

Safety Guidelines

Lightning

The ultimate truth about lightning is that it is unpredictable and cannot be prevented. Therefore, a manager, coach, or umpire who feels threatened by an approaching storm should stop play and get players to safety - regardless of if the "flash-bang" proximity measure applies. When in doubt, STOP PLAYING!

"Flash-Bang" Method

One way of determining how close a recent lightning strike is to you is called the "flash-bang" method. With the "flash-bang" method, a person counts the number of seconds between the sight of a lightning strike & the sound of thunder that follows it. Stop playing & leave the area when the count between the lightning flash and the sound of its thunder is 30 seconds (6 miles) or less.

Allow a minimum of 30 minutes to pass after the last lightning flash and bang of thunder before resuming activity.

If someone is struck by lightning?

1. The person who has been struck will carry no electrical charge; therefore, they are safe to touch.
2. The first rule of emergency care is "make no more casualties". If the victim is in a high-risk area (open field, isolated tree, etc.) the rescuer should determine if movement from that area is necessary - lightning can and does strike the same place twice. If the rescuer is at risk, and movement of the victim is a viable option, it should be done.
3. Call 9-1-1 as soon as possible for help.
4. Check for burns to the body.
5. Give first aid as needed.
6. If breathing and/or heartbeat have stopped, perform CPR until EMS arrives.
7. Contact the league Safety Officer and the league President ASAP.

Heat related Illnesses

Players are constantly expending energy and depleting the moisture in their bodies. Even on a cool day, prolonged and vigorous exercise can cause dehydration. The warmer and more humid the weather, the shorter the time it takes to become dehydrated and/or overheated. The greatest danger of heat related illness is when a player becomes dehydrated and loses the ability to sweat.

Signs and Symptoms of Heat Exhaustion

- Profuse sweating
- Extremely reddened skin

Signs and Symptoms of Heat Stroke

- Sweating stops – skin is dry, red, and very hot.
- Altered mental status – confused, disoriented.
- Unconsciousness – call 911

Preventative Measures

- Make sure all players have their own water bottle at every practice and game.
- Take frequent water breaks – more often as the weather gets hotter.
- Look for extreme or profuse sweating. Act quickly if sweating stops altogether

First Aid for Heat

- Call 911 if the victim has an altered mental state or is in distress. Err on the side of caution.
- Get the victim out of the heat and into a shaded area.
- Remove excess clothing.
- Give cool liquids – preferably water.
- Use ice packs under the arms, along groin, on forehead.
- Pour water onto clothing to cool down as much of the body as possible

Communicable Disease Risk

The following procedures should be followed when open wounds occur:

- Bleeding must be stopped, the open wound covered, and the uniform changed if there is blood on it before the athlete may continue.
- Use gloves (provided in the First Aid kit) to prevent mucous membrane exposure when contact with blood or other body fluids is anticipated.
- Immediately wash hands and other skin surface if contaminated with blood.
- Clean all blood-contaminated surfaces and equipment immediately to prevent possible transmission of communicable diseases. Managers, coaches, and volunteers with open wounds should refrain from all direct contact.
- Use caution when handling bloody dressings, mouth guards and other articles containing bodily fluids.
- Ensure no unnecessary contact is made between people and the objects that have been potentially contaminated with bodily fluids. Dispose of such materials safely.

The Heimlich maneuver

The Heimlich maneuver is an emergency method of removing food or foreign objects from the airway to prevent suffocation. When approaching a choking person, one who is still conscious, ask: "Can you cough? Can you speak?" If the person can speak or cough, do not perform the Heimlich maneuver or pat them on the back. Encourage them to cough.

To perform the Heimlich:

- Grasp the choking person from behind;
- Place a fist, thumb side in, just below the person's breastbone (sternum), but above the naval;
- Wrap second hand firmly over this fist
- Pull the fist firmly and abruptly into the top of the stomach.

It is important to keep the fist below the chest bones and above the naval (belly button).

The procedure should be repeated until the airway is free from obstruction or until the person who is choking loses consciousness (goes limp).

These will be violent thrusts, as many times as it takes.

For a child:

- Place your hands at the top of the pelvis;
- Put the thumb of your hand at the pelvis line;
- Put the other hand on top of the first hand;
- Pull forcefully back as many times as needed to get object out or the child becomes limp.

Most individuals are fine after the object is removed from the airway. However, occasionally the object will go into one of the lungs. If there is a possibility that the foreign object was not expelled, medical care should be sought. If the object cannot be removed completely by performing the Heimlich, immediate medical care should be sought by calling 911 or going to the local emergency room.

Concussion

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

- A forceful bump, blow, or jolt to the head or body that results in rapid movement of the head.

AND

- Any change in the athlete's behavior, thinking, or physical functioning.

Athletes who experience *any* of the signs and symptoms listed below after a bump, blow, or jolt to the head or body should be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says they are symptom-free and it's OK to return to play.

Signs Observed by Coaching Staff

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of 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 hit or fall
- Can't recall events after hit or fall

Symptoms Reported by Athlete

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Does not “feel right” or is “feeling down”

An incident or near-miss that causes any player, manager, coach, umpire, volunteer or spectator to receive medical treatment, including First Aid, must be reported.

Both incidents and near-misses need to be reported within 48 hours to:

Bill Prokop, Safety Officer, GLL
(917) 538-5771
willpro@me.com

The Incident and Near Miss form is available on the GLL website. Managers are required to maintain copies of the form at all games and practices.

Injured parties or parents of injured minors should be informed of the Insurance Claim process and be directed to the GLL website for the Accident Claim form. This form must be completed by parents (if claimant is under 19 years of age) and a league official and forwarded to Little League Headquarters within 20 days after the accident. A photocopy of this form should be made and kept by the claimant/parent. Initial medical/dental treatment must be rendered within 30 days of the Little League accident.

Accident Procedures

All injuries (including potential hazards) should be reported to the Safety Officer. Incident Tracking will be used to evaluate effectiveness of the program and for future instruction. If the Safety Officer is unavailable, the President of the Granby Little League is to be contacted.