



# Little League ASAP

Enterprise Little League  
Safety Manual - 2025



**League ID # 4440117**

### ***The ASAP Mission***

*To increase awareness of the opportunities to provide a safer environment for children, volunteers and all Little League participants.*

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*Requirement #1*

## 2025 BOARD MEMBERS

**RANDI HOLT**  
President  
435-231-4194

**JONATHAN BARLOW**  
Vice President  
702-449-6593

**ASHLEY NOE**  
\*Safety/Scheduling  
**435-851-6044**

**KALYNN SIMKINS**  
Secretary  
435-231-2612

**TRAVIS SEEGMILLER**  
Treasurer  
435-236-5118

**MANDI BOLLINGER**  
Uniforms/Information  
435-231-2053

**KC HULSE**  
Softball/Baseball Player Agent  
435-773-2500

**TRAVIS JOLLEY**  
Sponsors  
801-232-1372

**TIMOTHY SOMERVILLE**  
Umpire Coordinator  
435-313-8763

**BRAYDEN PRESTON**  
Equipment  
435-680-2035

*Requirement #2*

### Distribution of Safety Manual

Each team and applicable volunteers will receive a digital and paper copy of this safety manual. Managers and the Safety Officer will have a copy of the safety manual at all league functions.

*Requirement #3*

## EMERGENCY PHONE LIST

**POLICE/FIRE/EMT: 911**

### NON-EMERGENCY PHONE NUMBERS:

County Sheriff: 435-656-6500  
Enterprise City: 435-878-2221  
Main Street Family Medicine: 435-878-5711  
Enterprise Valley Medical Clinic: 435-878-2281



### **Requirement #7**

Coaches will be required to walk/inspect the fields prior to practices and games. Play and practice areas should be inspected frequently by coaches/managers for holes, damage, stones, glass or other foreign objects.

- Umpires will also be required to walk the field for hazards before each game
- No games or practices should be held when weather or field conditions are poor.
- At the first sign of lightning, games and practices should be suspended
- Frequent inspection of the equipment should be conducted to ensure it is in functional working order and is properly fitted. Reports of faulty or inadequate equipment that need to be exchanged, repaired, replaced, or disposed of should be made promptly to the Equipment Manager and he will promptly process the request. .
- All equipment should be stored within the team dugout or behind the fence and not within the area defined by the umpires as "In Play".
- During practices and games, all players should be alert and watching the batter on each pitch.
- During warm up drills, players should be spaced so that no one is endangered by wild throws or missed catches.
- Batters must wear Little League Approved protective helmets during batting practices and games.
- Catchers must wear a catcher's helmet, mask, long model chest protector, shin guards.
- No head-first slides are permitted, unless the runner is returning to base.
- Players are not allowed to wear watches, rings, pins, or metallic items during games and practices
- Players cannot swing bats unless they are in the batter's box. Only the first batter in each half of the inning is permitted to swing a bat while the pitcher is warming up.
- During the course of the game, players on the bench must be behind the fences and cannot stand in the dugout opening.
- Compliance to all safety code standards are required and failure to comply will result in the following disciplinary actions:
  - 1) The offending coach will receive one warning.
  - 2) Upon the second violation, the coach will not be able to coach the next scheduled game.
  - 3) Further violations could lead to dismissal from coaching.

# Safety Do's & Don'ts

Injuries are possible while playing baseball. It is part of the game, but by following the rules listed below, injuries can be minimized.

## DO

- Reassure and aid children who are injured, frightened or lost.
- Tell parents about any injury, no matter how minor.
- Provide or assist in obtaining medical attention for those who need it.
- Know your limitations in treating a person.
- Carry your first-aid kit with you to all games and practices.
- Assist those who require medical attention and remember to: **LOOK** for signs of injury (blood, black and blue, joint deformity, ect.) **LISTEN** to the injured describe what happened and what hurts. Before questioning you may have to calm and soothe the excited child. **FEEL** gently and carefully the injured area for signs of swelling or grating of broken bones.
- Make arrangements to have a cellular phone available 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 are not sure of proper procedures (CPR, ect).
- Leave an unattended child after a game or practice.
- Hesitate to report any potential safety hazard to the Safety Officer.



**HEY COACH**

**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

## PREGAME FIELD INSPECTION CHECKLIST

MANAGERS NAME:

FIELD:

DATE:

TIME:

FIELD INSPECTION	Yes	No	CATCHERS EQUIPMENT	Yes	No
Backstop Intact			Catchers Helmet		
Home Plate Intact			Dangling Throat Guard		
Bases Secure			Helmets		
Pitcher's Mound Safe			Catcher's Mitt		
Batter Box Lined/Level			Chest Protector		
Infield Fence Repair			Shin guards		
Outfield Fence Repair			DUGOUTS	Yes	No
Foul Lines Marked			Fencing Needs Repair		
Infield Need Repairs			Bench Needs Repair		
Outfield Need Repairs			Trash Cans		
Warning Track			Clean Up Is Needed		
Coaches' boxes Lined					
Free Of Foreign Objects			SPECTATOR AREA	Yes	No
Grass Surface Even			Bleachers Need Repair		
			Protective Screens Ok		
PLAYER EQUIPMENT	Yes	No	Bleachers Clean		
Batting Helmets			Parking Area Safe		
Jewelry Removed			SAFETY EQUIPMENT	Yes	No
Shoes/Bats Inspected			First-aid Kit Each Team		
Face Masks			Medical Release Forms		
Proper Cleats			Ice Pack/Ice		

### **Requirement #8**

Annual Little League Facility Survey will be submitted yearly in the Little League Data Center

### **Requirement #9**

## **Concession Stand Food Safety**

Concession stand operations standards shall meet or exceed the local board of health regulations. Concession safety procedures will be posted at all times. The menu will be posted and approved by the league safety officer and president.

### **Stay Clean**

- Wash hands with hot soapy water prior to handling food for at least 20 seconds.
- Wash cutting boards, dishes, utensils and counters with hot soapy water after preparing each food item.
- A supply of disposable towels and hand soap must be available.
- Only healthy people should prepare and serve food. Anyone with any symptoms of disease (cramps, nausea, fever, vomiting, diarrhea, cough etc.) or who has open sores or infected cuts on the hands should not be allowed in the food concession area. Workers' clothes should be clean, and they should not smoke in the concession area. Hair restraints are recommended.
- Insect control and waste. Keep foods covered to protect from insects. Store pesticides away from food. Place garbage and paper waste in a refuse container with a lid that fits tightly. Dispose of all water in the restrooms, do not pour outside. All water that is used should be potable from an approved source.
- Keep food stored off the floor at least 12 inches. After your event is finished, clean the concession area and discard any unusable food. Do not save food for reheating.

### **Don't Contaminate**

- Use a clean plate for cooked food. **NEVER** place cooked food on a plate that was previously used for raw food.
- Food items should be covered whenever possible.
- Store food items at least six inches off the floor to minimize the contamination of food and allow for proper cleaning of the floor
- **FREQUENT AND THOROUGH HANDWASHING IS REQUIRED.**
- Use disposable utensils for food service. Keep your hands away from food contact surfaces and never reuse disposable dishware. Ideally utensils should be washed in a four-step method: (1) Hot soapy water, (2) Rinsing in clean water, (3) Chemical or heat sanitizing, (4) Air drying.
- Wiping cloths should be rinsed and stored in a bucket sanitizer. (1-gallon water and ½ tsp. chlorine bleach. Change the solution every 2 hours.
- Food handling: Avoid hand contact with raw food, ready-to-eat foods, and food contact surfaces. Use a utensil and/or glove.

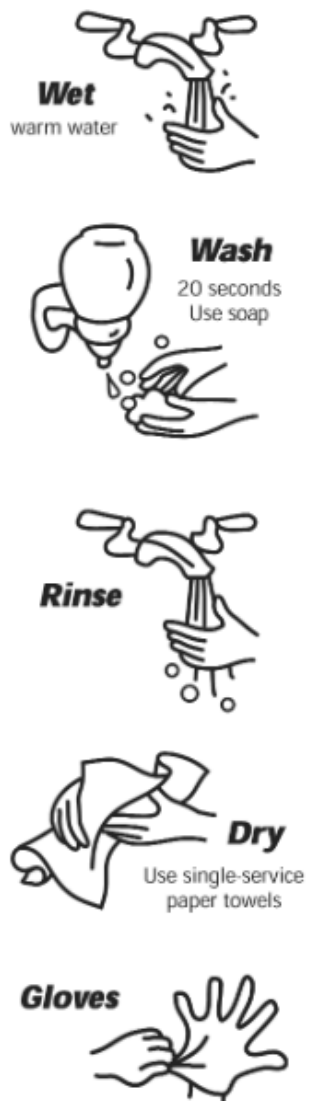


## Cook Food to Proper Temperatures

- Keep hot foods hot and cold foods cold. Hot dogs and burgers must be cooked to 150 degrees or above. Cold foods must be kept at 41 degrees or lower
- Thaw food in the refrigerator.
- Don't over pack the refrigerator.
- Keep the freezer and refrigerator closed when not in use.
- Cook food thoroughly. Use a meat thermometer.

### *Volunteers Must Wash Hands*

#### HOW



#### 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.



**Requirement #10**

**Regular inspection and replacement of playing equipment**

- The safety manager will inspect all equipment in the pre-season.
- The coaches/manager/umpires will inspect the equipment at every practice/game, and any worn out or defective equipment is discarded and replaced. They are also directed to contact the safety officer over equipment immediately for replacements

**Requirement #11**

**Accident Reporting Procedures**

**What to Report:**

Report any incident causing any player, manager, coach, umpire, or volunteer to receive medical treatment and/or first aid. A report must be made to the Safety Officer.

**When to Report:**

All such incidents described above must be reported within 48 hours (preferably within 24 hours) to the Safety Officer.

**How to Make the Report:**

Provide the following information:

- Name (include parents names of player) and the phone number of the individual involved
- Date, time and location of the incident
- Witness(es)
- Nature of the injury and specifics (i.e. left upper arm)
- Preliminary estimation of the extent of the injuries
- Name and phone number of the person reporting the incident

The Safety Officer will complete the Safety Awareness Program Incident/Injury Tracking Report.

This can be communicated to the Safety Officer, Riley Phelps at (435)691-2351. You may also complete a Safety Awareness Program Incident/Injury Tracking Report on your own, and contact Riley once the form is complete.

**Safety Officer's Responsibilities:**

Within 48 hours of receiving the incident report, the Safety Officer will contact the injured party, or the party's parents to:

- 1) verify the information received
- 2) obtain any additional pertinent information
- 3) check on the status of the injured party
- 4) in the event the injured party required medical treatment (i.e. emergency room, doctor visit, hospitalization, ect.) will give information to the parent or guardian of the Enterprise Little League Baseball insurance coverage and the provisions for submitting any claims.

If the extent of the injury is more than minor in nature, the Safety Officer will periodically call the injured party to (1) check on the status of the injured party and injury, and (2) to check if any other assistance is necessary in areas such as submission of insurance forms, ect. until such time as the incident is considered closed. (meaning no further claims are expected and the individual is able to participate in league activities again).

**LITTLE LEAGUE, BASEBALL AND SOFTBALL  
ACCIDENT NOTIFICATION FORM  
INSTRUCTIONS**

**Sent Completed Form To:**  
Little League, International  
638 US Route 16 Hwy, PO Box 3485  
Williamsport PA 17701-0485  
**Accident Claim Contact Numbers:**  
Phone: 570-327-1674

**Accident & Health (U.S.)**

- 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.
- Itemized bills including description of service, date of service, procedure and diagnosis codes for medical services/supplies and/or other documentation related to claim for benefits are to be provided within 90 days after the accident date. In no event shall such proof be furnished later than 12 months from the date the medical expense was incurred.
- 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.
- Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan.
- Limited deferred medical/dental benefits may be available for necessary treatment incurred after 52 weeks. Refer to insurance brochure provided to the league president, or contact Little League Headquarters within the year of injury.
- Accident Claim Form must be fully completed - including Social Security Number (SSN) - for processing.

League Name ENTERPRISE LITTLE LEAGUE		League I.D. 4440117	
Name of Injured Person/Claimant	SSN	Date of Birth (MM/DD/YY)	Age Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
Name of Parent/Guardian, if claimant is a Minor		Home Phone (Inc. Area Code)	Bus. Phone (Inc. Area Code)
Address of Claimant		Address of Parent/Guardian, if different	

The Little League Master Accident Policy provides benefits in excess of benefits from other insurance programs subject to a \$50 deductible per injury. Other insurance programs include family's personal insurance, student insurance through a school or insurance through an employer for employees and family members. Please CHECK the appropriate boxes below. If YES, follow instruction 3 above.

Does the insured Person/Parent/Guardian have any insurance through:

Employer Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	School Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No
Individual Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dental Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No

Date of Accident: \_\_\_\_\_ Time of Accident: \_\_\_\_\_ Type of Injury: \_\_\_\_\_  
 IAM  IPM

Describe exactly how accident happened, including playing position at the time of accident:

Check all applicable responses in each column:

<input type="checkbox"/> BASEBALL	<input type="checkbox"/> CHALLENGER (4-18)	<input type="checkbox"/> PLAYER	<input type="checkbox"/> TRYOUTS	<input type="checkbox"/> SPECIAL EVENT (NOT GAMES)
<input type="checkbox"/> SOFTBALL	<input type="checkbox"/> T-BALL (4-7)	<input type="checkbox"/> MANAGER, COACH	<input type="checkbox"/> PRACTICE	<input type="checkbox"/> SPECIAL GAME(S)
<input type="checkbox"/> CHALLENGER	<input type="checkbox"/> MINOR (6-12)	<input type="checkbox"/> VOLUNTEER UMPIRE	<input type="checkbox"/> SCHEDULED GAME	<input type="checkbox"/> SPECIAL GAME(S)
<input type="checkbox"/> TAD (2ND SEASON)	<input type="checkbox"/> LITTLE LEAGUE (9-12)	<input type="checkbox"/> PLAYER AGENT	<input type="checkbox"/> TRAVEL TO	(Submit a copy of your approval from Little League)
	<input type="checkbox"/> INTERMEDIATE (10-15)	<input type="checkbox"/> OFFICIAL SCOREKEEPER	<input type="checkbox"/> TRAVEL FROM	
	<input type="checkbox"/> JUNIOR (12-14)	<input type="checkbox"/> SAFETY OFFICER	<input type="checkbox"/> TOURNAMENT	
	<input type="checkbox"/> SENIOR (13-16)	<input type="checkbox"/> VOLUNTEER WORKER	<input type="checkbox"/> OTHER (Describe)	

I hereby certify that I have read the answers to all parts of this form and to the best of my knowledge and belief the information contained is complete and correct as herein given.

I understand that it is a crime for any person to intentionally attempt to defraud or knowingly facilitate a fraud against an insurer by submitting an application or filing a claim containing a false or deceptive statement(s). See Remarks section on reverse side of form.

I hereby authorize any physician, hospital or other medically related facility, insurance company or other organization, institution or person that has any records or knowledge of me, and/or the above named claimant, or our health, to disclose, whenever requested to do so by Little League and/or National Union Fire Insurance Company of Pittsburgh, Pa. A photostatic copy of this authorization shall be considered as effective and valid as the original.

Date: \_\_\_\_\_ Claimant/Parent/Guardian Signature (in a two parent household, both parents must sign this form.) \_\_\_\_\_

Date: \_\_\_\_\_ Claimant/Parent/Guardian Signature \_\_\_\_\_

**For Residents of California:**  
Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**For Residents of New York:**  
Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**For Residents of Pennsylvania:**  
Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**For Residents of All Other States:**  
Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

<b>PART 2 - LEAGUE STATEMENT (Other than Parent or Claimant)</b>	
Name of League	League I.D. Number
Name of Injured Person/Claimant	Position in League
Name of League Official	Telephone Numbers (Inc. Area Codes) Residence: ( ) ( ) Business: ( ) ( ) Fax: ( ) ( )
Address of League Official	
Were you a witness to the accident? <input type="checkbox"/> Yes <input type="checkbox"/> No Provide names and addresses of any known witnesses to the reported accident.	

Check the boxes for all appropriate items below. At least one item in each column must be selected.

<b>POSITION WHEN INJURED</b>	<b>INJURY</b>	<b>PART OF BODY</b>	<b>CAUSE OF INJURY</b>
<input type="checkbox"/> 01 1ST	<input type="checkbox"/> 01 ABRASION	<input type="checkbox"/> 01 ABDOMEN	<input type="checkbox"/> 01 BATTED BALL
<input type="checkbox"/> 02 2ND	<input type="checkbox"/> 02 BITES	<input type="checkbox"/> 02 ANKLE	<input type="checkbox"/> 02 BATTING
<input type="checkbox"/> 03 3RD	<input type="checkbox"/> 03 CONCUSSION	<input type="checkbox"/> 03 ARM	<input type="checkbox"/> 03 CATCHING
<input type="checkbox"/> 04 BATTER	<input type="checkbox"/> 04 CONTUSION	<input type="checkbox"/> 04 BACK	<input type="checkbox"/> 04 COLLIDING
<input type="checkbox"/> 05 BENCH	<input type="checkbox"/> 05 DENTAL	<input type="checkbox"/> 05 CHEST	<input type="checkbox"/> 05 COLLIDING WITH FENCE
<input type="checkbox"/> 06 BULLPEN	<input type="checkbox"/> 06 DISLOCATION	<input type="checkbox"/> 06 EAR	<input type="checkbox"/> 06 FALLING
<input type="checkbox"/> 07 CATCHER	<input type="checkbox"/> 07 DISMEMBERMENT	<input type="checkbox"/> 07 ELBOW	<input type="checkbox"/> 07 HIT BY BAT
<input type="checkbox"/> 08 COACH	<input type="checkbox"/> 08 EPIPHYSES	<input type="checkbox"/> 08 EYE	<input type="checkbox"/> 08 HORSEPLAY
<input type="checkbox"/> 09 COACHING BOX	<input type="checkbox"/> 09 FATALITY	<input type="checkbox"/> 09 FACE	<input type="checkbox"/> 09 PITCHED BALL
<input type="checkbox"/> 10 DUGOUT	<input type="checkbox"/> 10 FRACTURE	<input type="checkbox"/> 10 FATALITY	<input type="checkbox"/> 10 RUNNING
<input type="checkbox"/> 11 MANAGER	<input type="checkbox"/> 11 HEMATOMA	<input type="checkbox"/> 11 FOOT	<input type="checkbox"/> 11 SHARP OBJECT
<input type="checkbox"/> 12 ON DECK	<input type="checkbox"/> 12 HEMORRHAGE	<input type="checkbox"/> 12 HAND	<input type="checkbox"/> 12 SLIDING
<input type="checkbox"/> 13 OUTFIELD	<input type="checkbox"/> 13 LACERATION	<input type="checkbox"/> 13 HEAD	<input type="checkbox"/> 13 TAGGING
<input type="checkbox"/> 14 PITCHER	<input type="checkbox"/> 14 PUNCTURE	<input type="checkbox"/> 14 HIP	<input type="checkbox"/> 14 THROWING
<input type="checkbox"/> 15 RUNNER	<input type="checkbox"/> 15 RUPTURE	<input type="checkbox"/> 15 KNEE	<input type="checkbox"/> 15 THROWN BALL
<input type="checkbox"/> 16 SCOREKEEPER	<input type="checkbox"/> 16 STRAIN	<input type="checkbox"/> 16 LEG	<input type="checkbox"/> 16 OTHER
<input type="checkbox"/> 17 SHORTSTOP	<input type="checkbox"/> 17 STROKE	<input type="checkbox"/> 17 LIPS	<input type="checkbox"/> 17 UNKNOWN
<input type="checkbox"/> 18 TOWER GAME	<input type="checkbox"/> 18 OTHER	<input type="checkbox"/> 18 MOUTH	
<input type="checkbox"/> 19 UMPIRE	<input type="checkbox"/> 19 UNKNOWN	<input type="checkbox"/> 19 NECK	
<input type="checkbox"/> 20 OTHER	<input type="checkbox"/> 20 PARALYSIS/ PARAPLEGIC	<input type="checkbox"/> 20 NOSE	
<input type="checkbox"/> 21 UNKNOWN		<input type="checkbox"/> 21 SHOULDER	
<input type="checkbox"/> 22 WARMING UP		<input type="checkbox"/> 22 SIDE	
		<input type="checkbox"/> 23 TEETH	
		<input type="checkbox"/> 24 TESTICLE	
		<input type="checkbox"/> 25 WRIST	
		<input type="checkbox"/> 26 UNKNOWN	
		<input type="checkbox"/> 27 FINGER	

Does your league use batting helmets with attached face guards?  YES  NO  
If YES, are they  Mandatory or  Optional At what levels are they used?

I hereby certify that the above named claimant was injured while covered by the Little League Baseball Accident Insurance Policy at the time of the reported accident. I also certify that the information contained in the Claimant's Notification is true and correct as stated, to the best of my knowledge.

Date: \_\_\_\_\_ League Official Signature \_\_\_\_\_

**For Local League Use Only**

**Activities/Reporting**

**A Safety Awareness Program's  
Incident/Injury Tracking Report**

League Name: ENTERPRISE LITTLE LEAGUE League ID: 000 - 444 - 0117 Incident Date: \_\_\_\_\_

Field Name/Location: \_\_\_\_\_ Incident Time: \_\_\_\_\_

Injured Person's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  Male  Female

City: \_\_\_\_\_ State \_\_\_\_\_ ZIP: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Parent's Name (If Player): \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Parents' Address (If Different): \_\_\_\_\_ City \_\_\_\_\_

**Incident occurred while participating in:**

- A.)  Baseball  Softball  Challenger  TAD  
B.)  Challenger  T-Ball  Minor  Major  Intermediate (50/70)  
 Junior  Senior  Big League  
C.)  Tryout  Practice  Game  Tournament  Special Event  
 Travel to  Travel from  Other (Describe): \_\_\_\_\_

**Position/Role of person(s) involved in incident:**

- D.)  Batter  Baserunner  Pitcher  Catcher  First Base  Second  
 Third  Short Stop  Left Field  Center Field  Right Field  Dugout  
 Umpire  Coach/Manager  Spectator  Volunteer  Other: \_\_\_\_\_

Type of injury: \_\_\_\_\_

Was first aid required?  Yes  No If yes, what: \_\_\_\_\_

Was professional medical treatment required?  Yes  No If yes, what: \_\_\_\_\_  
(If yes, the player must present a non-restrictive medical release prior to to being allowed in a game or practice.)

**Type of incident and location:**

- A.) On Primary Playing Field  
 Base Path:  Running *or*  Sliding  
 Hit by Ball:  Pitched *or*  Thrown *or*  Batted  
 Collision with:  Player *or*  Structure  
 Grounds Defect  
 Other: \_\_\_\_\_
- B.) Adjacent to Playing Field  
 Seating Area  
 Parking Area
- C.) Concession Area  
 Volunteer Worker  
 Customer/Bystander
- D.) Off Ball Field  
 Travel:  
 Car *or*  Bike *or*  
 Walking  
 League Activity  
 Other: \_\_\_\_\_

Please give a short description of incident: \_\_\_\_\_

Could this accident have been avoided? How: \_\_\_\_\_

This form is for local Little League use only (should not be sent to Little League International). This document should be used to evaluate potential safety hazards, unsafe practices and/or to contribute positive ideas in order to improve league safety. When an accident occurs, obtain as much information as possible. For all Accident claims or injuries that could become claims to any eligible participant under the Accident Insurance policy, please complete the Accident Notification Claim form available at [http://www.littleleague.org/Assets/forms\\_pubs/asap/AccidentClaimForm.pdf](http://www.littleleague.org/Assets/forms_pubs/asap/AccidentClaimForm.pdf) and send to Little League International. For all other claims to non-eligible participants under the Accident policy or claims that may result in litigation, please fill out the General Liability Claim form available here: [http://www.littleleague.org/Assets/forms\\_pubs/asap/GLClaimForm.pdf](http://www.littleleague.org/Assets/forms_pubs/asap/GLClaimForm.pdf).

Prepared By/Position: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Requirement #12**

## First Aid

- First aid kits will be located in the equipment room and each coach will have access to the equipment room.
- Each head coach is required to report any used items immediately. The kits contain:
  - Bandages
  - Antiseptic wipes
  - Non-stick pads
  - First aid cream
  - Soft gauze bandages
  - Instant cold pack
  - Scissors
  - Disposable gloves
  - Hypoallergenic first aid tape
  - 2" elastic bandage
  - First aid book
  - Antibiotic ointment

## Communicable Disease Procedures:

- Bleeding must be stopped. The open wound needs to be covered, and the uniform changed if there is blood on it before the athlete can continue to play.
- Always use gloves to prevent bodily fluids exposure when contact with blood or other bodily fluids.
- Immediately wash hands and other skin surfaces if contaminated with blood.
- Clean all blood contaminated surfaces and equipment.
- Coaches, team parents and volunteers with open wounds should refrain from all direct contact until the condition is resolved.

## STAY SAFE ON AND OFF THE FIELD



**Stay home if you are sick.**



**Bring your own equipment and gear (if possible)**



**Cover your coughs and sneezes with a tissue or your elbow.**



**Wash your hands or use sanitizer before and after events and sharing equipment.**

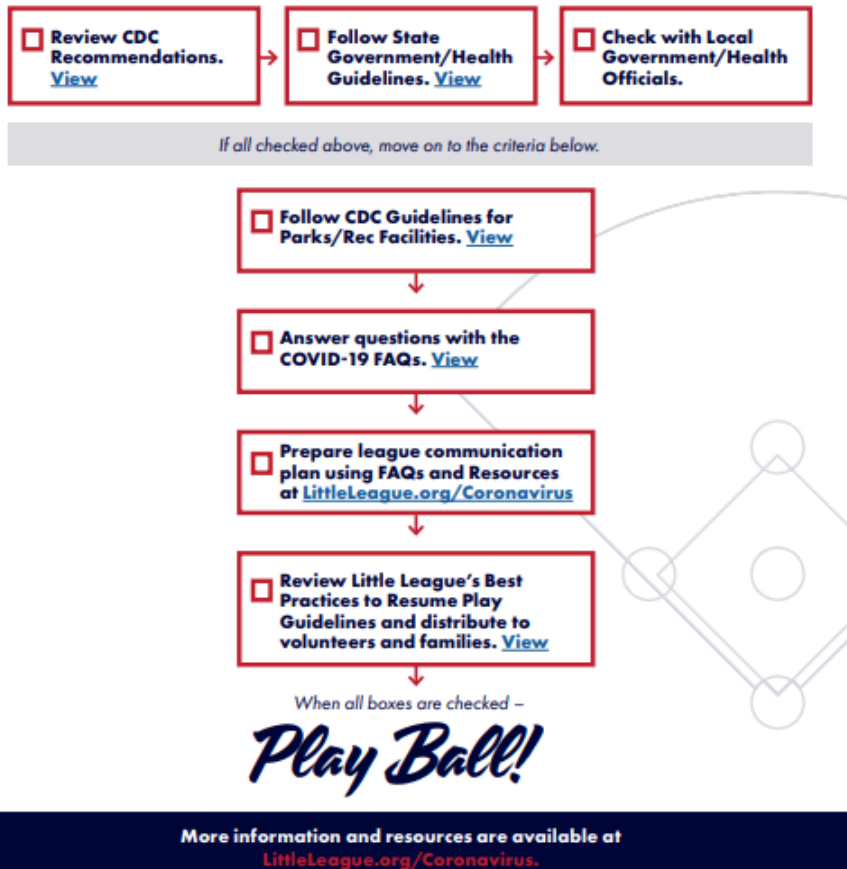


**Tell a coach or staff member if you don't feel well.**



[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

## As your local league considers returning to play, keep these resources in mind:



### Requirement #13

## Enterprise Little League will require ALL teams to enforce all Little League Rules and safety code

- Proper equipment will be provided for all catchers
- No on-deck batters
- Coaches will not warm up pitchers
- Bases will disengage on all fields
- All batter helmet will include a facemask for safety

### Little League Safety Code

- Responsibility for safety procedures should be that of an adult member of the local league.
- Arrangements should be made in advance of all games and practices for emergency medical services.
- Managers, coaches, and umpires should have some training in first-aid. First-Aid

- Kit should be available at the field.
- No games or practice should be held when weather or field conditions are not good, particularly when lighting is inadequate.
  - Play areas should be inspected frequently for holes, damage, glass, and other foreign objects.
  - Dugouts and bat racks should be positioned behind screens.
  - Only players, managers, coaches, and umpires are permitted on the playing field during play and practice sessions.
  - Responsibility for keeping bats and loose equipment off the field of play should be that of a regular player assigned for this purpose.
  - Procedure should be established for retrieving foul balls batted out of the playing area.
  - During practice sessions and games, all players should be alert and watch the batter on each pitch.
  - During warm up drills, players should be spaced so that no one is endangered by errant balls.
  - Equipment should be inspected regularly. Make sure it fits properly.
  - Pitching machines, if used, must be in good working order (including extension cords, outlets, etc.) and must be operated only by adult managers and coaches.
  - Batters must wear protective NOCSAE helmets during practice, as well as during games.
  - Catchers must wear a catcher's helmet (with face mask and throat guard), chest protector, and shin guards. Male catchers must wear a protective supporter and cup at all times.
  - Except when a runner is returning to a base, head first slides are not permitted. This applies only to Little League (Majors), Minor League, and Tee Ball.
  - During sliding practice bases should not be strapped down.
  - 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."
  - Players must not wear watches, rings, pins, jewelry, hard cosmetic, or hard decorative items.
  - Catchers must wear a catcher's helmet, face mask, and throat guard in warming up pitchers. This applies between innings and in bullpen practice. Skull caps are not permitted.
  - Batting/catcher's helmets should not be painted unless approved by the manufacturer.
  - Regulations prohibit on-deck batters. This means no player should handle a bat, even while in an enclosure, until it is his/her time at bat. This applies only to Little League (Majors), Minor League, and Tee Ball.
  - Players who are ejected, ill, or injured should remain under supervision until released to the parent or guardian.

***Requirement #14***

**League player, coaches and managers information will be submitted into the Little League Data Center prior to the first game**

***Requirement #15***

**Survey questions will be promptly answered when ASAP Safety Manual is uploaded to the Little League Data Center**

# Coaches' Code of Ethics

## **Enterprise Little League**

- I will place the emotional and physical well-being of my players ahead of a personal desire to win
- I will treat each player as an individual, remembering the large range of emotional and physical development for the same age group.
- I will do my best to provide a safe playing situation for my players.
- I will promise to review and practice the basic first aid principles needed to treat injuries of my players.
- I will do my best to organize practices that are fun and challenging for all my players.
- I will lead by example in demonstrating fair play and sportsmanship to all my players. I will provide a sports environment for my team that is free of drugs, tobacco, and alcohol.
- I will provide a sports environment for my team that is free of drugs, tobacco, and alcohol, and I will refrain from their use during Shoreview Area Youth Baseball games and practices.
- I will be knowledgeable in the rules of baseball, and I will teach these rules to my players.
- I will use those coaching techniques appropriate for each of the skills that I teach. I will remember that I am a Enterprise Little League Baseball coach, and that the game is for
- I will remember that I am a Shoreview Area Youth Baseball coach, and that the game is for children and not adults.
- I will refrain from using profanity in the parking lot, field or common areas within the baseball fields.
- After each game and practice, my team will clean up trash in the dugout, on the field, and around the stands.

\_\_\_\_\_  
Coach Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Coach Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Manager Signature

\_\_\_\_\_  
Date



# Lightning Facts and Procedures

## Consider the following facts:

- The average lightning stroke is 6-8 miles long.
- The average thunderstorm is 6-10 miles wide and travels about 25 miles an hour.
- On the average, thunder can only be heard over 3-4 miles, depending on humidity, terrain, and other factors. This means that by the time you hear the thunder, you are already in the risk area for lightning strikes.

**Rule of Thumb:** The ultimate truth about lightning is that it is unpredictable and cannot be prevented. Therefore, a manager or coach who feels threatened should contact the head umpire and recommend stopping play and clearing the field. In our league the umpire makes the decision as to whether play is stopped. Once play is stopped, take the kids to safety until play resumes or the game is called.

**Where to Go?** No place is safe from lightning threats, but some places are safer than others. Constructed buildings are usually the safest. Most people will find shelter in a fully enclosed metal vehicle with the windows rolled up. If you are stranded in an open area, put your feet together, crouch down and put your hands over your ears to prevent eardrum damage.

**Where not to go?** Avoid high places and open fields, isolated trees, unprotected gazebos, rain or picnic shelters, dugouts, flagpoles, light poles, bleachers, metal fences and water.

## First Aid for a Lightning Victim:

- Call 911 immediately.
- Typically, the lightning victim has similar symptoms as that of someone having a heart attack. Consider: will moving cause any more injury. If the victim is in a high-risk area, determine if movement is necessary. Lightning does strike twice in the same place. If you are not at risk, and moving is a viable option, you should move the victim.
- If the victim is not breathing, start mouth to mouth resuscitation. If it is decided to move the victim, give a few quick breaths prior to moving the victim.
- Determine if the victim has a pulse. If no pulse is detected, start cardiac compressions as well.

NOTE: CPR should only be administered by a person knowledgeable and trained in the technique.

*Remember: Safety is everyone's job. Prevention is the key to reducing accidents to a minimum. Report all hazardous conditions to the Safety Officer or another Board Member immediately. Do not play on an unsafe field or with unsafe equipment. Check the teams' equipment prior to each Use.*



# Hydration

*Managers are required to bring water to each practice and game.*

*Players are encouraged to bring bottled water or sports drinks.*

## Tips to Prevent Heat Illness:

- Know that once you are thirsty you are already dehydrated.
- Drink before you become thirsty.
- Drink plenty of liquids like water, or sports drinks every 15 minutes.
- Water seems to be the preferred beverage. Water has many critical functions in the body that are important for performance; they include, carrying oxygen and nutrients to exercising muscles.
- Do not drink beverages with caffeine before practice or games. Caffeine can increase the rate of dehydration.
- Do not exercise vigorously during the hottest time of the day.
- Practice in the morning and during the latter part of the evening.
- Wear light color loose clothes.
- Use sunscreen to prevent sunburn.
- If you begin to feel faint or dizzy, stop your activity and cool off by sitting in the shade, air-conditioned car or use a wet rag to cool you off.

## How is it treated?

Emergency medical treatment is necessary. If you think someone has a heat stroke, call 911 or a doctor immediately. In the meantime, give first aid as follows:

- Move the person to a shady area.
- Cover the person with a wet sheet and keep the sheet wet for cooling from evaporation.
- Fan the person with paper or an electric fan (preferably not cold air).
- Sponge down the body, especially the head, with cool water.
- Continue giving first aid until the body feels cool to the touch.



- If the person is conscious, let them sip water, fruit juice, or a soft drink

# HEAT-RELATED ILLNESSES

## WHAT TO LOOK FOR

## WHAT TO DO

### HEAT STROKE

- High body temperature (103°F or higher)
  - Hot, red, dry, or damp skin
  - Fast, strong pulse
  - Headache
  - Dizziness
  - Nausea
  - Confusion
  - Losing consciousness (passing out)
- Call 911 right away-heat stroke is a medical emergency
  - Move the person to a cooler place
  - Help lower the person's temperature with cool cloths or a cool bath
  - Do not give the person anything to drink

### HEAT EXHAUSTION

- Heavy sweating
  - Cold, pale, and clammy skin
  - Fast, weak pulse
  - Nausea or vomiting
  - Muscle cramps
  - Tiredness or weakness
  - Dizziness
  - Headache
  - Fainting (passing out)
- Move to a cool place
  - Loosen your clothes
  - Put cool, wet cloths on your body or take a cool bath
  - Sip water
- Get medical help right away if:**
- You are throwing up
  - Your symptoms get worse
  - Your symptoms last longer than 1 hour

### HEAT CRAMPS

- Heavy sweating during intense exercise
  - Muscle pain or spasms
- Stop physical activity and move to a cool place
  - Drink water or a sports drink
  - Wait for cramps to go away before you do any more physical activity
- Get medical help right away if:**
- Cramps last longer than 1 hour
  - You're on a low-sodium diet
  - You have heart problems

### SUNBURN

- Painful, red, and warm skin
  - Blisters on the skin
- Stay out of the sun until your sunburn heals
  - Put cool cloths on sunburned areas or take a cool bath
  - Put moisturizing lotion on sunburned areas
  - Do not break blisters

### HEAT RASH

- Red clusters of small blisters that look like pimples on the skin (usually on the neck, chest, groin, or in elbow creases)
- Stay in a cool, dry place
  - Keep the rash dry
  - Use powder (like baby powder) to soothe the rash



08/08/10

# Concussion Policy

## What is a concussion?

A concussion is a type of traumatic brain injury. Concussions are caused by a bump or blow to the head. A mild or blow to the head can be serious. You can't see a concussion. Signs and symptoms of a concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your player/student reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

## What should you do if you think your player/student has a concussion

1. SEEK MEDICAL ATTENTION RIGHT AWAY - A healthcare professional will be able to decide how serious the concussion is and when it is safe for your child to return to regular activities, including sports.
2. KEEP YOUR PLAYER/STUDENT OUT OF PLAY - Concussions take time to heal. Don't let your child return to play the day of the injury and until a health care professional says it's okay. Children who return to play too soon - while the brain is still healing - risk a greater chance of having a second concussion. Repeat or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.

## How can you help your player/student prevent a concussion or other serious brain injury?

Encourage them to practice good sportsmanship at all times. Make sure they wear the right protective equipment for their activity. Protective equipment should fit properly and be well maintained.

## What are the signs and symptoms of a concussion?

- A 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

## Danger Signs

Be alert for symptoms that worsen over time. Your player/student should be seen in an emergency department right away if he/she has:

- One pupil is larger than the other
- Drowsiness or cannot be awakened
- A headache that gets worse and does not go away

- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)

## 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 TB—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](http://www.cdc.gov/HEADSUP)



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

## CONCUSSION Information Sheet



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.

### 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 out of play the day of the injury.
2. 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.

### 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.

To learn more, go to [www.cdc.gov/HEADSUP](http://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.



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: \_\_\_\_\_

# CONCUSSION

For an incident/accident where concussion is suspected - Stop all activity around the casualty - Follow the 3Rs


## RECOGNISE - REMOVE OR STOP - REFER

**RECOGNISE** - DR/SABCD - Do not allow to move until clear of spinal injury - Did they lose consciousness at any time?  
Assess for response and breathing - Assess for concussion - Assess for spinal injury

<b>FOR CONCUSSION SYMPTOMS</b>	<b>FOR SUSPECTED SPINAL INJURY</b>	<b>IF UNCONSCIOUS</b>
<b>REMOVE FROM ACTIVITY</b> Keep still and at rest Do not leave alone	<b>STOP</b> Keep still Keep the neck and spine aligned	<b>ASSUME SPINAL INJURY</b> Gain assistance if possible - Assess airway/breathing If not breathing normally: Provide CPR If breathing normally: Align and immobilise spine/neck With help, gently roll on his/her side - Ensure airway is clear

**REFER**  
Take note of symptoms  
When - How long - How bad - Record if possible  
Report information on handover of the casualty  
For spinal injury and/or unconsciousness call 000  
For concussion take to a medical professional  
Treat other injuries as required and monitor constantly  
Do not allow to return to the activity  
Ensure parents/carers are contacted if a minor







**FOR SPINAL INJURY AND UNCONSCIOUSNESS, NO MATTER HOW BRIEF CALL 000**









**Ensure Safety for Self and Others**

**Call the Ambulance on Triple Zero (000)**

**Signs – visible clues:**

 Loss of consciousness	 Uncoordinated/Disoriented	 Incoherent speech
 Not aware of events/Confused	 Memory loss	 Dazed or stunned/Vacant stare

**Symptoms – what the casualty feels:**

 Dizziness, Headache or "pressure" in the head	 Cannot concentrate	 Sensitivity to light and/or noise
 Ringing in the ears	 Tired (fatigued)	 Sick/Nauseous/Vomiting

# First Aid Chart for Poisoning



Has the person collapsed or stopped breathing?

**Call 911 or your local emergency  
number right away**

Poison in the eyes?

**Rinse eyes with running water  
for 15-20 minutes**

Poison on the skin?

**Take off any clothing that the person touched.  
Rinse skin w/ running water for 15-20 minutes**

Inhaled Poison?

**Get fresh air right away**

Swallowed the wrong or too much medicine?

**Call Poison Control 1-800-222-1222**

Swallowed something not food or medicine?

**Drink a small amount of milk or water**



Do not try to make  
the person vomit...  
no salt water...  
no raw eggs...  
no home remedies...

[www.PreparednessMama.com](http://www.PreparednessMama.com)

# first aid basics

In an emergency call **triple zero (000)** for an ambulance



## DRSABCD Action Plan

This Action Plan is a vital aid to the first aider in assessing whether the casualty has any life-threatening conditions and if any immediate first aid is necessary. It is always important to call triple zero (000) for an ambulance as soon as possible.

### D DANGER

Ensure the area is safe for yourself, others and the patient



### R RESPONSE

Check for response—ask name—squeeze shoulders

**No response**

**Response**

Make comfortable  
Monitor response



### S SEND for help

Call triple zero (000) for an ambulance or ask another person to make the call



### A AIRWAY

Open mouth—if foreign material present—Place in recovery position  
Clear airway with fingers



### B BREATHING

Check for breathing—look, listen, feel

**Not normal breathing**  
Start CPR

**Normal breathing**  
Place in recovery position  
Monitor breathing



### C CPR

Start CPR—**30 chest compressions : 2 breaths**  
Continue CPR until help arrives or patient recovers



### D DEFIBRILLATION

Apply defibrillator if available and follow voice prompts



## Compressions

Adult/child (over 1 year)

- Place heel of hand on lower half of breastbone in centre of chest with other hand on top of first.
- Press down 1/3 depth of chest, give 30 compressions and 2 breaths.



Infant (under 1 year)

- Place two fingers (index and middle) over lower half of breastbone.
- Press down 1/3 depth of chest, give 30 compressions and 2 breaths.



You should achieve 5 sets of CPR (30:2) in 2 minutes.

## Recovery position

- Kneel beside the patient.
- Place nearer arm across chest.
- Place farther arm at right angle to body.
- Lift nearer leg at knee so it is fully bent upwards.
- Roll patient away from you onto side.
- Keep leg at right angle, with knee touching ground to prevent patient rolling onto face.



## Choking

Adult/Child (over 1 year)

- Encourage patient to relax, breathe deeply and cough to remove object.
- If coughing does not remove blockage, or if an infant—call triple zero (000) for an ambulance.
- Bend patient well forward and give 5 back blows between the shoulder blades—checking if blockage removed after each back blow.
- If unsuccessful, give 5 chest thrusts—in the CPR compression position, slower but sharper than compressions—checking if blockage removed after each chest thrust.
- If blockage not removed, alternate 5 back blows with 5 chest thrusts until medical aid arrives.



If patient becomes unconscious

- Call triple zero (000) for an ambulance.
- Remove any visible obstruction from the mouth.
- Commence CPR.

## Poisoning

- Follow **DRSABCD Action Plan**.
- Ring the Poisons Information Centre on 13 11 26.
- Monitor breathing and response.
- WARNING**—Do not attempt to induce vomiting unless advised to do so by the Poisons Information Centre.

## Burns

- Remove patient from danger.
  - If clothing on fire
    - STOP, DROP AND ROLL.**
    - Wrap patient in blanket.
    - Roll patient along ground until flames extinguish.
- Cool the burnt area.
  - Hold burnt area under cold running water for 20 minutes.
  - Remove clothing and jewellery from burnt area unless sticking to burn.
  - Place sterile non-adherent dressing over burn.
  - Seek medical aid.



## Bleeding

- Remove or cut patient's clothing to expose wound.
- Apply direct pressure over wound using sterile or clean dressing and pad.
- Lie patient down and then raise injured part above heart.
- Bandage dressing and pad firmly in place.
  - If bleeding continues, apply another pad and bandage over first dressing.
  - If bleeding persists seek medical aid.



## Sprains and strains

Follow RICE management plan—

- REST** — the injured part in comfortable position.
- ICE** — apply icepacks (cold compress) wrapped in a wet cloth, for 15 minutes every 2 hours for 24 hours.
- COMPRESSION** — apply compression bandage firmly, wrapping well beyond the injury.
- ELEVATE** — the injured part unless you suspect a fracture.

## Minor injuries

### Nosebleeds

- Sit up with head slightly forward.
- Pinch soft part of nose for 10 minutes.
- Breathe through the mouth, do not blow nose.
- Loosen tight clothing around neck.
- Apply cold pack to neck and forehead.
- If bleeding persists, seek medical aid.

### Scrapes and grazes

- Wash with running water to remove dirt.
- Cover with non-stick dressing.
- Bandage or tape in place.
- Seek medical aid if anything is embedded in wound, or becomes red, painful, warm or swollen.

### Tooth knocked out

- Clean with milk or patient's own saliva and replace in socket—unless patient is a child under 7 years (baby tooth).
- Ask patient to hold the tooth in place.
- If unable to put tooth back, wrap tooth in plastic or store in milk or sterile saline and take patient and tooth to a dentist.
- If tooth has been in contact with dirt or soil, advise patient to have tetanus injection.

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Learn First Aid | 1300 360 455 | www.stjohn.org.au

**Phone Numbers**

- EMERGENCY SERVICES** 000/112
- DOCTOR** \_\_\_\_\_
- HOSPITAL** \_\_\_\_\_
- DENTIST** \_\_\_\_\_
- OPTICIAN** \_\_\_\_\_

# FIRST AID GUIDE

## How to deal with accidents and emergencies

- Keep calm and look for any dangers to yourself or to the injured person.
- Find out what happened and how.
- How many casualties are there?
- Is there anyone around who can help you?
- Do you need an ambulance?

## ADULT RESUSCITATION



Fig 1

Check if the patient is responsive – "Hello, hello, can you hear me?". If there is no response, check for pulse. If no pulse, can someone bring an AED? Open the airway – are they breathing normally? If breathing normally, call an ambulance and put them in the recovery position. Call 999 (or 112) for an ambulance.



Fig 2

If the person is not breathing normally, give 30 chest compressions by placing your hands in the centre of the chest and pushing down to a depth of 5 cm.



Fig 3

Open airway: lift the head back and give two breaths by pinching the nose and covering the patient's mouth with your mouth. Blow until the chest rises. Continue cycles of 30 compressions and 2 breaths until help arrives.

## CHOKING

Adult and child over one year



Fig 1

- Ask "Are you choking?" If they can cough or breathe encourage them to cough to remove the object.
- If they cannot cough, give up to five back blows between the shoulder blades with the heel of your hand (Fig 1).
- If the object is not dislodged, give up to five abdominal thrusts. Place your hand just above the navel and pull inward and upward (Fig 2).
- Continue this cycle of five back blows and five abdominal thrusts until help arrives.
- If the person goes unconscious, call 999 (or 112) for an ambulance and then follow CPR protocols.

Anyone who has been treated for choking in this way should be asked to see their doctor after the incident.



Fig 2

## CHOKING (Infant)

Age less than one year



Fig 1

- If an infant is unable to breathe, cough or cry, and you suspect they have a severe obstruction in their throat, give up to five back blows between the shoulder blades with the heel of your hand.
- If the obstruction is still present, give up to five chest thrusts, with two fingers in the middle of the chest.
- Continue this cycle of five back blows and five chest thrusts until help arrives.
- If the person goes unconscious, call 999 (or 112) for an ambulance and then follow CPR protocols.

The parents of the baby should be advised to have the baby seen by a doctor.



Fig 2

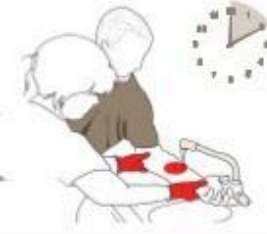
## HEART ATTACK



- A heart attack is one of the most common life-threatening heart conditions. Signs and symptoms are as follows:
  - Dull or crushing pressure.
  - Chest pain located at the centre of the chest which could radiate to the neck and arms.
  - Pain and sweat.
  - Shortness of breath, nausea and indigestion.
- If you suspect someone is having a heart attack this is what you should do:
  - Sit patient down in a comfortable position.
  - Call for an ambulance immediately, warn by text or not, ask if it is a heart attack.
  - Be prepared to resuscitate.

## BURNS & SCALDS

Burns and scalds are among the most common injuries requiring emergency treatment.



- Cool the burn as quickly as possible by placing the affected area under cold running water for at least ten minutes.
- Raise the limb to reduce swelling.
- Cover the burn using a clean pad or cling film, and seek medical advice.
- Call 999 (or 112) in severe cases.

## SEVERE BLEEDING



- Blood loss can be serious and should be treated as quickly as possible.
- Your main aim is to stop the flow of blood. If you have disposable gloves available, use them. It is important to reduce the risk of cross-infection at all times.
- Check whether there is an object embedded in the wound.
- If there is nothing embedded press on the wound with your hand, ideally over a clean pad and secure with a bandage.
- Raise the wound above the level of the heart.
- If you suspect there is something embedded, do not try to press on the object, instead press firmly on either side of the object and build up padding around it before bandaging to avoid putting pressure on the object itself.
- Get the person to hospital as soon as possible.

## NOSE BLEED

- Ensure the person is sitting down.
- Advise them to tilt their head forward to allow the blood to drain from the nostrils.
- Ask the person to pinch the end of their nose.
- After ten minutes, release the pressure.
- If the bleeding has not stopped apply the pressure for up to two further periods of ten minutes.
- If bleeding continues seek medical advice.



## RECOVERY POSITION



- For an adult or child who is unconscious but breathing normally place them on their side in the recovery position as shown.
- Make sure the airway remains open by tilting the head back and lifting the chin, and check breathing.
- Monitor the person's condition until help arrives.

## RECOVERY POSITION (Infant)

If an infant aged less than one year is unconscious, but breathing, hold them on their side, head tilted – as if you were holding them a toddler – with their head lower than their torso.



To learn more about first aid, please contact: 1890 502 502 or go online at [www.redcross.ie](http://www.redcross.ie)



# SPRAINS & STRAINS

Ensure the safety of self and others before providing first aid.

The initial treatment after sustaining a sprain or a strain (soft tissue injury) is crucial in ensuring the best outcome.

This type of injury can cause bruising and swelling in the injured area.

Too much swelling can cause more damage. Use RICER first aid and avoid HARM to help limit swelling and speed up recovery.

## Signs and Symptoms

**Sprain** - Joint injury - tearing of the ligaments and joint capsule. Commonly, thumb, ankle and wrist.

**Strain** - Injury to muscle or tendons. Commonly the calf, groin and hamstring.

Signs and symptoms for the injured area:

- Pain/tenderness.
- Can't stand on injured leg or move wrist without pain.
- Discolouration, swelling, stiffness.
- Decreased function.

## R

Stop the activity, move to a rest area, stop movement.

### REST

To reduce further damage.



## I

Apply ice or cold packs for 10 - 20 minutes, every 1.5 - 4 hours, for up to 72 hours.

### ICE

To reduce pain and swelling.



## C

Use a crepe bandage, overlap by half, on, above and below the injury, firmly, not too tight.

### COMPRESSION

To reduce bleeding and bruising.



## E

Raise legs above hips, use a sling for arm injuries. Comfort with pillows or something soft.

### ELEVATION

Provide comfort.



## R

Referring the casualty to a doctor or physiotherapist increases the likelihood of a full recovery.

### REFER

To a qualified professional.



**Avoid H.A.R.M.** For 48-72 hours, avoid heat, alcohol, running/exercise or massage.

# ASTHMA

## SIGNS AND SYMPTOMS

	Mild attack	Moderate attack	Severe attack
Speech	Sentences before taking a breath.	Short sentences or phrases before taking a breath.	A few words before taking a breath.
Breathing	Minor trouble.	Clearly having trouble.	Gasping for breath, anxious, pale, sweaty, stressed.
Wheeze	Yes may have a wheeze.	Yes may have a wheeze.	May no longer have a wheeze.
Cough	Small cough, won't settle.	Persistent cough.	May or may not be a cough, lips might be blue, skin sucking in between ribs & base of the throat.



Reliever medication given from a blue/grey puffer through a spacer with a mask.



You can use a puffer without a spacer.

Signs and symptoms and triggers vary from person to person.

May be some or all of those listed.



A blue/grey puffer is a reliever.

Triggers may be exercise, illness, animals, smoke, environment.

## IF AVAILABLE FOLLOW THE PERSONS ACTION PLAN

Be calm, provide reassurance, do not leave alone.

Provide puffs through a spacer (and mask if under 4).

A spacer delivers the medication more effectively.

OR

If directly from puffer - puff into mouth directly, breathe in, hold for 4 seconds, do this 4 times.

If after 2 sets of 4 puffs, still cannot breathe normally, call 000 immediately.

A severe attack is life-threatening if not treated.

Ensure Safety for Self and Others

Ask for consent to help.

### POSITION SITTING UP

Shake the puffer. Insert in spacer.

### 4 PUFFS OF A RELIEVER

1 puff into the spacer, 4 breaths. Shake the puffer. Repeat 4 times.

### WAIT 4 MINUTES

If still not fully recovered...

### 4 PUFFS OF A RELIEVER

1 puff into the spacer, 4 breaths. Shake the puffer. Repeat 4 times.

If still not fully recovered...

**REPEAT TREATMENT**  
Until help arrives or recovery.

**DIAL 911**

# ANAPHYLAXIS

## SIGNS & SYMPTOMS

Symptoms are highly variable. Maybe one or more of the following:

- Difficulty/noisy breathing.
- Swelling of face and tongue.
- Swelling/tightness in throat.
- Persistent dizziness.
- Loss of consciousness/collapse.
- Difficulty talking/hoarse voice.
- Wheeze or persistent cough.
- Pale and floppy (in young children).
- Abdominal pain and vomiting.
- Hives, welts and body redness.
- Signs of envenomation.

## HAZARD = TRIGGERS

Certain foods. Insect stings. Tick bites. Certain medications. Latex. Exercise etc.

## RISK = LIFE-THREATENING

Airway, breathing and circulatory problems. Unconscious. Cardiac arrest.



EpiPen® Autoinjector Junior and Adult

Get someone to call 000, obtain action plan/s and autoinjector/s.

Don't allow to stand or walk.

Remove allergen i.e. flick out stings (Do not remove ticks, kill them where they are e.g. use permethrin cream or an ether-containing spray).

Use the correct sized autoinjector as per instructions.

Give more adrenaline if no response after 5 minutes.

If breathing stops, CPR.

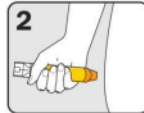
Give oxygen or asthma medication if required.

## HOW TO USE THE EPIPEN® AUTOINJECTOR

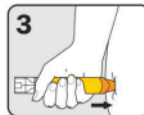
(available in adult and junior sizes).



Form a fist around EpiPen® and PULL OFF THE BLUE SAFETY RELEASE.



PLACE THE ORANGE END against the outer mid-thigh (with or without clothing).



PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds. Remove the EpiPen®.

**Ensure Safety for Self and Others**

**FOLLOW ASCIA ACTION PLAN** or FIRST AID PLAN or these steps.

**REMOVE ALLERGEN**

Or move away, to prevent further exposure.

**LAY THE CASUALTY FLAT**

If breathing is difficult, allow to sit, but **keep still**.

**USE AUTOINJECTOR**

Check contents and follow label instructions.

**DIAL 911**

**MONITOR CLOSELY**

Give another dose if condition doesn't improve after 5 minutes.

# BURNS

## IN CASE OF FIRE

If on fire: Stop, drop, cover and roll. Smother flames with a blanket. Turn off power. Move to a safe area. Do not enter a burning or toxic atmosphere. Raise the alarm - Call for help. Do not fight a fire unless trained and safe to do so.

## SIGNS & SYMPTOMS

**Around the burnt area:**

- Pain, blistering, red to black marks.

**Significant or severe burns are burns that are:**

Any of the following:

- Deep in to the skin.
- Covering a large body area.
- On face, hands, feet, genitalia, joints.
- All the way around a limb or the chest.
- Inhalation - i.e. singed nasal hairs, and eyebrows, blackness around the nose and mouth, coughing, hoarse voice, breathing difficulty.
- Chemical and electrical.
- In the very young or very old, or those with existing medical disorders.

**Other injuries:**

- Look for other injuries e.g. fractures, bleeding.
- Swelling of airways.
- Breathing difficulties.
- Reduced responsiveness, reduced circulation, shock and poor vital signs.
- Watch for cardiac arrest.

**ASSESS AIRWAYS, SEVERITY, OTHER INJURIES**

**SEVERE BURNS - CALL 000**

Monitor - Be prepared for CPR  
Move to water supply  
Put on gloves

**COOL TAP WATER**

Lots of it, for at least 20 minutes\*

**ELEVATE THE AREA**

Remove rings and tight clothing before swelling occurs.

**COVER THE BURN**

Loose, light non-stick dressing

**TREAT OTHER INJURIES**

Keep the casualty warm and at rest

**Ensure Safety for Self and Others**

**DIAL 911**

\* Hydrogel may be used if water is not available.

Water and hydrogel stop the burning process.

DO NOT peel off stuck clothing.

DO NOT break blisters, apply lotions, ointments, creams or powders.

Use clean, dry, lint-free materials, i.e. plastic wrap, handkerchief, sheet or pillowcase.

**A trained person should provide oxygen for smoke inhalation and face burns.**

Cool bitumen burns with water for 30 minutes.

**For chemical burns, consult the substance container and the SDS and call 000 and the Poisons Information Centre 131126**

# SPINAL INJURY

**Ensure Safety  
for Self and Others**

- Signs & Symptoms**
- Some or all of the following:
- Evidence of head injury or trauma
  - Abnormal position of head or neck
  - Nausea, headache, dizziness
  - Tenderness, pain
  - Altered sensations - numbness, tingling, pins and needles in the hands or feet
  - Loss of movement and/or feeling to arms and/or legs
  - Altered conscious state
  - Breathing difficulties
  - Shock
  - Change in muscle tone (flaccid or stiff)
  - Loss of bladder or bowel control



**HAZARD = FURTHER MOVEMENT**  
Causing further injury

**RISK = DAMAGE TO SPINAL CORD**  
Causing loss of movement and feeling

**DIAL 911**

**Do not move location unless in a dangerous situation**

Reassure - Tell them to keep still

**MANUALLY SUPPORT NECK**

Until the ambulance arrives - This is vital

- Move to the casualty's head
- Position yourself so you are stable
- Gently hold the casualty's head
- Support without movement

**IF UNCONSCIOUS**

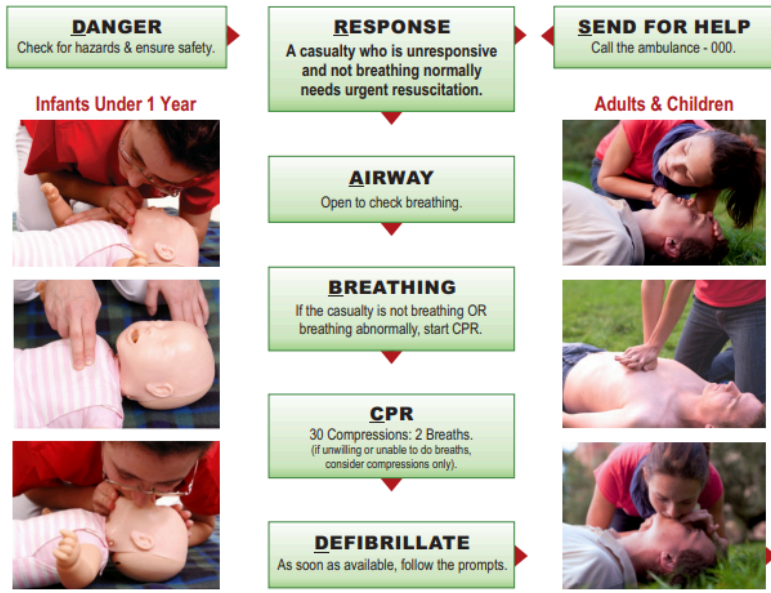
- Align and immobilise the neck with your hands
- Roll on his/her side
- Position neck to neutral to ensure an adequate airway
- Manually support the neck.

# RESUSCITATION

**Ensure Safety  
for Self and Others**

**DIAL 911**

**DRSABCD RESPONSE**



**SIGNS & SYMPTOMS**

Unconscious, not responding, not breathing normally, or not breathing at all.

**CPR DETAILS**

	Adults & Children	Infants Under 1 Year
Open Airway →	Head tilt/chin lift	Neutral head
Press with? →	2 Hands	2 Fingers
How hard? →	1/3 chest depth approx 5 cm	1/3 chest depth approx 4 cm
Breath pressure? →	Full breaths	Puffs
How many? →	30 Compressions : 2 Breaths	
How fast? →	Compressions should be done at the rate of almost 2 per second (continuous rate of 100 - 120 per minute)	

For more information visit: [www.resus.org.au](http://www.resus.org.au)

**CONTINUE CPR / DEFIBRILLATION**  
Until responsiveness or normal breathing returns, or help arrives.

# POISONING

Ensure Safety  
for Self and Others

DIAL **911**

Protect yourself - wear gloves, use a face mask, wash contaminated area, do not come in contact with the poison.



If unconscious, call 000 first then place on side and maintain airway. If unconscious and not breathing call 000 first then perform CPR.

<p><b>Signs &amp; Symptoms</b></p> <p><b>In general</b></p> <p><i>A poison can enter the body by ingestion, injection, absorption, or inhalation.</i></p> <ul style="list-style-type: none"> <li>Unconsciousness</li> <li>Nausea and vomiting</li> <li>Blurred vision</li> <li>Headache</li> <li>Burning pain in mouth and throat</li> <li>Seizures</li> <li>Respiratory arrest</li> <li>Cardiac arrest</li> </ul>	<p><b>Skin contact</b></p> <ul style="list-style-type: none"> <li>Remove contaminated clothing</li> <li>Avoid contact with the poison</li> <li>Flood skin with running cold water</li> <li>Wash gently with soap and water and rinse well</li> </ul>	<p><b>If swallowed</b></p> <ul style="list-style-type: none"> <li>Give a sip of water to wash out their mouth</li> <li>DO NOT try to make them vomit</li> <li>DO NOT use Ipecac Syrup</li> </ul>	<p><b>If swallowed - button battery</b></p> <p>Determine:</p> <ul style="list-style-type: none"> <li>The type of battery</li> <li>The battery identification number, found on the package or from a matching battery</li> <li>The casualty's age, weight and condition</li> <li>Don't allow them to eat or drink anything</li> <li>If the battery contents touches the eyes or skin, wash with water for 15 minutes</li> <li>If in nose or ears, seek urgent medical help</li> <li>DO NOT use nose or ear drops</li> </ul>	<p><b>Signs &amp; Symptoms</b></p> <p><b>Button batteries - swallowed</b></p> <ul style="list-style-type: none"> <li>Similar to a common cold</li> <li>Fever</li> <li>Coughing/difficulty swallowing</li> <li>Droping</li> <li>Lethargy</li> <li>Irritability</li> <li>Abdominal pain/vomiting</li> <li>Loss of appetite</li> <li>Dark or bloody bowel movements</li> </ul> <p><b>Button batteries - in ear or nose</b></p> <ul style="list-style-type: none"> <li>Pain and/or a discharge from the nose or ears</li> </ul>
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# SEIZURE

Ensure Safety  
for Self and Others

**Signs and Symptoms**

*Any or all of the following:*

- Altered awareness
- Spasm and rigid muscles
- Collapse
- Jerking movements of head, arms and legs
- Shallow or intermittent breathing
- Lips or complexion may change colour
- Change in or loss of consciousness
- Noisy breathing, dribbling
- Faeces or urinary incontinence

**\*Febrile convulsions are usually associated with a rapid rise in temperature in young children**

Consult the person's Medical Management Plan as soon as possible if they have one.



\*For further information consult Australian Resuscitation Council guidelines or your local epilepsy organisation or go to [www.epilepsy.org.au](http://www.epilepsy.org.au)



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|--|---|---|
| <p><b>Call 000 if the seizure:</b></p> <ul style="list-style-type: none"> <li>lasts more than 5 minutes</li> <li>is quickly followed by a second seizure</li> <li>occurs in water</li> </ul> | <p><b>Call 000 if the casualty:</b></p> <ul style="list-style-type: none"> <li>is unresponsive more than 5 minutes after the seizure</li> <li>goes blue in the face</li> <li>is pregnant or is injured</li> </ul> | <p><b>Call 000 if you:</b></p> <ul style="list-style-type: none"> <li>think it is their first ever seizure</li> <li>are concerned about their condition</li> <li>are uncomfortable treating them</li> </ul> |
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