



Knik Little League

Safety Guide for Managers, Coaches and Volunteers 2022

Knik Little League ID # 04020109

KLL PO Box 771046, Eagle River, AK 99577



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Welcome to the 2022 Knik Little League Safety Guide

My name is Michael Capozzi, Knik Little League (KLL) Safety Officer (SO). I, along with the help of other KLL volunteers have constructed the 2022 KLL Safety Guide you have before you. The Guide should serve as a refresher for some aspects of the League and an update on such things as rule changes or safety enhancements mandated by the Little League International. It is the beginning of a rejuvenated safety policy for KLL and should be looked at as a living document. All updates will be distributed to the appropriate volunteers as needed. Changes will also be posted in all appropriate locations when applicable.

These guidelines are intended to provide an environment in which the risk of injury is reduced to the lowest possible level by the application of our safety manual. Behavior in violation of the safety code will be treated as misconduct and may remit in the application of appropriate corrective action up to and including dismissal.

Please review the KLL Safety Guide along with the 2022 Little League Rule Book which will be distributed to all KLL Managers. In addition, the Little League International (LLI) website: http://www.littleleague.org/Little_League_Online.htm contains a wealth of information, downloads, videos, and other resources available to help with safety, rules applications, and general questions you may have. Of course, you may always utilize the phone list and contact one of the many KLL Board members if you need additional guidance.

Thank you for the time, have fun, and if you have any questions/suggestions, please let us know.

Michael A. Capozzi
Knik Little League
Safety Officer

The ASAP (A Safety Awareness Program)

Mission:

To increase awareness of the opportunities to provide a safer environment for kids and all Little League participants

The How of ASAP:

- Began in '94 from focus groups
- District Administrators: Awareness, not mandated rules, was needed
- Raise awareness of safety issues for leagues to create own approaches
- Virginia volunteered to be Pilot Program for ASAP
- LLB's injuries were level
- Founders believed program would have positive impact
- Founders wanted to create safer playing environment for all
- Fewer injuries to kids/all participants
- Reduces severity of injuries by 80%
- Participation in ASAP has grown steadily over the years (87% in 2014)
- Reduces insurance costs
 - A.S.A.P. award based on size of league's player accident insurance premium
 - State premium reductions:
 - 1 state in 2001
 - 7 states in 2002 (plus additional benefits)
 - 50 states in 2003

The Why of ASAP:

**Reducing avoidable injuries like this
player hit by a bat in the dugout.**



2022 Qualified Safety Plan

(Requirements 1-15)

1. Safety Officer (SO)

Michael A. Capozzi is filed as KLL Safety Officer with Little League International (LLI).

2. A KLL Safety Manual will be distributed to all appropriate and applicable volunteers.

Knik Little League will distribute a paper copy of this Safety Manual to all managers, Board members, and the League President. It will also be made available online at: <http://www.kniklittleleague.com/>.

3. Emergency numbers and key officials' phone numbers.

This list will be posted in all dugouts and at central locations including the "snack shack" and umpire office; distributed to all managers along with KLL Safety Guide and be posted on the KLL website: <http://www.kniklittleleague.com/>

4. Little League official Volunteer Application Form and Background Checks.

The Knik Little League will use the JDP web based background checks to screen all of our volunteers. The League President or Safety Officer will conduct all background checks. Completed and approved applications MUST be submitted for all board members and all adults have repetitive access to or contact with players or teams. Refusing or failure to submit a completed application with proper background checks will deem any volunteer ineligible.

5. Coaches Fundamentals training will be required and provided for at least one coach or manager from each team attending (Fundamentals including hitting, sliding, fielding, pitching, conditioning, and warm up/stretching).

Knik Little League will ensure that a manager/coach from every team has attended the training with each manager/coach attending at least once every three (3) years.

6. *First-Aid training is required for coaches and managers, with at least one coach or manager from each team attending.*

Training will be conducted by a Certified Medical Professional and/or CPR/First Aid instructor. CPR training is not required, but recommended by KLL.

Knik Little League will require at least one manager/coach from each team to attend, with each manager/coach attending at least once every three (3) years.

7. *Coaches and umpires must walk fields for hazards before use.*

The KLL Little League recognizes the benefit of coaches and umpires performing a safety walk-thru of the fields prior to games and practices. Injury prevention and field maintenance can be positively affected if diligent steps are taken.

8. *Annual Little League Facility Survey.*

Knik Little League safety officer will complete the 2022 Facility Survey on-line.

9. *Safety procedures for concession stand; concession manager trained in safe food handling/prep and procedures.*

Procedures identified and hand washing signs posted.

10. *Regular inspection and replacement of equipment is required.*

The League Equipment Manager will be responsible for inspecting all equipment during the off-season. During the season, Managers, Coaches, and Umpires will be required to inspect all equipment prior to each game.

11. *Accident reporting and tracking procedures.*

Knik Little League will utilize the (LLI) Accident/Tracking Form when an injury occurs to a KLL player. It will be required for the manager/coach to provide the Safety Officer and League President a completed Accident/Tracking Form within 48 hours of injury occurrence. Umpires will be required to report all injuries. Copies of this form are available on the Knik Little League Web page.

12. *First-Aid kits.*

Each field will be provided with a First Aid Kit with a standard inventory of medical supplies. The kits will be required to be "ready and available" for use at every game and practice. A mobile kit will be provided for any traveling SCLL team.

13. Little League and Equipment rules will be enforced.

Knik Little League will require ALL teams to adhere to the Little League Rules and Regulations. Focus will be towards:

- Proper equipment for catchers and applicable assigned positions.
- No “on-deck” batters.
- Coaches will not warm-up pitchers.
- Bases will be able to disengage from their anchors.

14. *Safety Plan Registration Form.*

Included as page 1 of ASAP Safety Plan submission.

15. *League Player Registration Data or Player Roster Data, Coach and Manager Data.*

The KLL President or his designee will submit this data via the data center.

Knik Little League

Safety Guidelines and Injury Prevention

All Little League rules must be enforced at practices and games to ensure a safe playing atmosphere.

In addition, KLL is dedicated to a complete baseball and softball experience, which includes instruction of the games principles, safe practices and procedures, good sportsmanship, courteous behavior and citizenship.

Exposure to a player's unsafe acts can be minimized with the following guidelines:

Sportsmanship:

An attitude of awareness, hustle, and enthusiasm are recommended as fundamentals for the game itself and for the safety of each player. A good attitude should be carried down to all players to spark them in the development of better skills.

Good sportsmanship and courteousness are necessary for a healthy and safe environment. These are skills which can best be taught through good examples set by adults on and off the field.

The most effective tool to inspire an attitude of self-confidence and a desire to excel is the use of praise and recognition. This must be given when deserved so as not to be cheapened by too much repetition. A "good try" reward by a word of encouragement may be a good play on the next attempt.

Guidance on the most constructive attitude or point of view for both adults and kids can be summarized by recommending a positive approach to all training techniques. Again, it is emphasized that good training is the most effective weapon against accidents caused by unsafe acts.

ASAP Miscellaneous Requirements:

- Have an active Safety Officer on file with LLI
- Publish and distribute Knik Little League safety manual
- Post and distribute Knik Little League Emergency Numbers
- Complete annual Facility Survey
- Background checks for volunteers including the national Sex offender Registry
- Complete a Qualified Safety Program Registration
- Submit League Player, Coach and Manager Registration Data to LLI
- Submit Clinic Approval Questionnaire to LLI for approval

- Managers and coaches are required to attend annual coaching safety training when applicable. All training will be tracked by the Safety Officer from sign in sheets present at the day of training.
- Managers and coaches are required to attend annual safety and first aid training when applicable. All training will be tracked by the Safety Officer from sign in sheets present at the day of training
- Managers will be provided a standard First Aid Kit. Coaches and Managers are required to bring or ensure that a First Aid kit is available for use at all practices and games.
- Player medical release forms must also be completed for each player and be with the manager at all times of practice and play.
- Managers and coaches are required to notify Safety Officer or League president within 48 hours of all injuries. Report all injuries using the enclosed ASAP injury report form.
- All volunteers should familiarize themselves with the Volunteer Code of Conduct form enclosed in this packet.

Equipment:

- All equipment must be Little League approved, be inspected regularly for the condition, and ensured for proper fit. Any defective equipment should be immediately removed from the field of play, marked defective and returned to the equipment manager for disposal.
- The equipment checklist enclosed in the appendix should be utilized at every game and practice to insure player safety
- No dented or dinged bats shall be used.
- Use of batter's helmets is a must. A well fitted approved helmet is the first requirement. A face mask may be used to increase safety.
- No helmet shall be altered unless approved by the manufacturer.
- Catchers must wear catcher's helmet (including face mask and throat guard), chest protector, and shin guards. Male catchers must wear long model chest protector, supporter, and cup at all times.
- Players must not wear watches, rings, pins, jewelry, or other metallic items.
- Ensure that every player is wearing the proper safety gear and equipment with relation to the position being assigned
- Coaches and managers should become familiar with use of and inventory amounts of the first aid equipment in the provided kit. Expired and replacement items should be obtained from the Equipment Manager or Safety Officer on file.

Collisions:

- Baseball and Softball is meant to be a no contact sport, where collisions should be avoided at all costs.
- **Sliding** - It should be kept in mind that head first sliding is not allowed, except when returning to a base. Fielders must not obstruct the base runner in an attempt to avoid a collision.
- **Fly Balls** - The responsible player should call out the intentions in a loud voice to warn others away until the ball is caught.

Field Safety:

- Regular inspections of the field should be completed prior to all competition. A checklist is listed in the Appendix; it should be used as a guide to complete the field inspection.
- The field inspection form must be completed by the home team Manager and turned into the head Umpire before the start of any game if a safety hazard exists. The safety hazard will be discussed during the pregame Umpire meeting to insure unsafe conditions are corrected on the playing field and in foul territory during games. The respective manager will be responsible for returning the form to the Safety Officer.
- The field inspection form must be completed before the start of any practice if a safety hazard exists. The Manager and Coaches will discuss the safety hazard to insure unsafe conditions are corrected on the playing field and in foul territory during practice. The manager will be responsible for returning the form to the Safety Officer.
- A substitution player should be given the duty of picking up bats and other loose playing equipment to avoid injury.
- Managers and Coaches are not allowed to “catch” pitchers
- No game or practices shall be permitted if weather conditions make the field unsafe.
- Only Players, Managers, Coaches, and Umpires are permitted on the field during a game.
- Balls that go out of the park should be retrieved and returned to the field of play by an adult in between innings or when time is called.
- Have a cell phone or quick access to such in the event of an emergency
- Have the players practice proper fitness conditioning and stretching with regular hydration breaks.

Batting Safety:

- Each Manager will perform a training session on bats safety before the start of each season
- No on-deck batter's circle. KLL does not allow it in LL Intermediate divisions and below.
- Swinging of the bat is only allowed in the official batter's box or area assigned by the coach or manager during practice. The area should be officially pointed out to all players on the field
- Pitching machines must be inspected regularly and used only by an adult.
- A player will be assigned to catching balls for the coach hitting fly balls; he or she should be instructed to warn anyone who comes too close to the batting area.
- A batter must clear out of the way of any play at home base during pass balls and stolen bases.
- No on-deck batter should enter the field of play until umpire calls for a batter up.
- After a batted ball, the catcher or umpire should remove the bat from field of play, as soon as safely possible.

Coaches are ultimately responsible for player safety. Control of horseplay is a must and should be eliminated. Keeping kids organized and busy will help eliminate horseplay.

Environmental Preparedness:

Baseball and Softball are sports meant to be played outside. Coaches and managers should address all environmental, weather and wildlife related impediments accordingly in order to provide the opportunity for a safe playing experience.

Earthquakes:

- Stay Calm and move to a clear area, away from trees, signs, buildings, or downed electrical wires and poles.
- If you are in a building, position yourself to stand under a door frame or under a table.
- After an earthquake, complete a "roll-call" accounting for the members of your team.
- Be prepared for aftershocks.

Lightning/Thunder Storms:

- Immediately stop the game or practice.
- Stay away from metal towers or fencing.

- If conditions are general down pour conditions, team coaches can determine whether to continue with game or practice.

Rain and Snow:

- If conditions are general pour conditions, team coaches can determine whether to continue with game or practice.

Wildlife:

- KLL members should be aware they are living in a shared environment with the wildlife around them.
- Managers and Coaches should direct players and spectators to move towards the closest, safe place if wildlife including bears and moose approach.
- After an encounter, complete a “roll-call” accounting for the members of your team.

Concessions:

- Knik Little League operates a small concession stand adjacent to Field #2 at the Lions Park Fields. This concession stand (referred to as the “Snack Shack”) consists primarily of pre-packaged food, drinks, and snacks. We do not prepare uncooked meats at our concession stand.
- Volunteers who operate the concession stand will be provided with instructions by the Snack Shack Coordinators and given copies of the Knik Little League Concession Policy. This policy is included within the appendix of the Safety Plan for reference

Parents:

- All Knik Little League parents should read and sign the Sport Parent Code of Conduct attached in the Appendix

COVID-19 Mitigation:

- Knik Little League will act in accordance with CDC and District 1 guidance as well as municipality Emergency Orders.

Knik Little League Board of Directors

Position	Name	E-mail	Phone
President	Steve Sharpe	steve@kniklittleleague.com	907-891-3454
VP Baseball	Jeff Molloy	jeffmolloy@kniklittleleague.com	907-726-5455
VP Softball	Michelle Strange	batrup@kniklittleleague.com	907-530-3550
Treasurer	Jeff Smith	smithj@alum.rpi.edu	940-867-0216
Secretary	Cory Chichoracki	scottstwin@gmail.com	810-922-9038
Safety	Michael Capozzi	mikecapozzi@kniklittleleague.com	210-884-7626
Information Officer	Michael McNeil	mikemcneil@kniklittleleague.com	907-321-0316
Coaching Coordinator	Adam Carron	Adam51679@yahoo.com	419-262-0203
Head Player Agent	Richard Pantoja	richardpantoja@yahoo.com	

Emergency Contact Procedures

Krik Little League



Police



Fire



Rescue



Sheriff

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

First dial 9-1-1.

1. Give the dispatcher the necessary information. Answer any questions that he or she might ask. Most dispatchers will ask:

- **The exact location or address of the emergency?** Include the name of the city or town, nearby intersections, landmarks, etc. as well as the field name and location of the facility, if applicable.

Our address is: *Eagle River Lions Community Park, 18344 Eagle River Road, Eagle River, AK*

Cross-streets are: *Eagle River Road and Eagle River Loop*

- **The telephone number from which the call is being made?**
- **The caller's name?**
- **What happened** — i.e., a baseball-related accident, bicycle accident, fire, fall, etc.?
- **How many people are involved?**
- **The condition of the injured person** — i.e., unconscious, chest pains, or severe bleeding?

2. Do not hang up until the dispatcher hangs up. The dispatcher will tell you how to care for the victim.

3. Continue to care for the victim until professional help arrives.

4. Appoint someone to go to the street and look for the ambulance or fire engine. Every minute counts.

Knik Little League Complex



Notes:

ABOUT THE FLIPCHART

The first aid flipchart is produced by the KLL Health Programs Department. Information contained in the flipchart was adapted from multiple resources.

The first aid flipchart is meant to serve as basic “what to do in an emergency” information for KLL staff without medical/nursing training. It is recommended that staff in positions to provide first aid to persons complete an approved first aid and CPR course. In order to perform CPR safely and effectively, skills should be practiced in the presence of a trained instructor.

This flipchart has been created as a recommended procedure. It is not the intent for these guidelines to supersede or make invalid any laws or rules established by SFUSD, Board of Education, or the State of California. Please take some time to familiarize yourself with the format and review the “How to Use the Guidelines” section prior to an emergency situation.

HOW TO USE THE FLIPCHART

- It is important to identify key emergency numbers in your local area as you will need to have this information ready in an emergency situation.
- The guidelines are arranged in alphabetical order for quick access.
- Review the **Key to Shapes**.
- Take some time to familiarize yourself with the “*Emergency Procedures for Injury or Illness*” section. These procedures give a general overview of the recommended steps in an emergency situation and the safeguards that should be taken.
- Information has been provided about infection control procedures and planning for persons with special needs in the KLL health manual, available at KLL site or at http://portal.sfusd.edu/template/default.cfm?page=chief_dev.health.

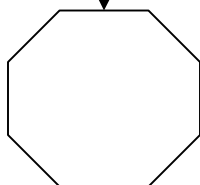
KEY TO SHAPES



Start here.



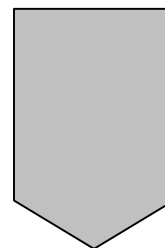
Provides first-aid instructions.



**Stop here.
This is the final instruction.**



**A question is being asked.
You will have a choice based on the person's condition.**



A note to provide background information. This type of box should be read before emergencies occur.

EMERGENCY PROCEDURES FOR INJURY OR ILLNESS

- Assess the situation. Be sure the situation is safe for you to approach. The following dangers will require caution: live electrical wires, gas leaks, building damage, fire or smoke, traffic, and/or violence.
- A responsible adult should stay at the scene and give help until the person designated to handle emergencies arrives.
- Send word to the person designated to handle emergencies. This person will take charge of the emergency, render any further first aid needed and call for additional resources as required.
- DO NOT give medications unless there has been prior approval by the parent or guardian.
- DO NOT move a severely injured or ill person or staff unless absolutely necessary for immediate safety. If moving is necessary, follow guidelines for “NECK AND BACK INJURIES.”
- **Under no circumstances should a sick or injured person be sent home without the knowledge and permission of the parent or legal guardian.**
- In the presence of a life threatening emergency, call 911 or local emergency number. The responsible KLL authority or a designated employee should then notify the parent or legal guardian of the emergency as soon as possible to determine the appropriate course of action.
- If the parent or legal guardian cannot be reached, notify a parent or legal guardian substitute and call either the physician or the hospital designated on the **MEDICAL RELEASE FORM**, so they will know to expect the injured person. If necessary, arrange for transportation of the injured person by Emergency Medical Services (EMS).
- A responsible individual should stay with the injured person.
- Fill out a report for all incidents requiring above procedures as required by KLL policy. Document as required by KLL and notify appropriate KLL representative as per this safety plan.

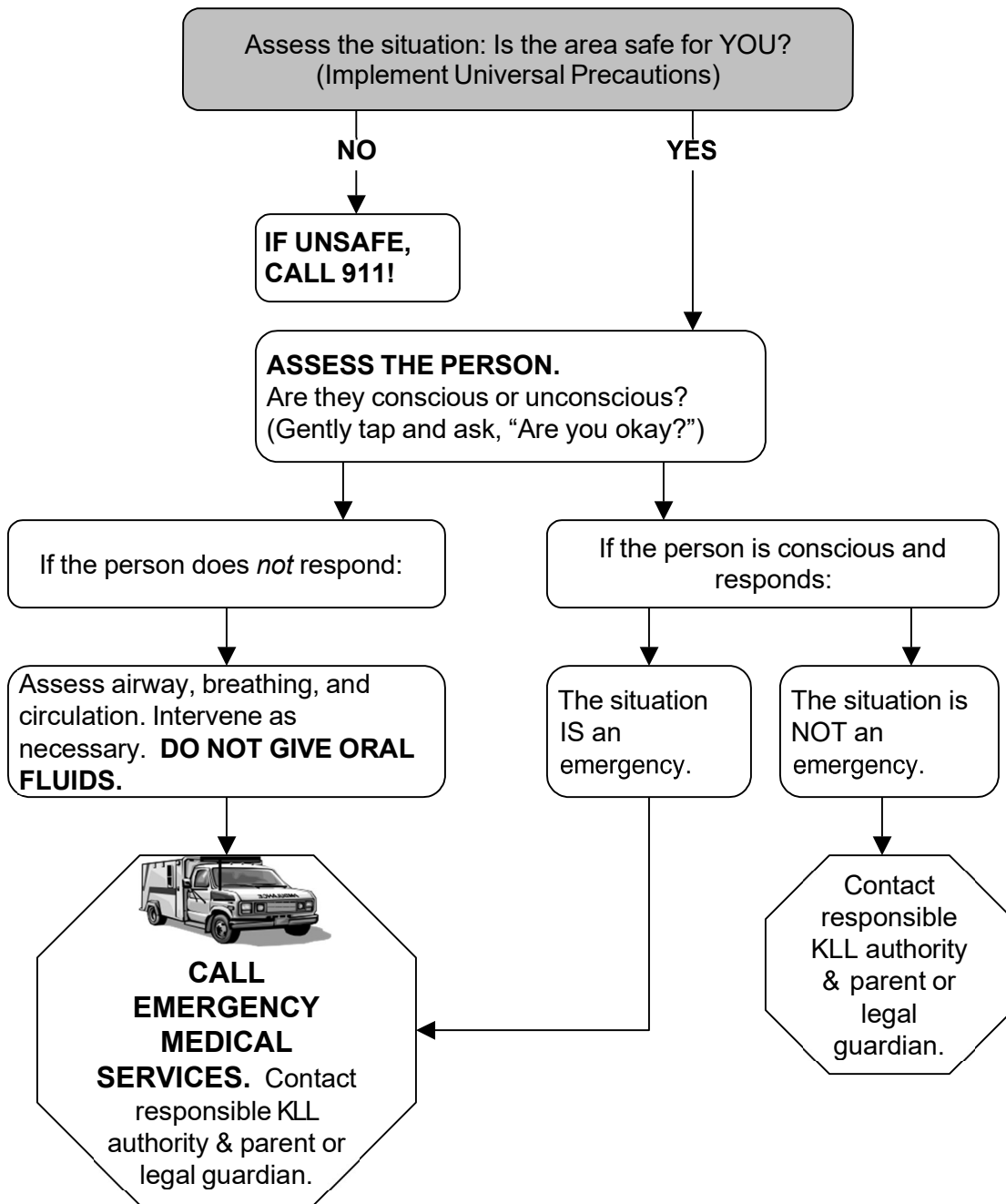
PREVENTING DISEASE TRANSMISSION

By following some basic guidelines, you can help to reduce disease transmission when providing first aid:

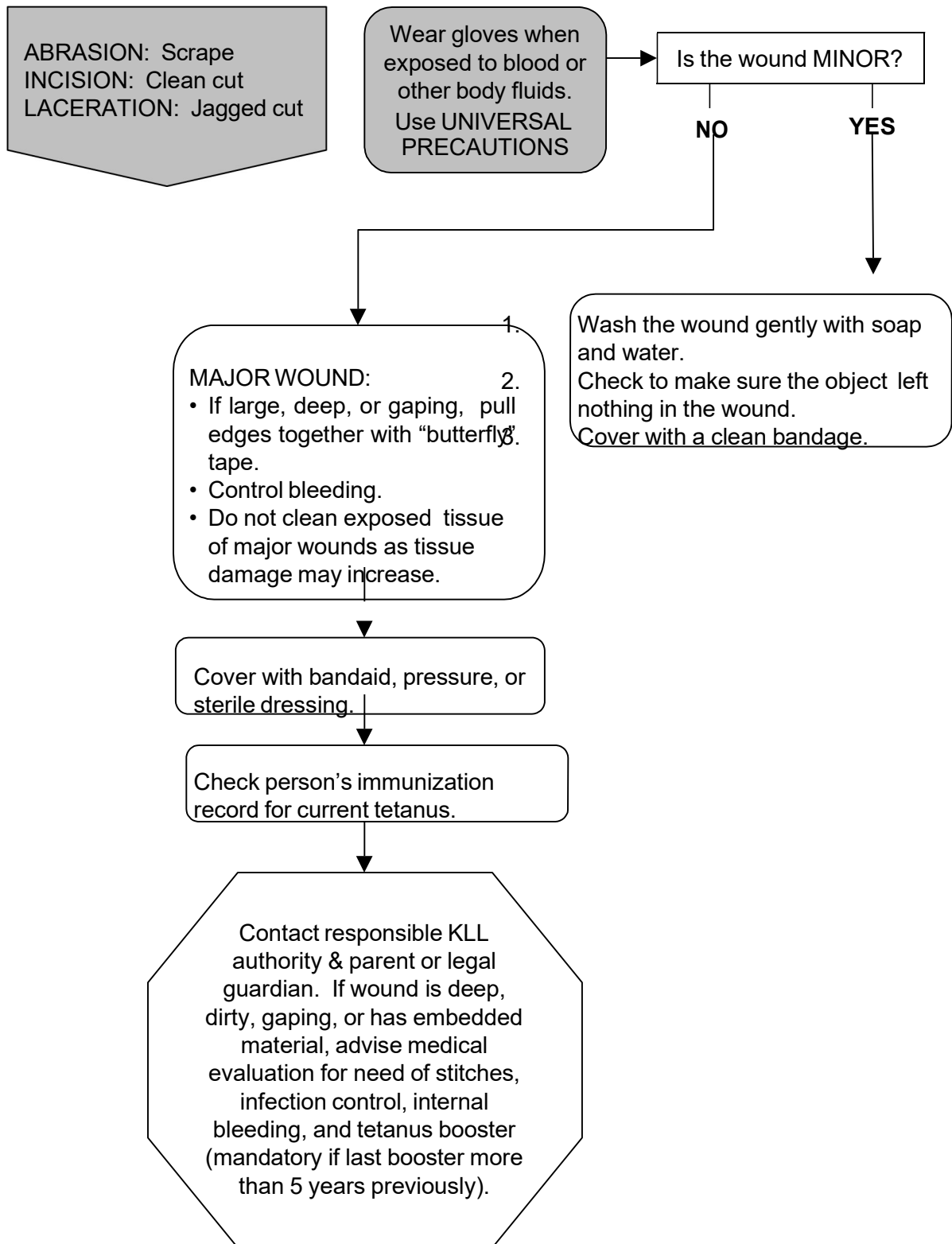
- Avoid contact with body fluids, such as blood, when possible
- Place barriers, such as disposable gloves or a clean dry cloth, between the victim's body fluids and yourself
- Cover any cuts, scrapes, and openings in your skin by wearing protective clothing, such as disposable gloves
- Use breathing barriers, if available, when breathing for a person
- Wash your hands with soap and water immediately before and after giving care, even if you wear gloves
- Do not eat, drink, or touch your mouth, nose, or eyes when giving first aid
- Do not touch objects that may be soiled with blood, mucus, or other body substances

Following these guidelines decreases your risk of getting or transmitting diseases. Remember always to give first aid in ways that protect you and the victim from disease transmission. The American Red Cross recommends the use of a breathing barrier when performing CPR or rescue breaths if you have concerns about making direct contact with a victim.

EMERGENCY GUIDE TO PROVIDING EMERGENCY CARE



ABRASION/INCISION/LACERATION



ALLERGIC REACTION

Persons with life-threatening allergies should be known to all staff. An Allergy Emergency Care Plan should be developed for these persons.

Children may experience a delayed allergic reaction up to **2 hours** following food ingestion, bee sting, etc.

Does the person have symptoms of allergic reaction?

YES, MILD

YES,

Symptoms of **mild** allergic reaction include:

- 16. Red itchy eyes.
- 17. Itchy, sneezing, runny nose.
- 18. Several hives, or rash on one part of the body.

Symptoms of **severe** allergic reaction include:

- 19. Hives all over body
- 20. Weakness
- 21. Seizures
- 22. Dizziness
- 23. Loss of Consciousness
- 24. Difficulty breathing
- Flushed face
- Paleness
- Confusion
- Blueness around eyes, mouth
- Drooling

25. Refer to person's Allergy Emergency Care Plan, if available.

MILD

26. Administer approved medication, which may include epinephrine.

SEVERE

Adult(s) supervising children during normal activities should be aware of the person's exposure and watch for any delayed reaction for up to **2 hours**.

If child is unable to participate in KLL activities, contact appropriate KLL authority & parent or legal guardian.



CALL EMERGENCY MEDICAL SERVICES.
Contact responsible KLL authority & parent or legal guardian.

If child stops breathing, give rescue breaths.

ASTHMA/WHEEZING OR DIFFICULTY BREATHING

Persons with a history of breathing difficulties, including asthma/ wheezing should be known to all KLL staff. An Asthma Emergency Care Plan should be developed. **Asthma** is a disease that occurs when small air passages constrict making breathing difficult. Some triggers for asthma include viral infections, tobacco smoke, exercise, perfumes, strong odors, dust, mold, aerosol sprays, cold air, and allergies.

A person with a asthma/wheezing may have breathing difficulties which include:

- Rapid breathing
- Tightness in chest
- Excessive coughing
- Having to take a breathe between words when speaking
- Wheezing -high-pitched sound during breathing out
- Increased use of stomach and chest muscles during breathing
- Flaring (widening) of nostrils
- Blueness of lips, tongue or nail beds

If available, refer to person's Asthma Emergency Care Plan. (Remember: **Peak Flow Meter**, if available)

Does person have approved medication?

YES

Administer medication as directed. (Medication may take 10-20 minutes to take effect.)

NO

Encourage the person to sit quietly, breathe slowly and deeply through the nose and out through the mouth.

NO

- Are the lips, tongue or nail beds turning blue?
- Are the symptoms not improving or getting worse?
- Did breathing difficulty develop rapidly?

YES

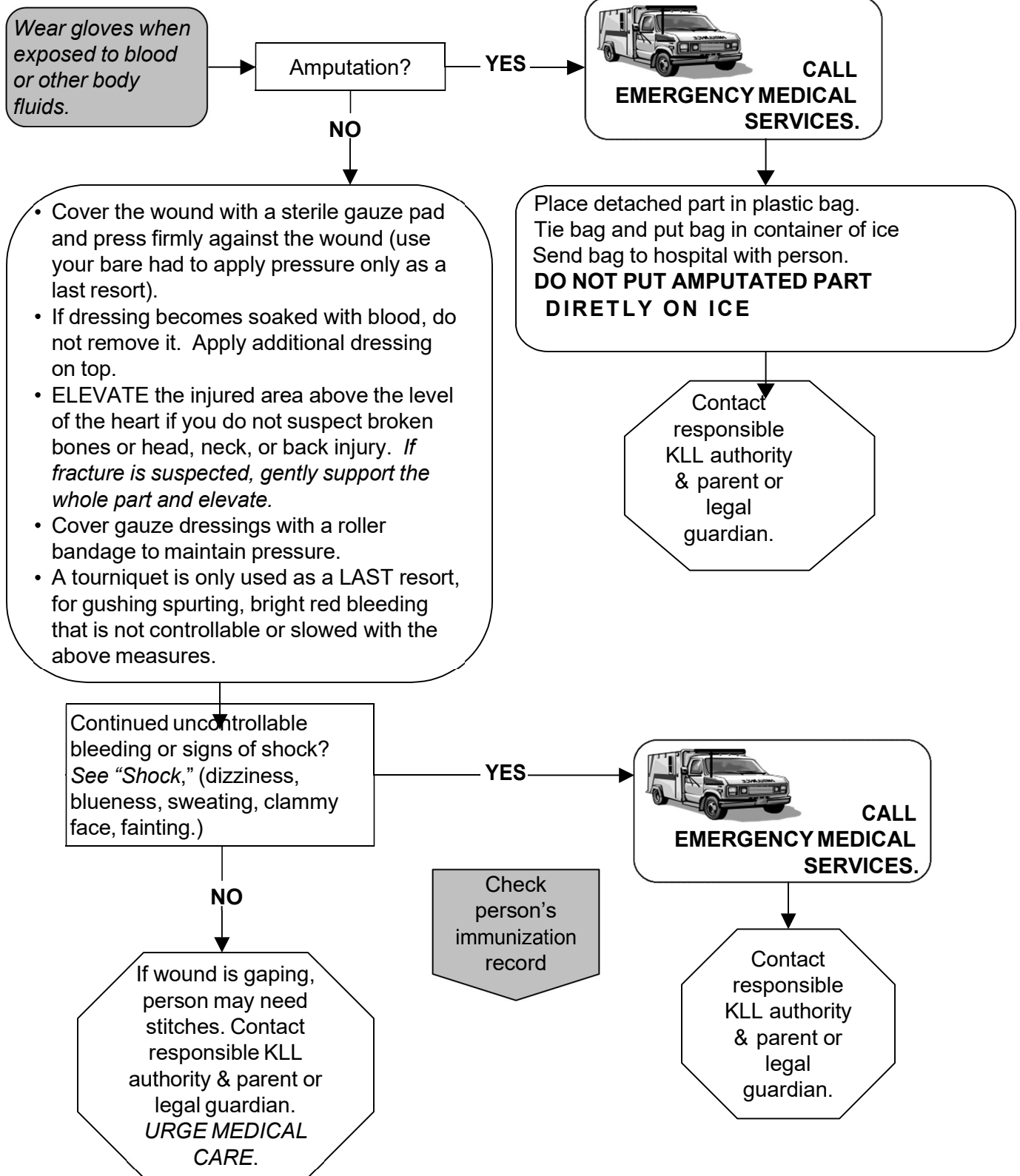


CALL EMERGENCY MEDICAL SERVICES.

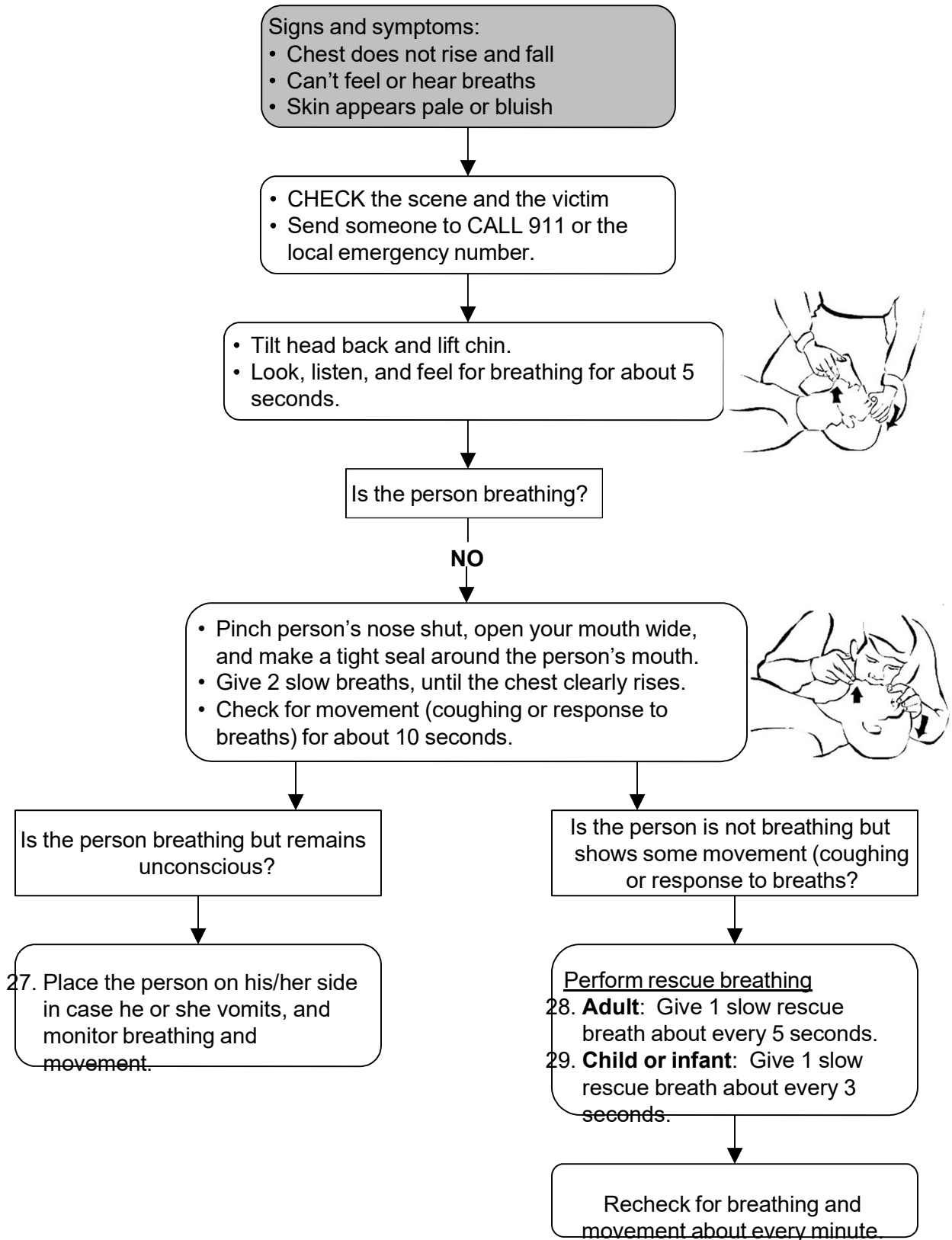
YES

Contact responsible KLL authority & parent or legal guardian.

BLEEDING



BREATHING EMERGENCIES--NOT BREATHING (UNCONSCIOUS)



BURNS

PARTIAL THICKNESS: This burn involves the outermost layer and lower layers of skin. The symptoms include redness, mild swelling, pain, mottling, and blisters. They are frequently caused by sunburn, brief contact with hot objects, steam, chemicals, or hot liquids. It may be wet and oozing. This is often the most painful burn due to intact nerve endings.

FULL THICKNESS: Most serious. This burn extends through all skin layers, possibly into underlying muscles and bones. It may look white or charred. The nerve endings may be destroyed; therefore, little pain may occur.

Always make sure that the situation is safe for you before helping the person.

ELECTRICAL

What type of burn is it?

CHEMICAL

HEAT

Flush burn with large amounts of cool running water or cover it with a clean, wet cloth. **DO NOT USE ICE.**

Wear gloves and if possible, goggles. Remove person's clothing & jewelry if exposed to chemical. Rinse chemicals off

skin, eyes **IMMEDIATELY** with large amounts of water.

All electrical burns need medical attention. See "Electric Shock".

- Is burn large or deep?
- Is burn on face, eye or genitalia?
- Is person having difficulty breathing?
- Is person unconscious?

CALL POISON CONTROL CENTER & ask for instructions.
Phone # 1-800-222-1222

YES

NO

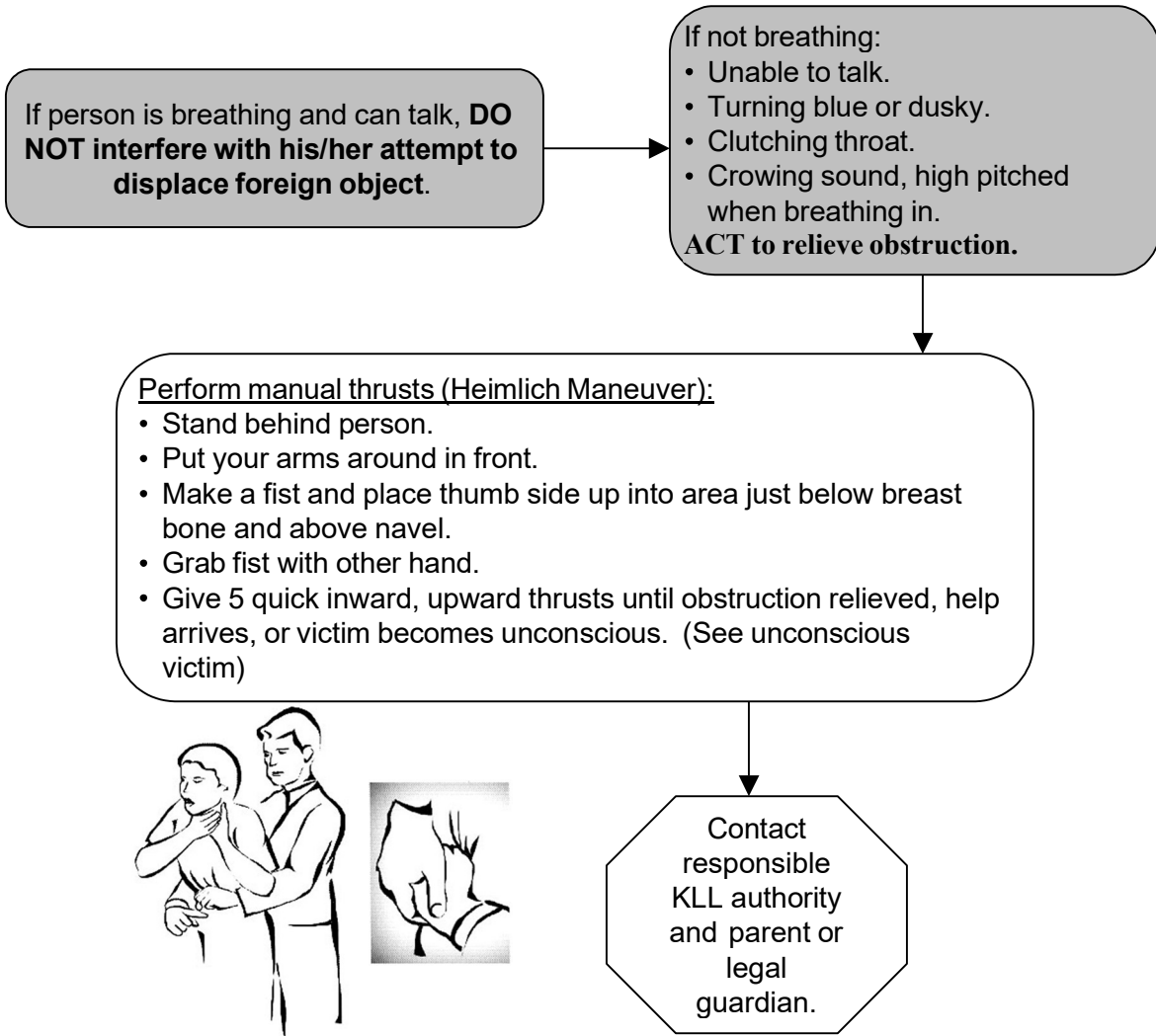
Bandage loosely.

immunization record.

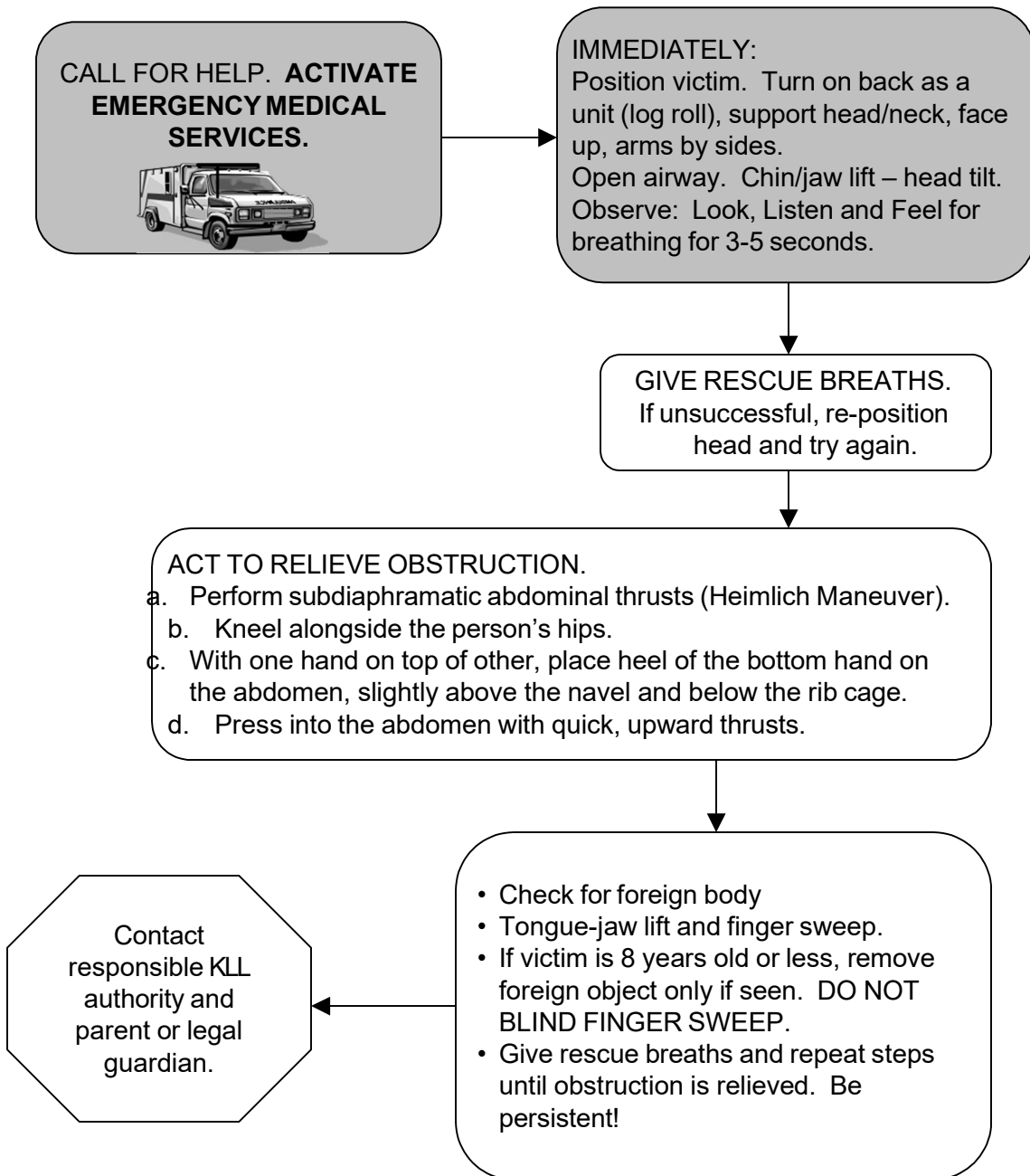

CALL EMERGENCY MEDICAL SERVICES.

Contact responsible KLL authority and parent or legal guardian.

CHOKING—CONSCIOUS VICTIM



CHOKING—UNCONSCIOUS VICTIM



CARDIOPULMONARY RESUSCITATION (CPR)

Cardiopulmonary Resuscitation (CPR) consists of mouth-to-mouth respiration and chest compression. CPR allows oxygenated blood to circulate to vital organs such as the brain and heart. CPR can keep a person alive until more advanced procedures (such as defibrillation - an electric shock to the chest) can treat the cardiac arrest. CPR started by a bystander doubles the likelihood of survival for victims of cardiac arrest.

CALL



CALL 911

BLOW



**TILT HEAD,
LIFT CHIN,
CHECK
BREATHING**



**GIVE TWO
BREATHS**

PUMP



**POSITION
HANDS IN THE
CENTER OF
THE CHEST**

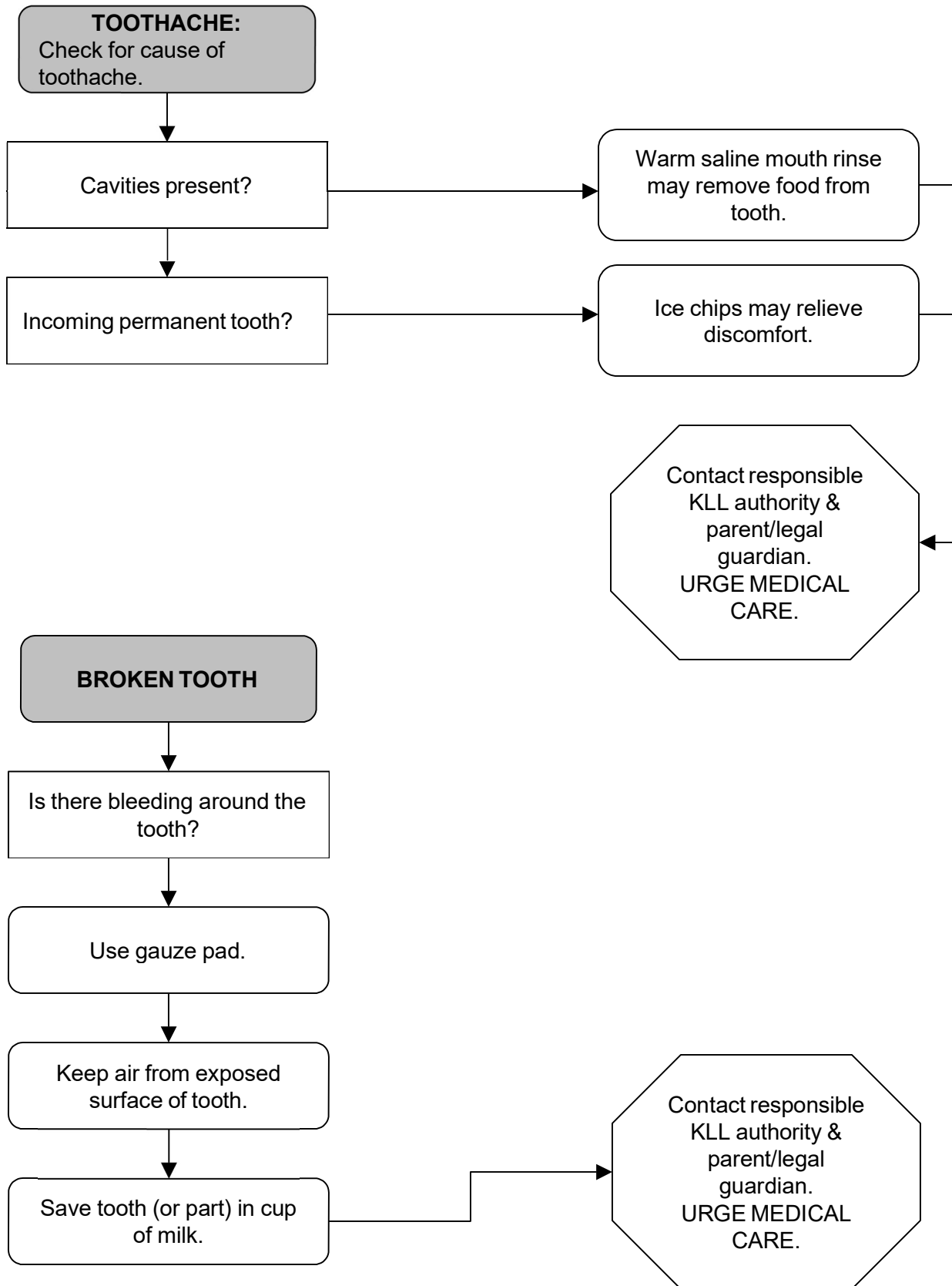


**FIRMLY
PUSH DOWN
TWO INCHES
ON THE CHEST
15 TIMES**

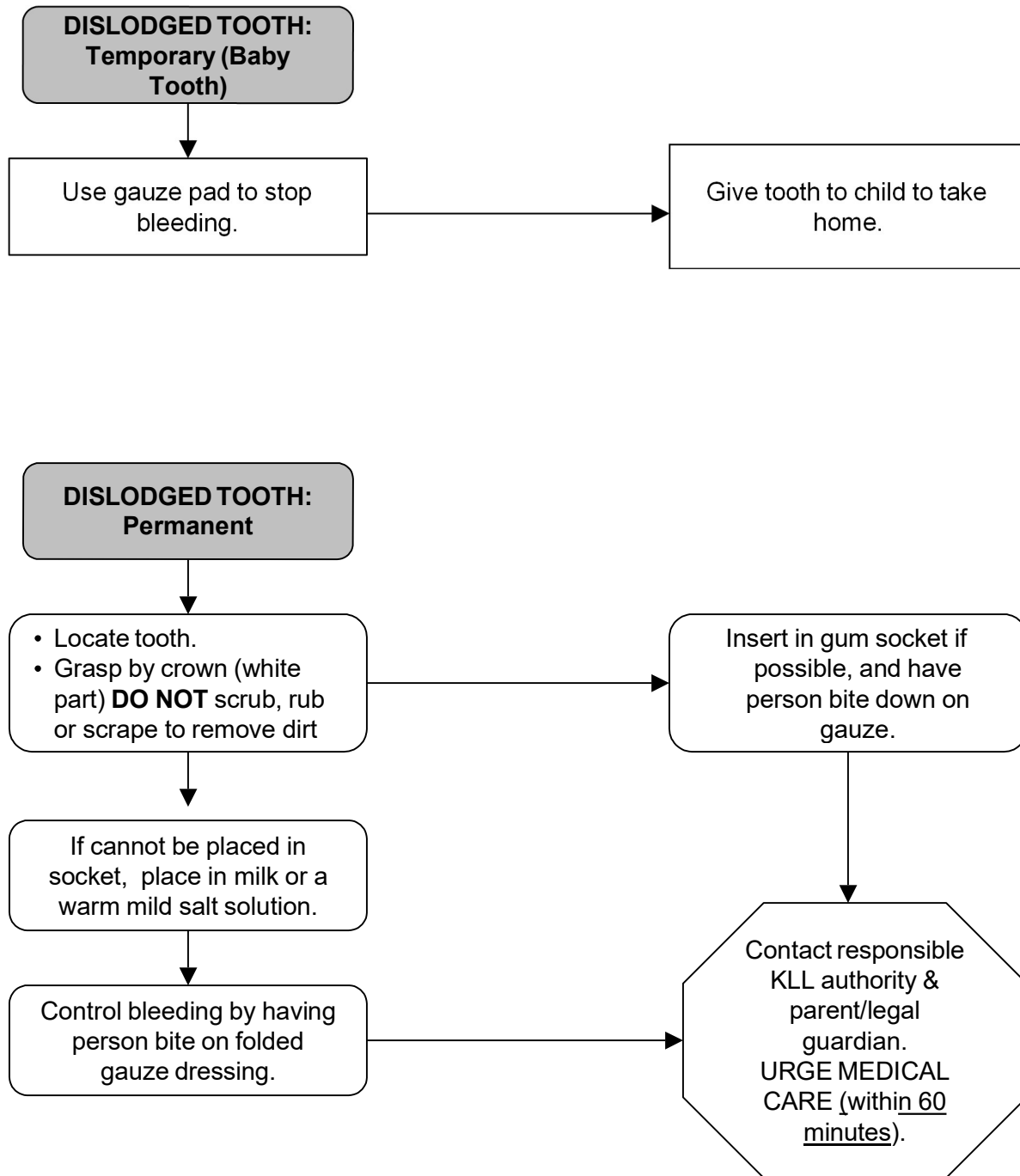
**CONTINUE WITH TWO BREATHS
AND 15 PUMPS UNTIL HELP ARRIVES**

****SEE POSTER AVAILABLE IN CLASSROOM FOR DETAILED
INSTRUCTIONS AND PICTURED ILLUSTRATIONS****

DENTAL INJURIES



DENTAL INJURIES



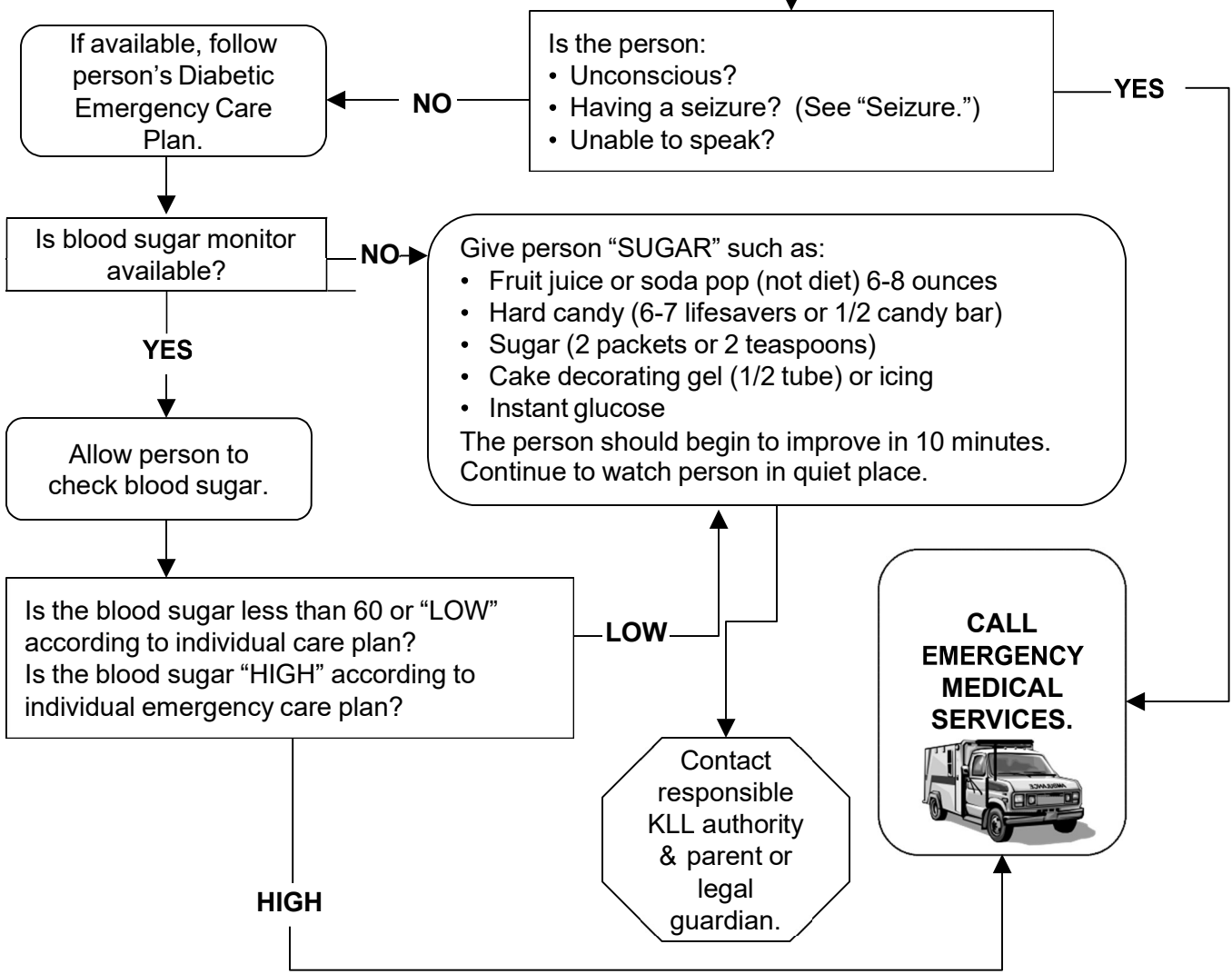
DIABETES

A person with diabetes should be known to all KLL staff. A history should be obtained and a Diabetic Emergency Care Plan developed at time of enrollment.

A person with diabetes could have the following symptoms:

- Irritability/feeling upset
- Change in personality
- Sweating/"feeling shaky"
- Loss of consciousness
- Rapid, deep breathing
- Seizure
- Confusion
- Dizziness
- Paleness
- Rapid pulse
- Cramping
- Listlessness

PERSON SHOULD ALWAYS BE ACCOMPANIED BY AN ADULT TO THE HEALTH ROOM.



EARS

An earache is most commonly caused by an infection behind the middle ear. A person may be irritable and experience pain, dizziness, hearing loss, ringing or fullness in the ears, fever, headache, runny nose, and drainage from ears.

DRAINAGE FROM EAR

Do NOT try to clean out ear.

Contact responsible KLL authority & parent/legal guardian.
URGE MEDICAL CARE.

EARACHE

A warm water bottle or heating pad (NOT HOT) against the ear will give comfort while waiting for parent or legal guardian.

Contact responsible KLL authority & parent/legal guardian.
URGE MEDICAL CARE.

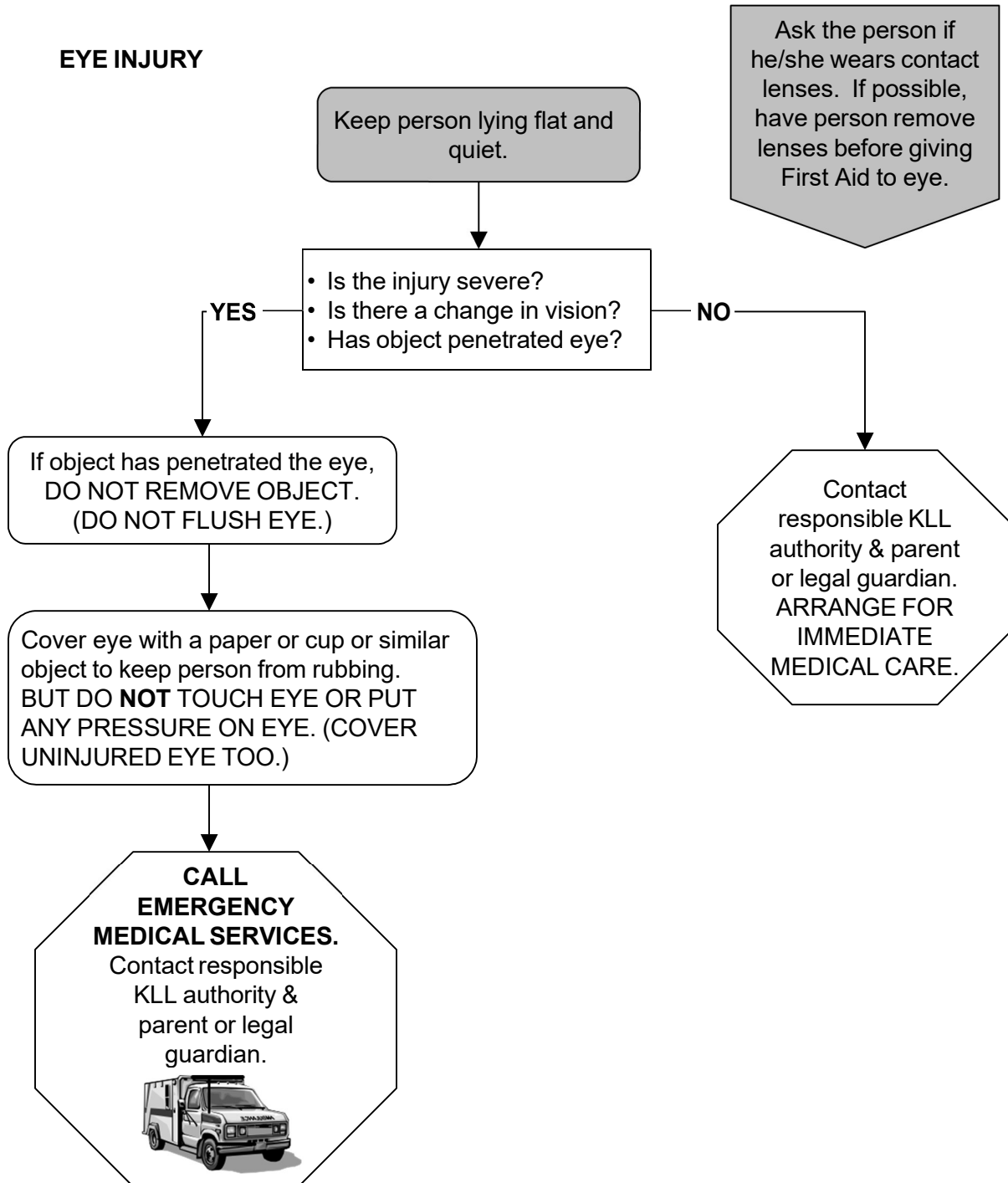
OBJECT IN EAR CANAL

DO NOT ATTEMPT TO REMOVE OBJECT.

Contact responsible KLL authority & parent/legal guardian.
URGE MEDICAL CARE.

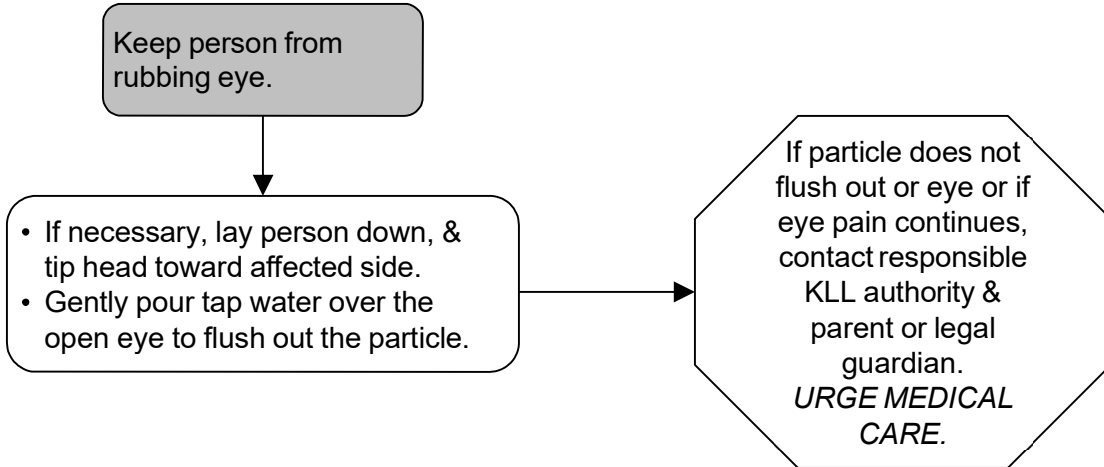
EYES

EYE INJURY

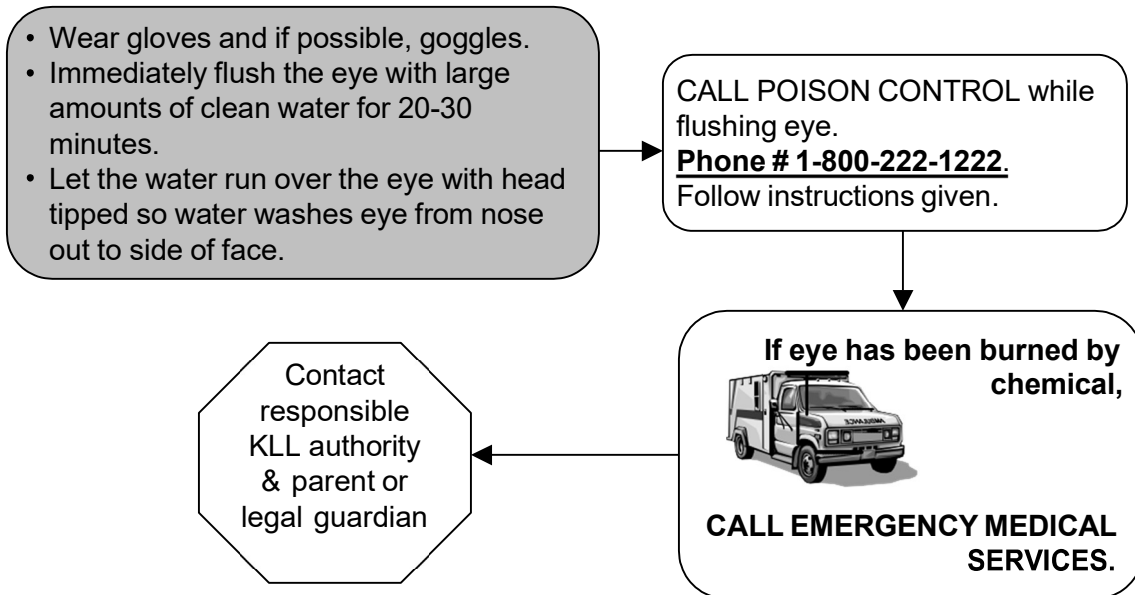


EYES

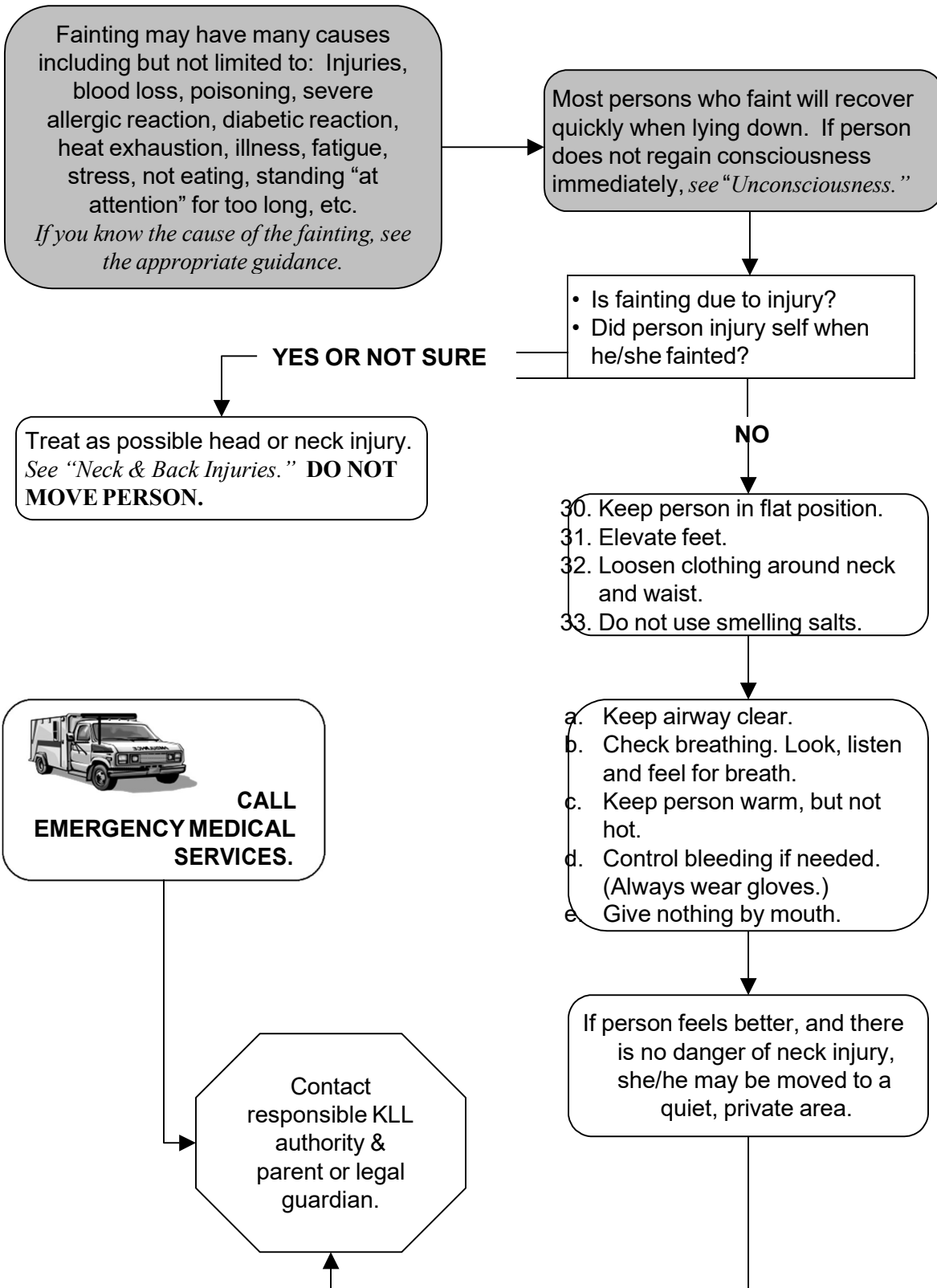
PARTICLE IN EYE: Foreign body (sand, dirt, pollen, etc.)



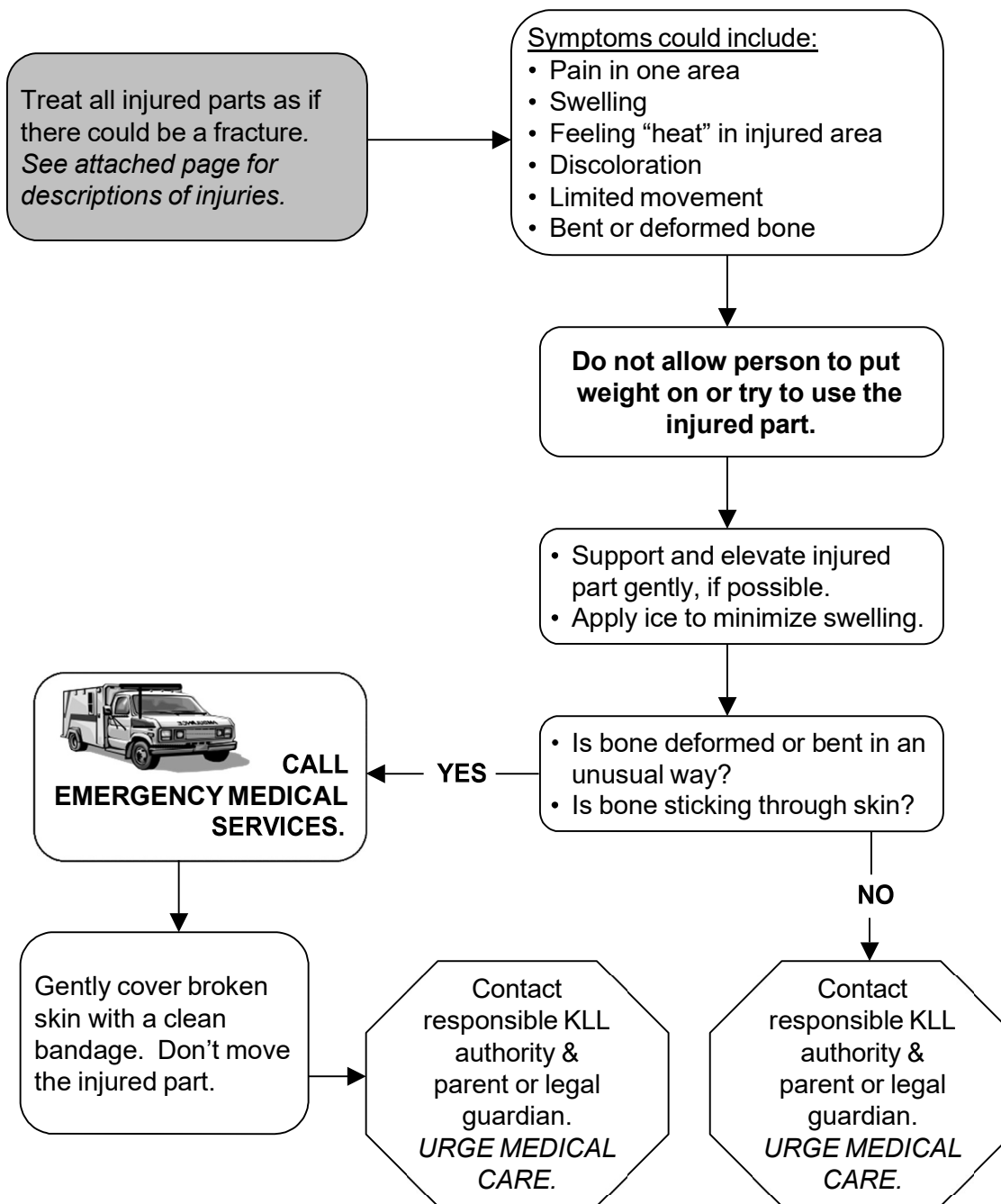
CHEMICALS IN EYE:



FAINTING



FRACTURES, DISLOCATIONS, SPRAINS, OR STRAINS



(Continue on next page)

FRACTURES, DISLOCATIONS, SPRAINS, OR STRAINS

(Continue from previous page)

FRACTURES

Fractures are broken or cracked bones. Closed fractures have no visible open wound. In open fractures the bone may be visible and may protrude through the skin. Symptoms may include an audible “snap” at the time of injury, a grating sensation, a “crooked” bone, pain, tenderness, swelling and bruising, and an inability to move the injured part.

DISLOCATIONS

Dislocation occurs when the bones at a joint are out of normal alignment due to an injury to the ligaments that hold them in place. Symptoms include difficulty and pain when moving the joint, swelling, deformity, and discoloration at the affected joint.

SPRAINS OR STRAINS

Sprains occur when ligaments and tendons around a joint are stretched or partially torn. Sprains are usually caused by a twisting injury. Symptoms include tenderness to touch, swelling and discoloration.

HEAD INJURIES

Head wounds may bleed easily and form large bumps. Head injuries from falls, sports & violence may be serious.

With a head injury always suspect neck injury as well. Do **NOT** move or twist the spine or neck. See "Neck & Back Injuries" for more information.

- Have person rest, lying flat.
- Keep person quiet & warm.

Is person vomiting?

Turn the head and body together to one side, keeping head and neck in a straight line with the trunk.

Watch person closely. **DO NOT LEAVE PERSON ALONE.**

 **CALL EMERGENCY MEDICAL SERVICES.**

Are any of the following symptoms present:

- Unconscious? Seizure? Neck Pain?
- Person is unable to respond to simple commands?
- Blood or watery fluid in the ears?
- Person is unable to move or feel arms or legs?
- Blood is flowing freely from the head?
- Person is sleepy or confused?

Check breathing. Look, listen & feel for breathe. If person stops breathing, give rescue breaths.

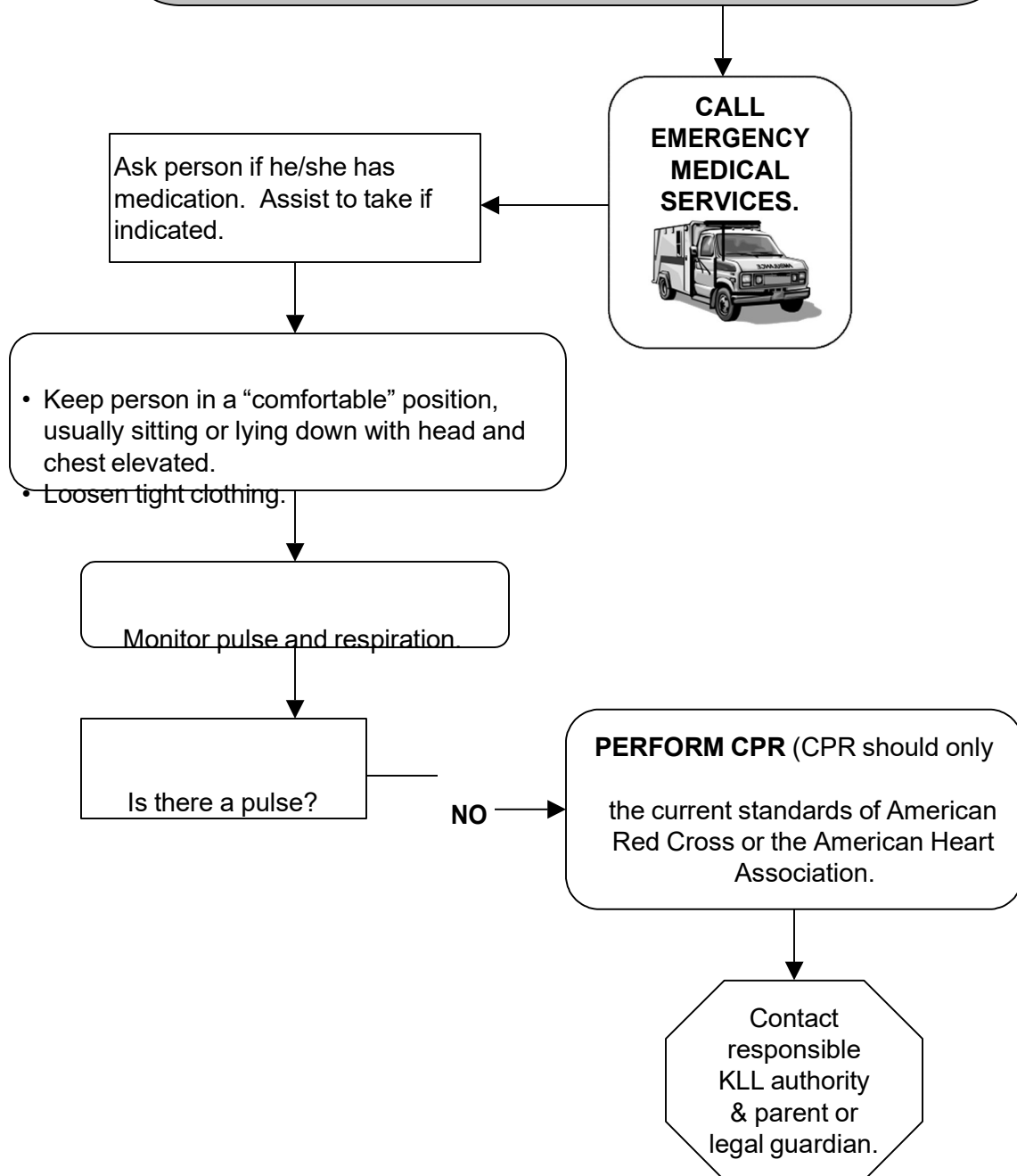
Give nothing by mouth. Contact responsible KLL authority & parent or legal guardian.

Even if person was only briefly confused and seems fully recovered, contact responsible KLL authority & parent/legal Guardian. **URGE MEDICAL CARE.** Watch for delayed symptoms.

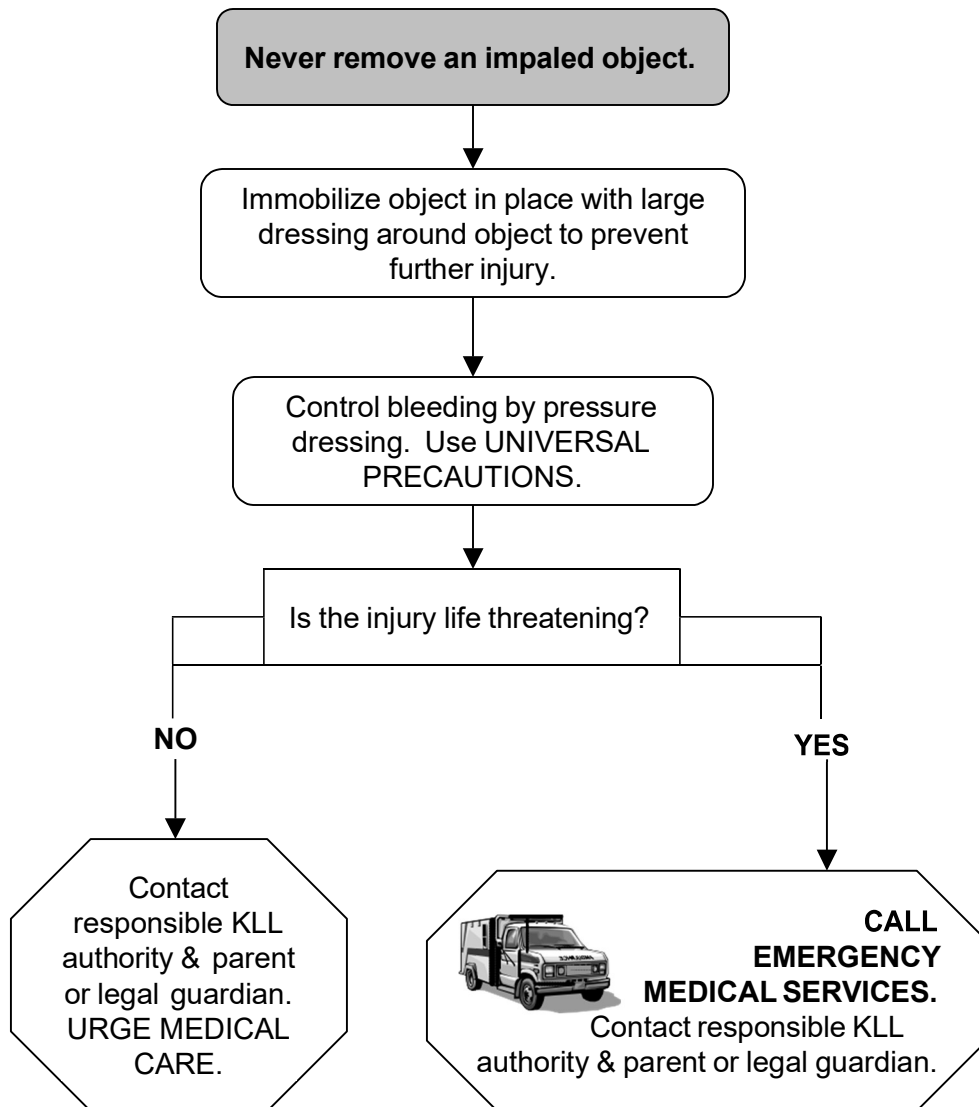
HEART ATTACK/CARDIAC ARREST

A person with heart attack could have one or all of the following symptoms:

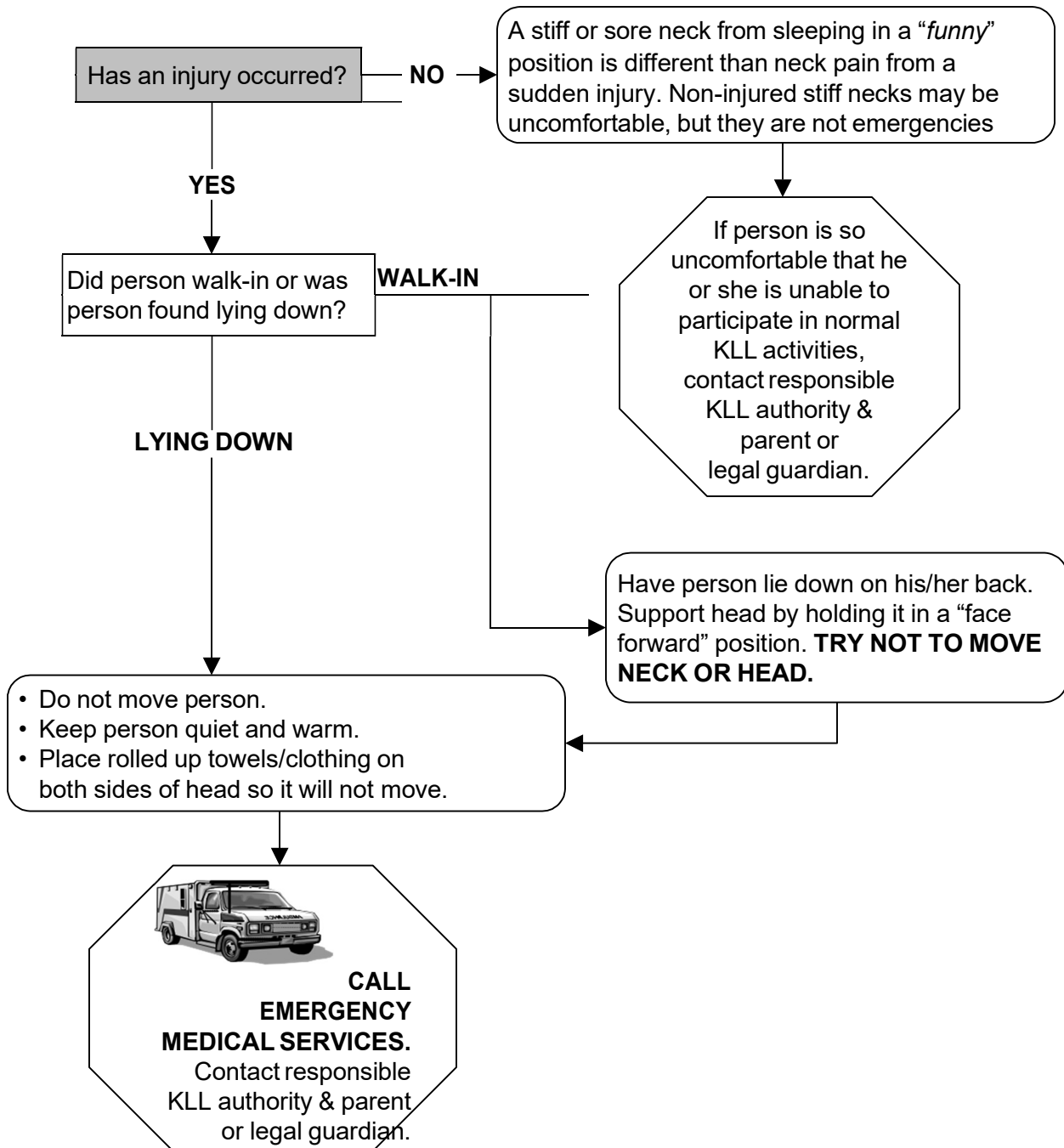
- i. Chest pain or discomfort lasting more than 3-5 minutes or that goes away and comes back. Pain is not relieved by rest, changing position, or medication. May spread to shoulder, arm, back, neck, or jaw
- ii. Dizziness or unconsciousness
- iii. Ache, heartburn, or indigestion
- Trouble breathing. Breathing is often faster than normal. Extreme shortness of breath
- Nausea
- Sweating or changes in skin appearance



IMPALED OBJECT



NECK AND BACK INJURIES



POISONING AND OVERDOSE

Poisons can be swallowed, inhaled, absorbed through the skin or eyes, or injected. Call Poison Control when you suspect poisoning from:

- Medicines
- Insect Bites & Stings
- Snake Bites
- Chemicals/Cleaners
- Drugs/Alcohol

Possible warning signs of poisoning include:

- Pills, berries or unknown substance in person's mouth.
- Burns around mouth or on skin.
- Strange odor and breath.
- Sweating.
- Upset stomach or vomiting.
- Dizziness or fainting.
- Seizures or convulsions.
- Unconsciousness.
- Unusual behavior.

If possible, find out:

- Age and weight of person.
- What the person swallowed or what type of "poison" it was.
- How much & when it was taken.

CALL POISON CONTROL CENTER, & ask for instructions. Phone # 1-800-222-1222

Do NOT induce vomiting UNLESS instructed by poison control.



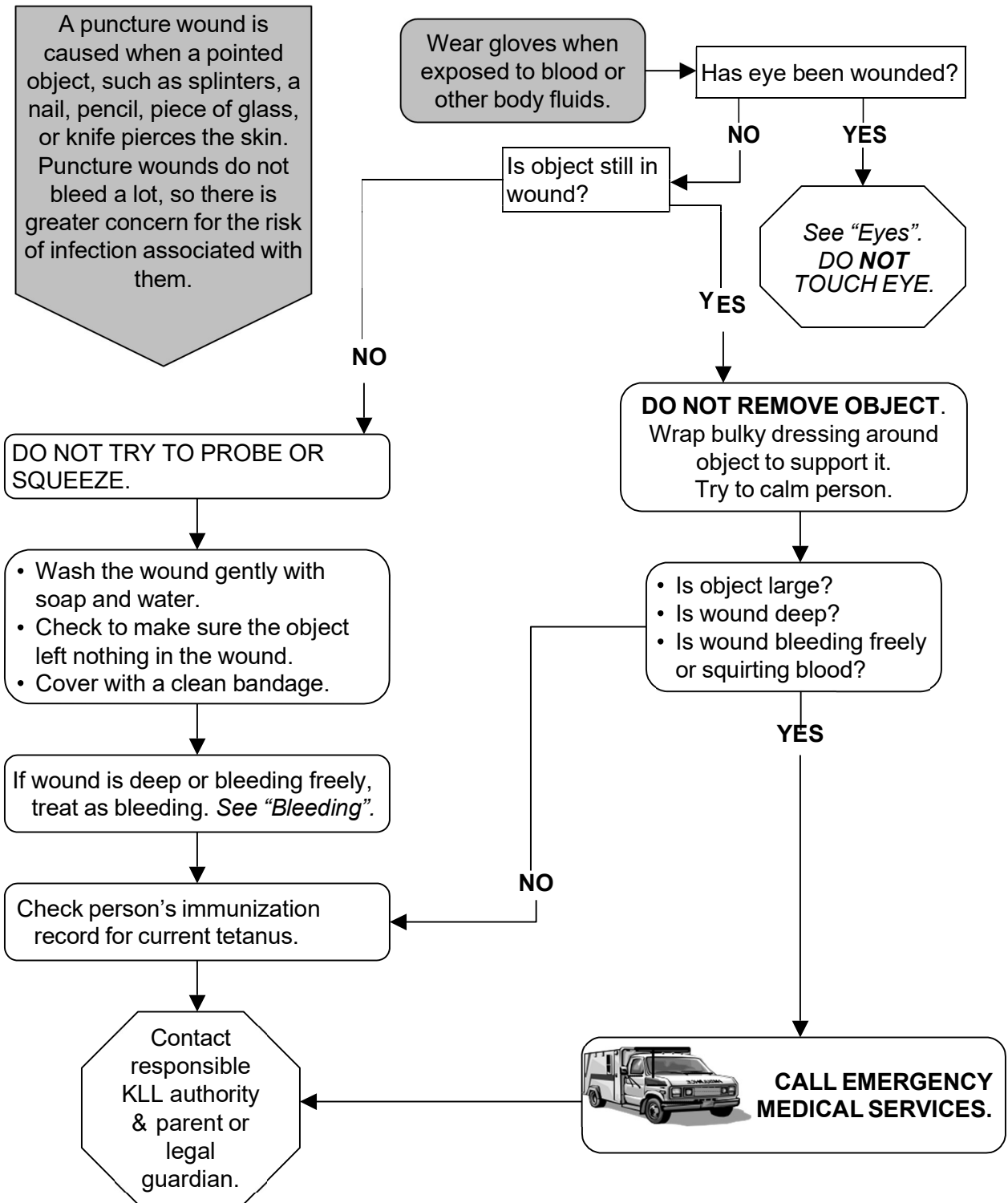
CALL EMERGENCY MEDICAL SERVICES, if person is unconscious, in shock, requires CPR, or directed to do so by the Poison Control Center. Contact responsible KLL authority & parent/level guardian.

Send the following to the hospital with the person:

- Ingested material with its container (if available).
- Sample of the vomited material in a cup or glass.

PUNCTURE WOUNDS

A puncture wound is caused when a pointed object, such as splinters, a nail, pencil, piece of glass, or knife pierces the skin. Puncture wounds do not bleed a lot, so there is greater concern for the risk of infection associated with them.



NOTE FOR PENCIL WOUND: Pencil lead is actually **graphite (harmless)**, not poisonous lead. Even colored leads are not toxic.

SEIZURES

Seizures (or convulsions) can be caused by many things. These include epilepsy, febrile seizures, overdose of poisons, street drugs or alcohol, and head injury. During a convulsive seizure, the person becomes unconscious and may fall. The person may lose bowel/bladder control. (Note that seizures occur in less dramatic forms such as staring spells or partial seizures in which the person seems confused or one extremity jerks. These are usually not medical emergencies.)

Persons with a history of seizures should be known to all staff. A Seizure Emergency Care Plan should be developed for these persons.

If available, refer to person's Seizure Emergency Care Plan.

Observe details of the seizure for parent or legal guardian, emergency personnel or physician. Note:


- Duration
- Kind of movement or behavior
- Body parts involved
- Loss of consciousness, etc.

- If person seems off balance, place him/her on the floor (on a mat) for observation & safety.
- **DO NOT RESTRAIN MOVEMENTS.**
- Move surrounding objects to avoid injury.
- **DO NOT PLACE ANYTHING BETWEEN THE TEETH** or give anything by mouth.

Is person:

- Having a seizure lasting longer than 5 minutes?
- Having seizures following one another at short intervals?
- *Without a know history* of seizures, having a seizures?

placing person on his/her side. A pillow should not be used.

CALL EMERGENCY MEDICAL SERVICES.

 Contact responsible KLL authority & parent or legal guardian.

Seizures are often followed by sleep. The person may also be confused. This may last from 15 minutes to an hour or more. After the sleeping period, the person should be encouraged to participate in normal class activities. Contact responsible KLL authority & parent or legal guardian.

SHOCK

Shock occurs when vital tissues of the body do not receive enough blood. Shock can occur because of severe injuries resulting in blood loss, burns, or fractures. When shock occurs, the blood pressure drops below what is needed to push blood to the brain and other organs. Shock can also occur from minor injuries, in which case the body is so stunned by the injury that it goes into shock. This condition can also occur when someone experiences an emotional trauma. This condition is called emotional shock. It is important to know that fainting is very similar to shock; however, one recovers from fainting.

Wear gloves when exposed to blood or other body fluids.

Symptoms of shock can include any of the following:

- cold and clammy skin
- pale skin color
- nausea
- dizziness
- weakness
- sweating
- fast, but weak, pulse
- fast breathing

Are these associated with obvious injury, bleeding or trauma?

NO

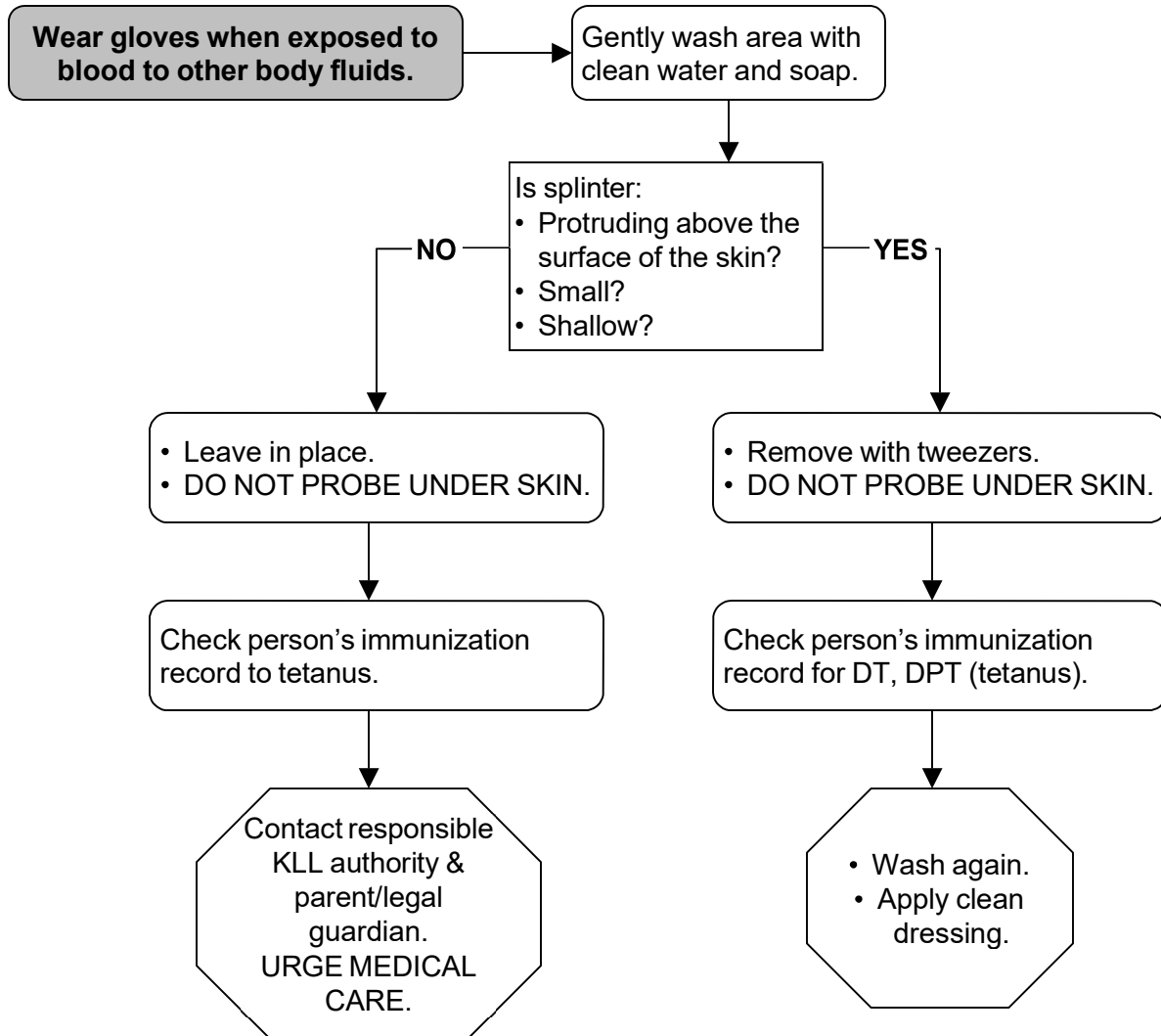
YES

- Refer to the person's health care plan to determine if the person has severe, life threatening allergies.
- Have the person lie down quickly and raise their legs 8-10 inches above the level of the heart. However, if injury to neck, spine or leg/hip bones is suspected, person must remain lying flat.
- Determine if other injuries have occurred and treat accordingly.
- Cover the person with a sheet or blanket.
- Do not give the person anything to eat or drink.
- Remain with, and reassure, the person.

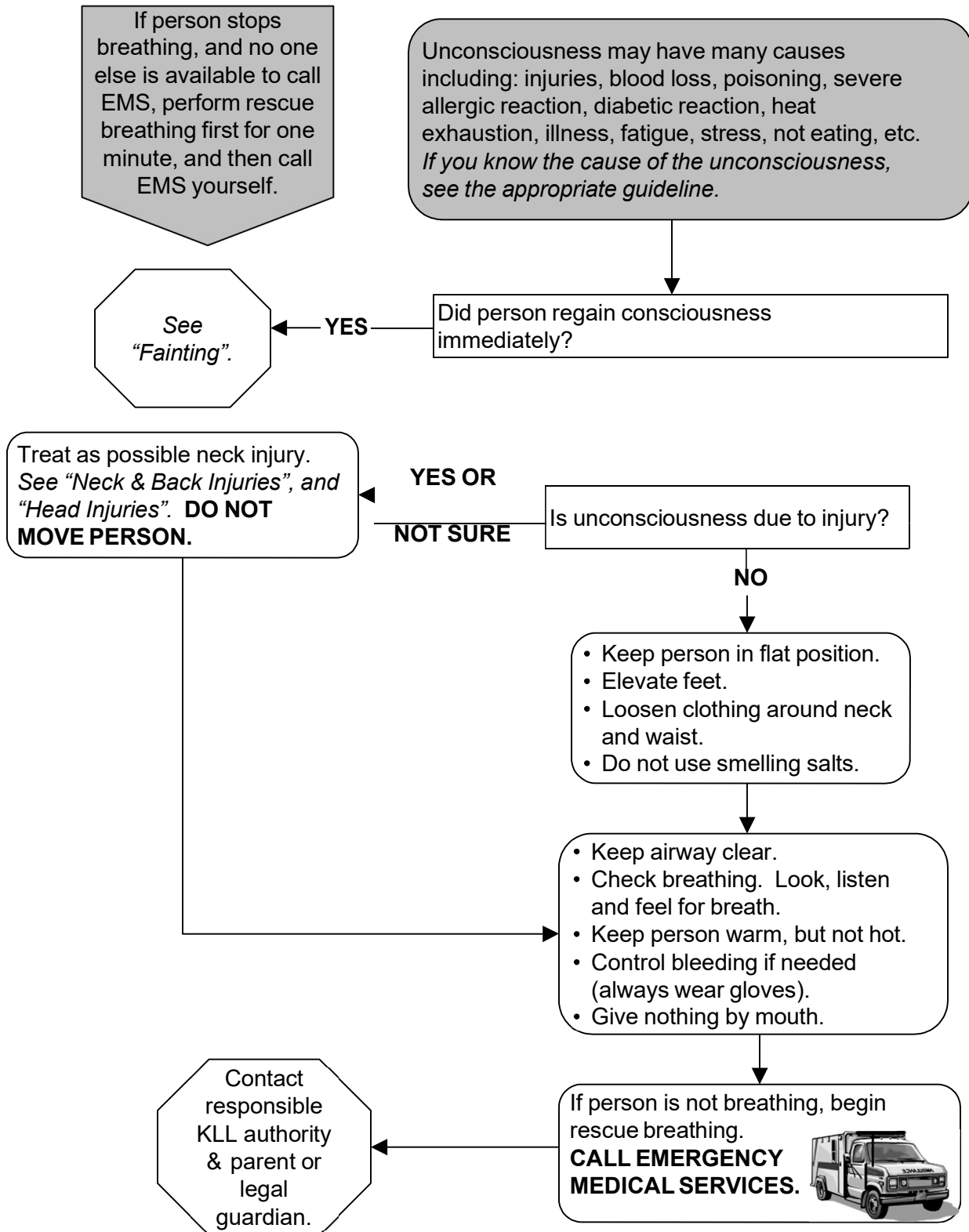


Contact responsible KLL authority & parent or legal guardian.

SPLINTERS



UNCONSCIOUSNESS



Notes:

Knik Little League
Basic First Aid Supply List
2022 Season

- 2 absorbent compress dressings (5 x 9 inches)
- 25 adhesive bandages (assorted sizes)
- 1 adhesive cloth tape (10 yards x 1 inch)
- 5 antibiotic ointment packets (approximately 1 gram)
- 5 antiseptic wipe packets
- 1 blanket (space blanket)
- 1 breathing barrier (with one-way valve)
- 1 instant cold compress
- 8 pair of non-latex gloves (size: 2-Sml, 2-Med, 2-Lrg and 2-XLrg)
- 2 hydrocortisone ointment packets (approximately 1 gram each)
- Scissors
- 1 roller bandage (3 inches wide)
- 1 roller bandage (4 inches wide)
- 5 sterile gauze pads (3 x 3 inches)
- 5 sterile gauze pads (4 x 4 inches)
- Oral thermometer (non-mercury/nonglass)
- 2 triangular bandages
- Tweezers
- First aid instruction booklet
- 2 6" X 9" Instant Cold Compress Ice Packs

When in doubt, call 911. Delaying a call to 911 is a delay in care.

The above should serve as a minimum inventory for First Aid kits used by KLL. If you notice an inventory shortage during the pre-game check or after a medical incident involving a player, notify Equipment manager, or Safety Officer, Mike Capozzi at safety@kniklittleleague.com, or 210-884-7626.

In Addition:

- Player Injury Forms are located in the coaches' book or online.
- Managers and coaches are required to notify Safety Officer or League president within 48 hours of all injuries. Report all injuries using the enclosed ASAP injury report form
- Completed forms should be forwarded to the Safety Officer and the League President ASAP.

Knik LL Injury Reporting Procedures:

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

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 League Safety Officer. The terms "medical treatment and/or first aid" should include even passive treatments such as the evaluation and diagnosis of the extent of the injury. Any incident that (a) causes a player to miss any practice or game time; or (b) any event that has the potential to require medical assistance must be reported promptly.

When to Report:

All such incidents described above must be reported to the League Safety Officer within 48 hours of the incident. The League Safety Officer for 2022 is Mike Capozzi, and he can be reached at the following: Day and Evening Phone: (210) 884-76260
Email: safety@kniklittleleague.com

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 (or of their parents)
- 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 individual reporting the incident.

Knik LL Safety Officer's Responsibilities:

The League Safety Officer will receive this injury report and will enter it into the league's safety database. Within 48 hours of receiving the incident report, the League Safety Officer will contact the injured party or the party's parents and (1) verify the information received; (2) obtain any other information deemed necessary; (3) check on the status of the injured party; and (4) in the event that the injured party required other medical treatment (i.e., Emergency Room visit)

If the extent of the injuries are more than minor in nature, the League Safety Officer shall periodically call the injured party to (1) check on the status of any injuries, and (2) to 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).

Injury Tracking Procedure:

The league Safety Officer will maintain a database of reported injuries. He will analyze this information throughout the season to determine any trends in occurrence, frequency, and types of injuries. This information will be reported to the board of directors and shared with the coaching and umpiring personnel in hopes of preventing future injuries.

Forms:

All required forms are located on the Knik Little League website or may be obtained from the Safety Officer.

Facility and Field Inspection Checklist

Facility Name _____

Inspector _____

Date _____ Time _____

- Holes, damage, rough or uneven spots
- Slippery Areas, long grass
- Glass, rocks and other debris & foreign objects
- Damage to screens, fences edges or sharp fencing
- Unsafe conditions around backstop, pitchers mound
- Warning Track condition
- Dugouts condition before and after games
- Make sure telephones are available
- Area's around Bleachers free of debris
- General Garbage clean-up
- Who's in charge of emptying garbage cans
- Conditions of restrooms and restroom supplies
- Concession Stand inspection

NOTES/ HAZARDS

Signature _____

Food Handling Checklist For Sports Concession Stands

Sports organizations face liability risks from food poisoning incidents resulting from improper food handling at concession stands. These incidents should be covered by General Liability insurance; however, they should be prevented before they ever get to that point. Here are some tips for reducing the risk.

Management And Planning

- * Management should have centralized control and supervision of all aspects of food handling and preparation from start to finish at a single location.
- * Avoid at home food preparation except for baked goods such as brownies, cupcakes, and cookies.
- * All food handlers should receive training by management prior to service.
- * Plan menu ahead to avoid serving higher risk foods to the greatest extent possible such as meats, poultry, eggs, dairy products, and cut fruits and vegetables.
- * All local food licensing and permit laws and regulations must be followed.

Purchase Of Food

- * All food must be purchased from quality sources.
- * Never purchase or serve food past its expiration date.
- * Never buy food that is not in excellent condition: refrigerated food must be cold to touch, frozen food must be hard, food must not have a odor that is indicative of spoilage, and all cans must be free of cracks, dents, and bulges.
- * When purchasing food from grocery store, purchase cold food last and quickly deliver to concession stand and keep cool while in transit to reduce bacterial growth. Consider packing meats, poultry, fish, salads, and perishables in a cooler with ice.

Food Handlers

- * Food handlers should thoroughly wash hands for 30 seconds with soap and warm water after potential contamination events.
- * Potential contamination events include going to bathroom, sneezing or coughing, touching face, eating or taking a break, touching contaminated surfaces or utensils, touching uncooked meat, touching cash register, answering phone, dumping the garbage, touching pets, changing diapers, etc.
- * Gloves are recommended as an additional barrier but don't take the place of frequent hand washings. Gloves should be changed at every hand washing and when they are soiled or contaminated.
- * Use of hand sanitizers can supplement hand washings.
- * Food handlers must not have symptoms of disease (coughing, sneezing, sniffing, fever, nauseated, vomiting, diarrhea, etc.) or open wounds when handling food.
- * Proper clothing includes clean outer garments and hats / hairnets.
- * Food handlers should not touch ready to eat foods with bare hands and should instead use an appropriate utensil, gloves, or deli paper.
- * Always use a scooper instead of bare hands to dispense ice for drinks.

Insects And Vermin

- * Insects and vermin such as flies, cockroaches, rats, and mice can transmit disease when they come in contact with food.
- * Flies that land in feces and then land on food can also transmit disease even though this is not common.
- * All food should be stored off the floor.
- * All unused food should be disposed of both during the event and after the event to eliminate unwanted pests.
- * Food preparation surfaces should be constantly cleaned and wiped down to discourage insects.
- * Keep food covered to protect against insects.
- * Keep a tight lid on the trash to keep out insects.
- * Dispose of wastewater in an approved method instead of dumping outside the concession stand.
- * Store pesticides away from foods.

Refrigeration And Freezing

- * Foods that require refrigeration must be cooled and held to 40 degrees F or lower until ready to serve.
- * Use a thermometer in your refrigerator and freezer and make sure that your freezer runs at 40 degrees F and your refrigerator at 0 degrees F.
- * Quick cooling involves the use of an ice bath (60% ice, 40% water) or the use of shallow refrigeration trays no more than 4 inches in depth.
- * Always marinate meats, poultry, and fish in a refrigerator and not on a counter.
- * Always thaw food in the refrigerator or microwave prior to cooking. Otherwise, the outer layers are subject to bacterial growth before the inside thaws.
- * Freeze fresh meat, poultry, or fish immediately if you can't use it within a few days.
- * Never leave perishable food out of the refrigerator for more than two hours.

Cooking To Proper Temperatures

- * All potentially hazardous foods should be properly cooked and held at an internal temperature of 140 degrees F and above.
- * USDA cooking temperature recommendations: ground beef, pork, and egg dishes (160 degrees F), poultry (165 degrees F), and steaks, roast, beef, veal, lamb, chops, and fish (145 degrees F)
- * When cooking meats, you can't rely on the color of the meat as an accurate gauge of temperature.
- * Always use an "instant read" food thermometer to determine the temperature of foods for cooking and holding temperatures. When cooking, use thermometer in thickest part of meat. Be sure to wash thermometer with hot, soapy water between uses.
- * Never partially pre cook meats, poultry, and fish and then wait until final grilling. Instead, always immediately grill after pre cooking
- * If meats and poultry are completely cooked ahead of time and then chilled, its OK to put them on grill for re heating.

Microwave Cooking Instructions

- * Microwaves often leave cold spots in hazardous foods where bacteria can survive.
- * Cover hazardous foods with a lid or plastic wrap so that steam can be retained to assist in cooking.
- * Stir and rotate for even cooking.
- * Always observe the standing time on microwave directions as food finishes cooking during this time.
- * Use an "instant read" food thermometer and make sure food is heated appropriately to USDA recommendations.

Reheating

- * Quickly reheat potentially hazardous foods to 165 degrees F.
- * Avoid using slow cook devices such as crock pots or steam tables as they may activate bacteria and may never reach 165 degrees F.

Use Disposable Containers, Utensils, Napkins

- * Disposable knives, forks, spoons, plates, and napkins should be used to cut down on cleaning and contamination.
- * Disposable products should not be cleaned and re used.

Cleaning And Sanitation

- * Always use plastic cutting boards instead of wood cutting boards, as wood cutting boards tend to hold bacteria.
- * Use disposable utensils for food service whenever possible.
- * When washing pots, platters, containers, utensils, etc. always use the four-stage process of washing in hot soapy water, rinsing in clean water, chemical or heat sanitizing, and air-drying.
- * Frequently sanitize and wipe down all food preparation surfaces, refrigerators, freezers, coolers, and other concession equipment.
- * Wiping cloths should be stored in chemical solution buckets with an appropriate ratio of bleach to water such as 1/2 teaspoon to one gallon of water.
- * Frequently wash and replace all sponges, towels, wiping cloths.
- * Frequently dump garbage and sweep or vacuum floors.

Separating

- * Never use unclean food preparation utensils for serving food.
- * Place raw meat, poultry, or fish on a plate before refrigerating to make sure that juices don't leak and contaminate other food.
- * Never commingle ice to cool drinks with ice to be served.