background process through JD Palatine. Thanks to all our volunteers who are protecting our children's best interest.

Volunteer Application

Little League® "Basic" Volunteer Application - 2019
Do not use forms from past years. Use extra paper to complete if additional space is required.

This volunteer application can be used as a reference for leagues utilizing the JDP Quick App or for leagues that are using an outside background check provider that meet the standards of Little League Regulation 1(c)9.

All fields are required.

Name
First Middle Name or Initial Last

Address

City State Zip

Home Phone: Cell Phone

Work Phone: E-mail Address:

Driver's License#:

1. Have you ever been convicted of or plead no contest or guilty to any crime(s) involving or against a minor?
 If yes, describe each in full: Yes No
2. Have you ever been convicted of or plead no contest or guilty to any crime(s) Yes No
 If yes, describe each in full:
(Answering yes to question 2, does not automatically disqualify you as a volunteer.)
3. Do you have any criminal charges pending against you regarding any crime(s)? Yes No
 If yes, describe each in full:
(Answering yes to question 3, does not automatically disqualify you as a volunteer.)
4. Have you ever been refused participation in any other youth programs? Yes No
 If yes, explain:
5. In which of the following would you like to participate? (Check one or more.)
 League Official Field Maintenance Concession Stand
 Coach Manager Other
 Umpire Scorekeeper

LOCAL LEAGUE USE ONLY:

Background check completed by league officer on
System(s) used for background check (minimum of one must be checked): Regulation 1(c)9 Mandates all checks include criminal records and sex offender registry records

Sex Offender Registry Data and National Criminal Records
 check, as mandated in the current season's official regulations

*JDP

*Please be advised that if you use JDP and there is a name match in the few states where only name match searches can be performed you should notify volunteers that they will receive a letter or email directly from JDP in compliance with the Fair Credit Reporting Act containing information regarding all the criminal records associated with the name, which may not necessarily be the league volunteer.

Only attach to this application copies of background check reports that reveal convictions of this application.

Please provide updated information below if there are any changes from previous years or requesting a new position.

Occupation:

Employer:

Address:

Special professional training, skills, hobbies:

Special Certifications (CPR, Medical, etc.):

Special Affiliations (Clubs, Services Organizations, etc.):

Previous volunteer experience (including baseball/softball and years (s)):

IF YOU LIVE IN A STATE THAT REQUIRES A SEPARATE BACKGROUND CHECK BY LAW, PLEASE ATTACH A COPY OF THAT STATE'S BACKGROUND CHECK. FOR MORE INFORMATION ON STATE LAWS, VISIT OUR WEBSITE: LittleLeague.org/BgStateLaws

AS A CONDITION OF VOLUNTEERING, I give permission for the Little League organization to conduct background check(s) on me now and as long as I continue to be active with the organization, which may include a review of sex offender registries (some of which contain name only searches which may result in a report being generated that may or may not be me), child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the league receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the local Little League, Little League Baseball, Incorporated, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, Little League is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension by the President and removal by the Board of Directors for violation of Little League policies or principles.

Applicant Name (please print or type)

Applicant Signature Date

If Minor/Parent Signature Date

NOTE: The local Little League and Little League Baseball, Incorporated will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

First Aid & Safety Information

First Aid training was conducted on January 19, 2019. Thanks to all Managers and Coaches who attended, we had 100% attendance and have met the Little League standard!

***** The purpose of this booklet is to provide coaches and managers with general first aid information for incidents that they may encounter on the field with players. This information is in no way intended to replace or equal certified training in either first aid and/or CPR. It is required that coaches and managers at a minimum must attend the safety training portion of the "Coach's Clinic" in order to field a team. *****

Breathing Problems

Signs of Breathing Problems

Breathing is normally so smooth and easy that we hardly notice it.

You can tell if someone is having trouble breathing if the person:

- Is breathing very fast or very slowly;
- Is working hard with every breath;
- Has noisy breathing - you hear a sound or whistle as the air enters or leaves the lungs;
- Has trouble making sounds or speaking more than a few words at a time.

Many people with medical conditions, such as asthma, know about their condition and carry inhaler medicine that can make them feel better within minutes of using it.



Actions for Breathing Problems

If someone has trouble breathing:

- Ask whether the victim has medicine and help get it.
- Phone 911) if:
 - The victim has no medicine;
 - The victim does not get better after using his/her medicine;
 - The victim's breathing gets worse, the victim has trouble speaking, or the victim becomes unresponsive.

Signs of Choking

The most common cause of choking in adults is food that "goes down the wrong way" and blocks the windpipe. If an object "goes down the wrong way" but does not block the windpipe completely, the victim will cough very hard and be able to make sounds. If the windpipe is completely blocked, no air can enter. The victim can't breathe, talk, or make a sound. If this lasts more than a minute or so, the victim will become unresponsive.

A victim who has a completely blocked windpipe:

- May grab his/her neck with one or both hands to tell you that he/she can't breathe;
- Is not able to speak or make sounds
- Cannot breathe

Actions for Choking

If the victim can breathe, cough, or speak, some air is getting into the lungs:

- Be prepared to help but do not do anything;
- Allow the victim to try to cough up whatever is blocking the windpipe.

If the victim cannot make sounds, cough, speak, or breathe, the windpipe is completely blocked:

- Tell the victim that you are going to help and move behind the victim;
- Provide abdominal thrusts (the Heimlich maneuver):
 - As you stand behind the victim, wrap your arms around his/her waist;
 - Be sure that you are standing firmly with good balance, ready to help the victim down if the victim becomes unresponsive;
 - Make a fist with one hand;
 - Put the thumb side of the fist on the victim's abdomen, a little above the victim's belly button and well below the breastbone;
 - Grasp the fist with your other hand and push quickly upward and into the victim's abdomen;
 - Repeat these quick pushes (thrusts) until:
 - The object comes out of the victim's mouth; or
 - The victim can breathe and make sounds; or
 - The victim becomes unresponsive.
 - If the victim becomes unresponsive:
 - Lower the victim to the floor;
 - Phone or ask someone to phone 911.



Bleeding

Bleeding is one of the most frightening emergencies. Many cuts are small and the bleeding can be easily stopped, but when a large blood vessel is cut or torn, the victim can lose a large amount of blood within minutes. That's why you have to act fast.

Dressings are used to:

- Stop bleeding with pressure;
- Keep the wound clean.

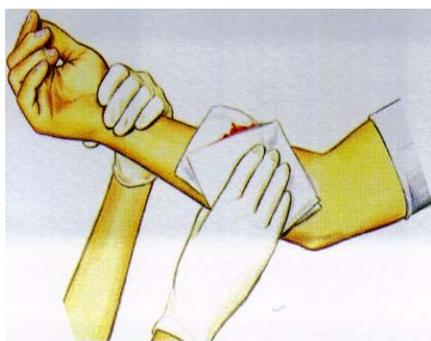
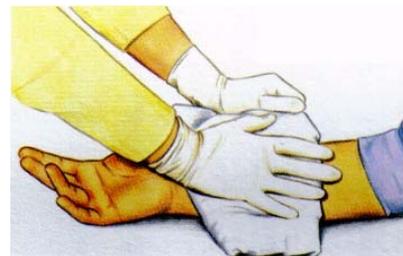
A dressing can be a gauze pad or any other clean piece of cloth. Gauze pads come in different sizes. You should be able to find them in your First Aid Kit. Pick a size that covers the wound. Use sterile gauze pads on an open wound to lessen the chance of infection. If you don't have a sterile dressing, use any clean cloth, such as a scarf or a shirt. You may even use your gloved hand.

Remember:

- **Remain calm.**
- **You can stop most bleeding with pressure.**
- **Bleeding often looks a lot worse than it is.**

Take the following actions to stop bleeding that you can see:

1. Make sure that the area is safe for you and the victim;
2. Send someone to get the First Aid Kit;
3. Wear personal protective equipment;
4. If the victim is able, ask the victim to put pressure over the wound with a large clean dressing while you put on gloves and eye shield.



5. You should be able to stop most bleeding with pressure alone. Put pressure on the dressing over the bleeding area with the flat part of your fingers or the palm of your hand. A small amount of pressure is all that you need to control bleeding from a scrape. You have to press harder to stop severe bleeding. If the bleeding does not stop, add a second dressing and press harder. Do not take a dressing off once it is in place. If you remove the first dressing, it might pull off some blood clots and cause the wound to bleed more. If a dressing becomes soaked with blood, add more dressings and press harder;

6. If the bleeding is from a wound on an arm or leg, raise the arm or leg so that it is higher than the chest while you continue to put pressure on the wound (Figure 3). Do not raise the arm or leg if movement causes the victim pain;
7. Check for signs of shock and give first aid as needed;
8. Phone or ask someone to phone 911 if:
 - There is a lot of bleeding;
 - You cannot stop the bleeding;
 - You are not sure what to do.

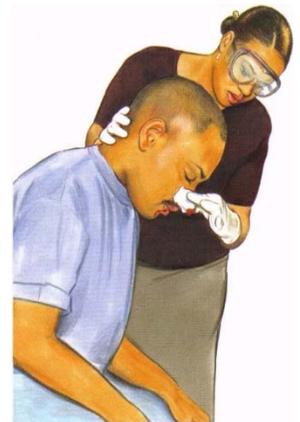


Bleeding From the Nose

Nosebleeds are common. It can be hard to know how much bleeding there is because the victim often swallows some of the blood. If the victim vomits, blood can block the windpipe and cause breathing problems.

Actions for Nosebleeds

1. Make sure the area is safe for you and the victim. Send someone to get the First Aid Kit.
2. Put on personal protective equipment.
3. Press both sides of the victim's nostrils while the victim sits and leans forward.
4. Place constant pressure on both sides of the nostrils for a few minutes;
5. If bleeding continues, press harder and hold pressure.
6. Phone or ask someone to phone your company's emergency response number (or 911) if:
 - You can't stop the bleeding in about 15 minutes;
 - The victim has trouble breathing.



Bleeding From the Mouth

Like other bleeding you can see, bleeding from the mouth can usually be stopped with pressure. But bleeding from the mouth can be serious if blood or broken teeth block the airway and cause breathing problems or if you can't reach the bleeding area.

Actions for Bleeding From the Mouth

1. Make sure that the area is safe for you and the victim. Send someone to get the First Aid Kit.
2. Put on personal protective equipment.
3. If the bleeding is from the tongue, lip, or cheek or another area you can easily reach, press the bleeding area with a sterile gauze or clean cloth (Figure 5).

4. If bleeding is deep in the mouth and you can't reach it easily, place the victim on his/her side.
5. Look for signs of shock.

Head Injury

The brain is very likely to be injured whenever a victim has a blow to the head. You should suspect that the victim has a head injury if:

- The victim fell from a height;
- The victim was injured by a strong blow to the head;
- The victim was injured while diving;
- The victim was electrocuted;
- The victim was involved in a high impact car crash;
- The victim's helmet is broken.

Signs of Head Injury

You should suspect that a victim has had a head injury if after an injury the victim:

- Is unresponsive, sleepy, or confused;
- Vomits;
- Complains of a headache;
- Has difficulty seeing;
- Has difficulty moving any part of the body;
- Has a seizure.

Spine Injury

The bones of the spine protect the spinal cord. The spinal cord carries messages between the brain and the body. If these bones are broken, the spinal cord may be injured. The victim may not be able to move his/her legs or arms and may lose feeling in parts of the body. Some people call this a "broken back." You may cause further injury to the spinal cord if you bend, twist, or turn the victim's head or neck. When you give first aid to a victim with a possible spine injury, you must not bend, twist, or turn the head or neck.

When to Suspect Spine Injury

You should suspect that the spine bones are broken if a victim:

- Has an injury to the upper part of the body, especially the head or chest;
- Was injured by a falling object, a forceful blow to the head or chest, a motor vehicle crash, or a fall from a height;
- Was injured while under the influence of drugs or alcohol.

Actions for Head and Spine Injury

When giving first aid to a victim with a possible head injury:

1. Make sure that the area is safe for you and the victim;
2. Phone or ask someone to phone your company's emergency response number (or 911) and get the First Aid Kit.
3. Do not allow the victim's head or neck to move in any direction;
 - Hold the head and neck so that the head and neck do not move, bend, or twist; (**Figure 8**).
 - Do not move the victim unless the victim is in danger or unless you need to do so to check breathing or provide CPR or if the victim is vomiting;
 - If you must turn the victim, be sure to roll the victim while you support the victim's head, neck, and trunk so that the head and neck are kept in line and do not twist, bend, or turn in any direction. This requires two rescuers; (**Figure 9**)
 - If the victim is unresponsive, open the airway with a jaw thrust. The jaw thrust opens the airway without moving the head and neck. Place your fingers on the angles of the jaw, and lift the jaw

forward. This moves the tongue away from the back of the throat and opens the airway (**Figure 10**). After opening the airway, check for breathing and continue CPR as needed;

- If the victim is responsive and vomiting, roll him/her onto the side while holding the head and neck so that the head and neck do not bend or twist (**Figure 9**).



Figure 8. Hold the head and neck so that the head and neck do not move, bend, or twist.

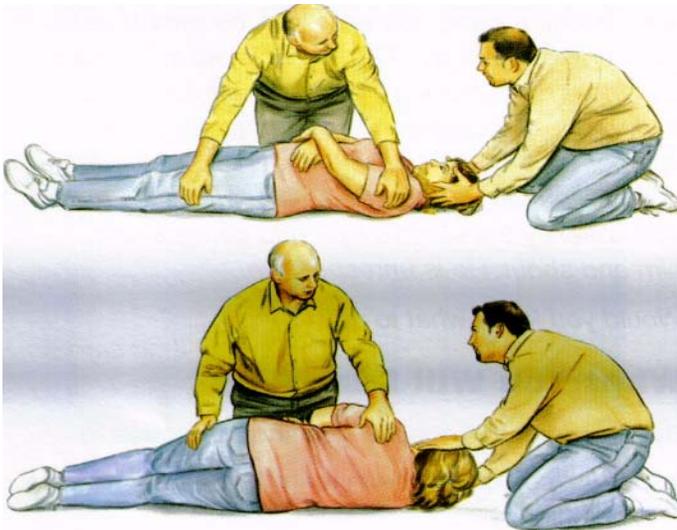


Figure 9. If you must turn the victim, be sure to roll the victim while you support the victim's head, neck, and trunk so that the head and neck are kept in line and do not twist, bend, or turn in any direction.



Figure 10. Open the airway with a jaw thrust. The jaw thrust opens the airway without moving the head and neck. Place your fingers on the angles of the jaw, and lift the jaw to move the jaw forward. This moves the tongue away from the back of the throat and opens the airway.

Bone, Joint, and Muscle Injuries

Injuries to bones, joints, and muscles are common in our active society. The injuries may include joint injuries, broken bones, and bruises (black-and-blue spots). Without an x-ray, it may be impossible to tell whether a bone is broken, and the information is not important when giving first aid.

Actions for Injuries to Joints, or Muscles

When giving first aid for a bone, joint, or muscle injury:

1. Make sure that the area is safe for you and the victim and get the First Aid Kit;
2. Cover an open wound with a clean dressing;
3. Check for signs of shock and give first aid as needed;
4. Don't try to straighten any injured part that is bent (such as an arm, a leg, or a finger);
5. Put a plastic bag filled with ice on the injured area with a towel between the ice bag and the skin. Every 20 minutes take off the ice bag for about 5 minutes. You may use a chemical cold pack, but it is not as cold and does not work as well as ice;
6. Wrap an elastic bandage around an injured joint.
7. Phone or ask someone to phone your company's emergency response number (or 911) if:
 - There is a large open wound;
 - The injured part is abnormally bent;
 - You're not sure what to do.
8. The victim should not walk on an injured foot or leg until checked by a healthcare provider.



Insect and Spider Bites and Stings

Usually insect and spider bites and stings cause only mild pain, itching, and swelling at the bite. Some insect bites can be serious and even fatal if:

- Poison is injected into the victim (for example, a black widow spider or brown recluse spider);
- The victim has a bad allergic reaction to the bite.

Actions for Insect and Spider Bites and Stings

1. Make sure that the area is safe for you and the victim.
2. Phone or ask someone to phone 911 and get the First Aid Kit if:
 - The victim tells you that he/she has a bad allergic reaction to insect bites;
 - The victim has signs of a bad allergic reaction.
3. Bees are the only insects that leave their stingers behind. If the victim was stung by a bee, look for the stinger. Scrape away the stinger and venom sac with something hard, such as a credit card, one edge of a pair of scissors, or the back or dull side of a knife. Do not remove the stinger until you make sure that there are no other priorities, such as a bad allergic reaction.
4. Wash the sting or bite area with soap and water.

5. Put an ice bag wrapped in a towel or cloth over the sting or bite area.
6. Watch the victim for at least 30 minutes for signs of a bad allergic reaction (see below).

Signs of a Bad Allergic Reaction

Some people can have a bad allergic reaction to insect bites, especially to bee stings. People who have bad allergic reactions to insect bites often have an epinephrine pen and know how to use it. They often wear medical identification jewelry.

Signs of a bad allergic reaction are:

- Swelling of the tongue and face
- Trouble breathing
- Shock

Actions for a Bad Allergic Reaction

1. Phone or ask someone to phone your company's emergency response number (or 911) and get the First Aid Kit.
2. Help the victim get the epinephrine pen and use it.
3. If the victim becomes unresponsive, begin CPR.
4. Do not remove the stinger until there are no signs of the bad allergic reaction.

Heat-Related Emergencies

Heat-related emergencies result from exposure to extreme heat.

Signs of Heat-Related Emergencies

Heat-related emergencies range in severity from mild to life-threatening. We will call the life-threatening signs of a heat related emergency "heatstroke." You must recognize and give first aid for heat-related emergencies early because someone with mild signs can get worse quickly and develop heatstroke.

Many of the signs of a heat-related emergency are similar to those of the flu. So people with a heat-related emergency sometimes think that they are developing flu.

The signs of a heat-related emergency are:

- Muscle cramps
- Sweating
- Headache
- Nausea
- Weakness
- Dizziness

The signs of heatstroke are:

- Confusion or strange behavior
- Inability to drink or vomiting
- Red, hot, and dry skin (the victim may stop sweating)
- Shallow breathing, seizures, or unresponsiveness

Critical Facts -- Don't Ignore Heat-Related Warning Signs

Symptoms of heat-related emergencies often get worse if left untreated. Mild heat-related signs are a warning that the victim may develop heatstroke unless you take action!

Actions for Heat-Related Emergencies

1. Move the victim to a cool or shady area.
2. Loosen or remove tight clothing.
3. Encourage the victim to drink water.
4. Sponge or spray the victim with cool (not ice-cold) water and fan the victim.
5. Phone or ask someone to phone 911 immediately if there are any signs of heatstroke, and continue to cool the victim until rescuers arrive.
6. If the victim becomes unresponsive, phone 911 and start CPR as needed.

Wrong Actions for Treating Heat-Related Injuries

DO NOT wait to begin cooling the victim until EMS rescuers arrive. Every minute counts!

DO NOT continue cooling after the victim's mental state has improved. Unnecessary cooling could lead to hypothermia.

DO NOT use rubbing alcohol to cool the victim.

DO NOT give the victim anything to drink or eat if the victim cannot swallow or is vomiting.

WHEN IN DOUBT CALL 911!