

PLAY IT

SAFE

**Ryan Rajotte**  
**2006 Safety Poster Contest**  
**1st place winner**



to

Stay In  
the GAME

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*Getting to Know*

*Warwick National  
Little League*

*Baseball ... as in life...  
comes in all Forms,  
all Shapes, &  
in all Sizes.*

*Together we make.....*

# The Many Faces of WNLL



# *Mission Statement*

**Warwick National Little league is committed to the children and their families in our community to implant firmly the ideals of good sportsmanship, honesty, loyalty, courage and respect for one another and authority, so that they may be well adjusted, stronger and happier children and will grow to become good, decent, healthy, and trustworthy citizens.**

# Congratulations Warwick National Little League...

2006 Eastern Region  
1<sup>st</sup> Place

ASAP Safety Plan  
Winner's



# ASAP news



Continuing the Little League tradition of making it "safer for the kids."

## Regional Winners Honored:

# Will Your League Be Next?

### Struggling to find someone or some way to take your league's safety program to the next level?

Take some tips from the league with the best safety plan in the country.

When Painesville, Ohio, Little League President Chuck Asbury was looking for a safety officer to put together their first approved safety plan, he found a person who took the responsibility as seriously as he did. And, with a combination of "going beyond the minimums and follow-through," just two years later, they won the top prize in the country.

"Truly, the lights and the trip were a dream come true, but the real reason I wanted to have a safety plan was for the kids. I want to know they're safe, and we have the coaches trained and safe. If you have safety in your program, you're a winner already," stated Chuck Asbury.

"I can say in all honesty, in all the years I've been in this league, the hardest thing I had to do was find a safety officer who could commit to the program."

He found that person in Kellie Hitchcock. She took their struggling safety program – that had never met the 13 minimum requirements – to the top spot in the Central Region last year and the best program in the country this year, just two years after becoming Painesville Little League's safety officer.

Asbury said he noticed Kellie's medical background first, but he knew it was a perfect fit when he saw her love of the children in the program and passion for the game and for the league.



**2006 ASAP Winners Honored!** The leagues with the best safety plans in the country assembled representatives onfield at Howard J. Lamade Stadium during the Little League World Series for recognition of their accomplishment in helping reduce injuries and lead safety efforts forward in Little League. Pictured are (from left): Warwick, RI, Little League President Tom Dwyer and Safety Officer Jeff Reid – Eastern Region winners; Southside Little League, Ft. Lauderdale, Fla., Safety Officer Robin Terril – Southern Region winner; Rancho Niguel, Calif., Little League, Safety Officer Ken Wohlford and President Michi Gnesda – Western Region winners; Taft, Texas, Little League Safety Officer Valarie Glover and husband, Robert Glover – Southwestern Region winners; and Painesville, Ohio, Little League Safety Officer Kellie Hitchcock, and President Charles Asbury – Central Region and National winners. Congratulations on helping raise safety awareness!

"Kellie has a son and a daughter in the league, so she's building a safety program not just for her kids, but everybody's."

"Kellie is truly the world's finest safety officer," Asbury declared. "It's absolutely a dream come true for me, but it's not over, because I want everyone to have as good a program as we have, or better."

In speaking with Chuck, you understand his comments are coming from the heart. This man, who has been involved in Little League approaching 20 years, cares deeply about the people involved in his local program, but also those beyond it's boundaries.

### What and how to achieve safety excellence

Asbury and Hitchcock, together with their families, visited Williamsport, Penn., for the 2006 Little League Baseball World Series, as the representatives of the league with the best safety plan. ASAP corporate sponsors AIG Insurance and Musco Lighting provided league representatives of the first-place regional winners this World Series trip. As the national winners, Painesville Little League will also receive a set of Musco Lighting's Light-Structure Green™ lights for a 200-foot field.

**NEXT... continued on page 2**



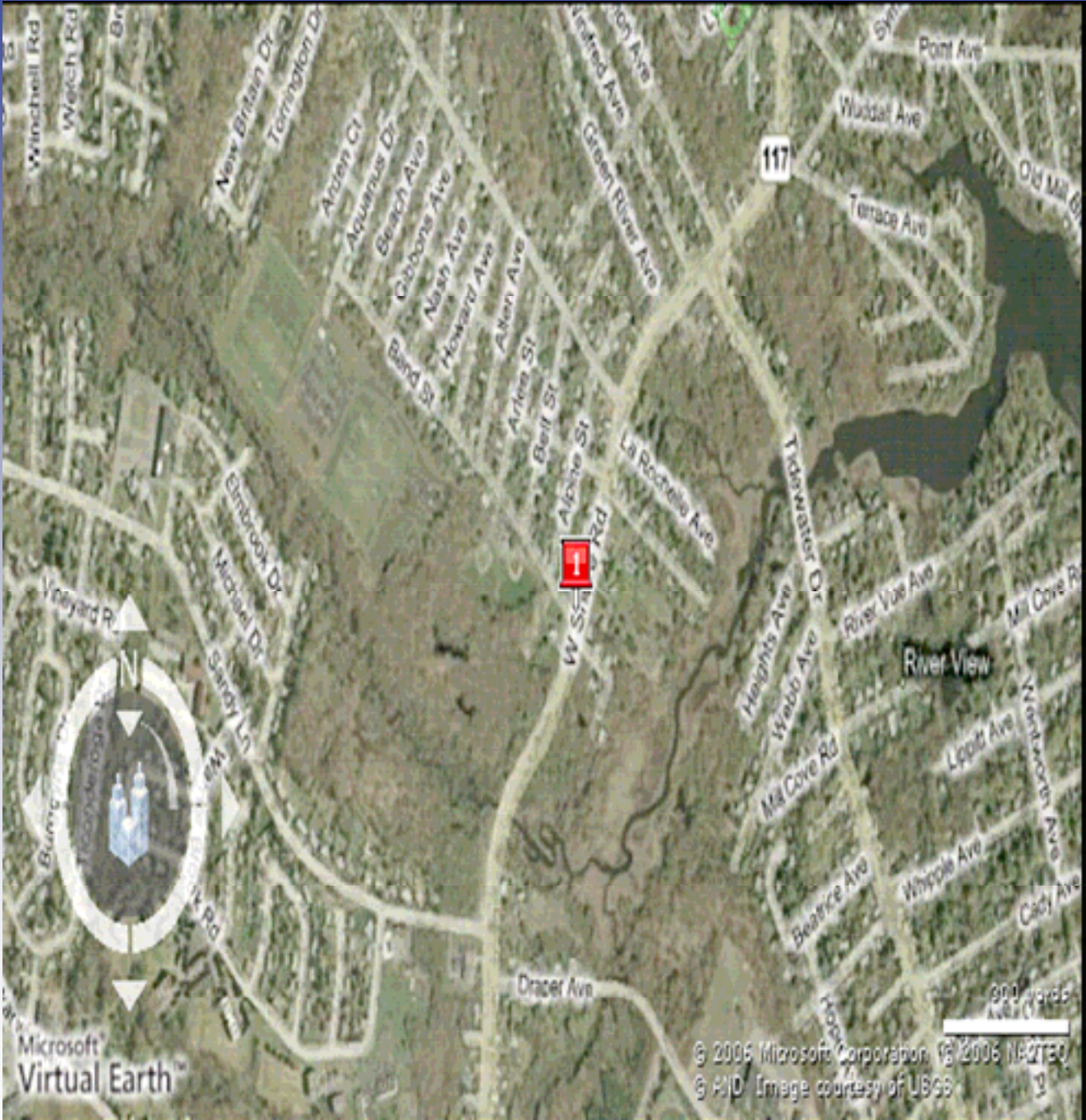


Pride





# How To Find Us



**Warwick National Little League  
2007 Safety Plan**





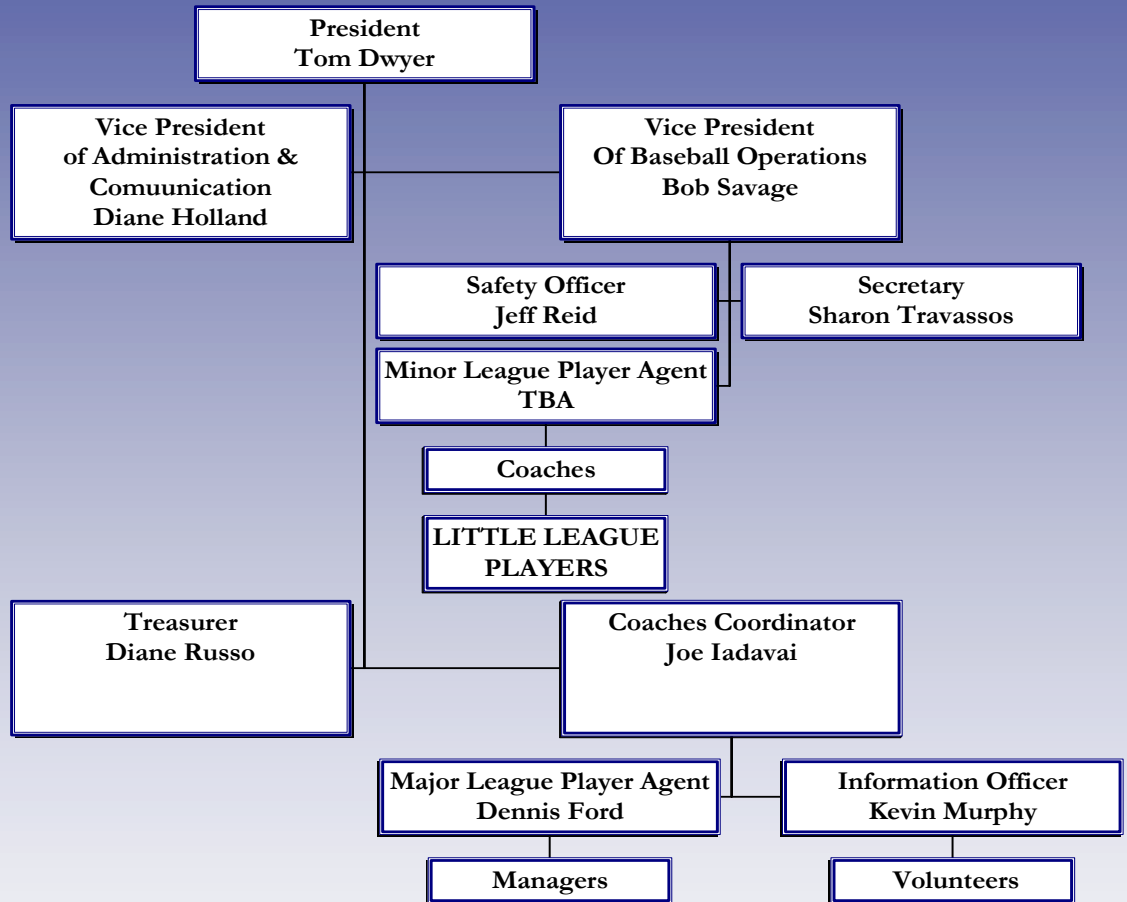
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# WNLL Organizational Chart



Since baseball time is measured only in outs, all you have to do is succeed utterly; keep hitting, keep the rally alive, and you have defeated time. You remain forever young.

*Roger Angell*

# League Board Members and Emergency Contacts

Police – Fire – Rescue.....	911
Warwick Police.....	000-0000
Warwick Fire & Rescue.....	000-0000
Kent County Memorial Hospital.....	000-0000
Rhode Island Hospital.....	000-0000

\*\*\*\*\*

## President

Tom Dwyer..... 000-0000

## Vice President of Baseball Operations

Bob Savage..... 000-0000

## Vice President of Administration & Communications

Diane Holland..... 000-0000

## Secretary

Sharon Travassos..... 000-0000

## Treasurer

Diane Russo..... 000-0000

## Safety Officer

Jeff Reid..... 000-0000

## Information Officer

Kevin Murphy..... 000-0000

## Coaching Coordinator

Joe Iadavaia ..... 000-0000

## Minor League Player Agent

TBA.....

## Major League Player Agent

Dennis Ford..... 000-0000

# Warwick National Little League Contacts

Major League Director.....	Dennis Ford	000-0000
AAA Director.....	Jeff Reid	000-0000
AA Director.....	Wayne Holland	000-0000
Instructional Director.....	TBA	
Clinic Director.....	Eric Ray	000-0000
Equipment Manager.....	George Lindell	000-0000
Team Parent Coordinator.....	Pam Dwyer	000-0000

That's the true harbinger of spring, not crocuses  
or swallows  
returning to Capistrano, but the sound of a bat  
on the ball.  
*Bill Veck, 1976*



# WNLL Board Member Responsibilities

## President

- ↳ Present a report of the condition of the WNLL at the Annual Meeting.
- ↳ Responsible for the conduct of the WNLL in strict conformity to the Policies, Principles, Rules and Regulations of Little League Baseball Incorporated, as agreed to under the conditions of charter issued to the WNLL by that organization.
- ↳ Conduct the affairs of the WNLL and execute the policies established by the Board of Directors.
- ↳ Communicate to the Board of Directors such matters as deemed appropriate, and make such suggestions as may tend to promote the welfare of the WNLL.
- ↳ Designate in writing other officers, if necessary, to have power to make and execute for/and in the name of the WNLL such contracts and leases they may receive and which have had prior approval of the Board.
- ↳ Continue a long range facility plan for safety improvements along with Safety Officer and all other board members.
- ↳ Prepare and submit an annual budget to the Board of Directors and be responsible for the proper execution thereof. Which will include funds dedicated to equipment and safety.
- ↳ Complete and Submit annual LL Lighting Safety audit for the Major League field Lights
- ↳ Investigate complaints, irregularities and conditions detrimental to the WNLL and report thereon to the Board or Executive Committee as circumstances warrant.
- ↳ With the assistance of the Player Agent, examine the application and support proof-of-age documents of every player candidate and certify to residence and age eligibility before the player may be accepted for tryouts and selection.
- ↳ Appoint, with the approval of a majority of all Board Members, all managers, coaches, umpires, and non-elected positions. On an annual basis, in the By-Laws and/or Seasonal procedures the President may waive the power to appoint coaches and delegate it to individual team managers under the conditions set-out in the By-Laws and/or Seasonal Procedures

# WNLL Board Member Responsibilities

## Vice President of Administration & Communication

- ↪ Supervise and organize the division and team parent coordinators, snack bar staff, league division press release and fund raising coordinators,
- ↪ Responsible for planning, organizing and staffing all special events, such as Opening Day, Field Day, and the Annual Banquet.
- ↪ Responsible to ensure the Concession Stand Volunteers are trained in the safety procedures as set forth in this manual such as safe food preparation, including food handling, safe barbecuing and cooking as well as the safe operation of the equipment..
- ↪ Responsible to ensure that all Concession Stand Volunteers adhere to all safety procedures and precautions.
- ↪ Will report any unsafe activities to the Safety Officer.
- ↪ Concession Stand volunteers will all be trained in Lightning Detection procedures, location of first aid kits, AED Device and emergency phone numbers.
- ↪ Ensure that that the equipment is in proper working order.

## Vice President of Baseball Operations

- ↪ Perform the duties of the President in the absence of the President, provided he or she is authorized to do so by the President or Board. When so acting, the Vice President of Baseball Management shall have all the powers of that office.
- ↪ Perform such duties as from time to time may be assigned by the Board of Directors or by the President.
- ↪ Responsible for scheduling all regular season and playoff games, generating on time, through Meetings with relevant board and appointed persons, the proposed appendices to By-Laws and /Seasonal Procedures so that they will be able to be submitted for approval in accordance with the WNLL Bylaws and Constitution.
- ↪ Shall organize and supervise the activities of the league directors, Fall Ball director, and the equipment manager.
- ↪ Shall be responsible for organizing all friendship tournaments sponsored by WNLL but not for the actual running of the tournament; these duties will include inviting other teams to participate in each tournament, setting the rules for each tournament, and setting up the brackets for each tournament. Note: Both Vice President's may also directly hold one or more of the appointed positions for which they supervise and may hold one or more other appointed positions.

# WNLL Board Member Responsibilities



## Secretary

- ↪ Be responsible for recording the activities of the WNLL and, along with the Information Officer, jointly maintain appropriate files, mailing lists and necessary records.
- ↪ In conjunction with the Information Officer, jointly maintain a list of all Voting and Non-Voting Regular Members, Directors and committee members and give notice of all meetings of the WNLL, the Board of Directors and Committee.
- ↪ Keep the minutes of the meetings of the Members, the Board of Directors and the Executive Committee, which is to be recorded in a book kept for that purpose.
- ↪ Conduct all correspondence not otherwise specifically delegated in connection with the meeting and be responsible for carrying out all orders, votes and resolutions not otherwise committed.
- ↪ Notify Members, Directors, Officers and committee members of their election or appointment.
- ↪ To perform other duties as are customarily performed through the office of Secretary or as may be assigned by the Board of Directors.

**Baseball is the only thing  
beside the paper clip that  
hasn't changed.**

***Bill Veeck***

# WNLL Board Member Responsibilities



## Treasurer

- ↪ Perform the duties in that are customarily performed through the Office of Treasurer or may be assigned by the Board of Directors.
- ↪ Receive all monies and securities, and deposit same in a depository approved by the Board of Directors; as for funds from the snack bar, he/she may delegate these functions to the snack bar treasurer for funds collected for the activities of the snack bar but the treasurer is responsible for ensuring that snack bar treasurer carries out these functions properly.
- ↪ Keep records for the receipt and disbursement of all monies and securities of the WNLL, including the Auxiliary, approve all payments from allotted funds and draw checks therefore in agreement with policies established in advance of such actions by the Board of Directors. All disbursements by check must have dual signatures.
- ↪ Prepare an annual budget, under the direction of the President, for submission to the Board of Directors at the Annual Meeting.
- ↪ Prepare an annual financial report, under the direction of the President, for submission to the Membership and Board of Directors at the Annual Meeting, and to Little League Headquarters.

## Player Agent

- ↪ Record all player transactions and maintain an accurate and up-to-date record thereof.
- ↪ Receive and review applications for player candidates and assist the President in verifying residence and age eligibility.
- ↪ Conduct the tryouts, the player draft and all other player transaction or selection meetings.
- ↪ Prepare the Player Agent's list.
- ↪ Prepare for the President's signature and submission to Little League Headquarters, team rosters, including players' claimed under waivers, and the tournament team eligibility affidavit.
- ↪ Notify Little League Headquarters of any subsequent player replacements or trades.

# WNLL Board Member Responsibilities



## Safety Officer

- ↪ Be responsible to create awareness, through education and information.
- ↪ Provide opportunities to provide a safer environment for youngsters and all participants of Little League Baseball.
- ↪ Develop and implement a plan for increasing safety of activities, equipment and facilities. through education, compliance and reporting. NOTE: In order to implement a safety plan using education, compliance and reporting, the following suggestions may be utilized by the Safety Officer :
  - Education** - Should facilitate meetings and distribute information among participants including players, managers, coaches, umpires, league officials, parents, guardians and other volunteers.
  - Compliance** - Should promote safety compliance leadership by increasing awareness of the safety opportunities that arise from these responsibilities.
  - Reporting** - Define a process to assure that incidents are recorded, information is sent to league/district and national offices, and follow-up information on medical and other data that is available.
- ↪ The safety officer will schedule both CPR and First Aid Classes.
- ↪ Purchase, store and distribute all First Aid and Safety Equipment.
- ↪ Assist in organizing annual Field Safety day.
- ↪ Encourage players, parents and volunteers to suggest new ways to enhance safety.
- ↪ Assist in allocating funds for safety equipment.

# WNLL Board Member Responsibilities

## Coaching Coordinator

- ↵ Represent coaches/managers in the league.
- ↵ Present a coach/manager training budget to the board.
- ↵ Gain the support and funds necessary to implement a league-wide training program.
- ↵ Order and distribute training materials to players, coaches and managers.
- ↵ Coordinate mini-clinics for coaches and players.
- ↵ Serve as the contact person for Little League and its manager-coach education program for the league.

## League Information Officer

- ↵ Manage the league's official home page on [www.eteamz.com/warwicknational/](http://www.eteamz.com/warwicknational/)
- ↵ Manage the online registration process and ensure that league rosters are maintained.
- ↵ Assign administrative rights on myteam.com to league volunteers and teams.
- ↵ Ensure that league news and scores are updated on a regular basis.
- ↵ Collect, post and distribute important information on League activities including direct dissemination of fund-raising and sponsor activities to Little League Baseball, district, public, league members and the media.
- ↵ Serve as primary contact person for Little League and myteam.com regarding optimizing use of the Internet for league administration and for distributing information to league members and to Little League Baseball.
- ↵ Jointly maintain, with the Secretary, appropriate files, mailing lists and necessary records.
- ↵ In conjunction with the Secretary, jointly maintain a list of all Voting and Non-Voting Regular Members, Directors and committee members and give notice of all meetings of the WNLL, the Board of Directors and Committees.
- ↵ Aid the player agent in submitting rosters to Little League Baseball, Inc.

## Equipment Manager

- ↵ Responsible to ensure that all equipment is safe and in proper working order before distribution to managers.
- ↵ If equipment is damaged the Equipment Manager will have the equipment repaired or replaced.
- ↵ If replacement or exchange of equipment is needed, the Equipment Manager will replace the equipment in a timely manner.
- ↵ The Equipment Manager is also responsible for inspecting all equipment when returned at seasons end.

# WNLL Board Member Responsibilities

## Equipment Manager

The Equipment Manager is an appointed WNLL Board Member and is responsible for purchasing and distributing equipment to the individual teams. This equipment is checked and tested when it is issued but it is the Manager's responsibility to maintain it. Managers should inspect equipment **before each game and each practice.**

The WNLL Equipment Manager will promptly replace damaged and ill-fitting equipment. Furthermore, players who bring their own gear must meet the requirements as outlined in this Safety Manual and the Official Little League Rule Book.

When you receive your equipment make sure that the equipment issued to you is appropriate for the age and size of the kids on your team including :

Properly fitting helmets and catchers gear.

If you find that the equipment does not fit properly contact the Equipment Manager for replacements.

Make sure that players respect the equipment that is issued.

### **Base Coaches**

Use of a helmet by a base coach who is a player is mandatory.

Use of a helmet by an adult base coach is optional.

### **Catchers**

Male catchers must wear the metal, fiber or plastic type cup and a long-model chest protector.

Female catchers must wear long or short model chest protectors All catchers must wear chest protectors with neck collar , throat guard, shin guards and catcher's helmet, all of which must meet Little League specifications and standards.

All catchers must wear a mask, "dangling" type throat protector and catcher's helmet during practice, pitcher warm-up, and games. NOTE: Skullcaps are not permitted.

### **Bats**

If the gripping tape on a bat becomes unraveled, the bat must not be used until it is repaired.

Bats with dents, or that are fractured in any way, must be removed from play and discarded

### **Balls:**

Only Official Little League balls will be used during practices and games.

Replace questionable equipment immediately by notifying the WNLL Equipment Manager.

At the end of the season, all equipment must be returned to the WNLL Equipment Manager.

Order hats for cleared volunteers

Order Uniforms



# Do You Have 'The Right Stuff'?



LETS ALL PITCH IN FOR A BETTER + SAFER LEAGUE

**Kyle Denis**  
**ages 5-7**  
**safety poster winner**





# Safety Code

## DISTRIBUTION

This document will be distributed to every manager of every team in every division of Warwick National Little League (“WNLL”) before any practices or games take place.

## OVERVIEW

It is the policy of WNLL to provide an environment in which the risk of injury is reduced to the lowest possible level by the application of our published safety code. Behavior in violation of the safety code will be treated as misconduct and may result in the application of appropriate corrective action up to and including dismissal.

The Safety Officer position is a part of WNLL Elected Board Members which is reported to Little League Headquarters. The Safety Officer is responsible for the communication, application, and enforcement of the safety code rests in the hands of the Safety Officer.

### **The Safety Officer will:**

#### **Safety Committee:**

Facilitate Safety Committee Meetings.

Delegate responsibilities to committee members and ensure follow through.

#### **Equipment:**

Work in conjunction with the Equipment Manager to ensure that all equipment is in safe condition.

Instruct all managers and umpires to inspect equipment before and during each game for good working and safe condition.

All equipment shall be kept in the dugout or in designated fenced-in areas.

Equipment shall be inspected regularly for condition as well as for proper fit the pitching machine must be maintained in good and safe working order (including cords, electrical wiring, fencing, etc.

See separate **batting cage guidelines**.

#### **Accidents**

Responsible for filing and following through on accident reports with Little League Headquarters.

Establish that accident forms are completed in a timely manner.

Safety Officer will contact the injured players parent or guardian within 24 hours upon receiving the report. During this contact S.O. will verify that all information received is correct and advise them of the League’s insurance coverage. See attached **Accident Reporting Procedures**.

Record accidents and near miss reports.

Submit ideas to the safety committee on how to avoid such accidents/near miss’.

Create a plan on how to avoid if possible.

# Safety Code

## Safety Plan Distribution

Safety Officer will submit and distribute safety plan to Little League Headquarters & District Administrator. All Managers will receive a copy or the safety plans requirements in their coaches packet and will also have a copy on disk with safety pull-outs and a complete copy readily available copy in the concession stand.

Safety Officer will fill out and submit the Annual Facility Survey on-line.

Submit Annual Safety Plan and attach the completed questionnaire or make arrangements with the League President for him/her to prepare and submit these documents.

## Training

Set-up First Aid, CPR and AED Training (at least 1 representative from each team is required to attend, umpires are invited and encouraged to attend)

Post in plain sight within the Concession stand/Club house all Emergency contacts which, include; fire, police and other emergency contacts, all board members, administrators, safety officer and president. The First Aid and “ what to do” poster, AED and Lightning detector Procedures.

Present Safety Manual Presentation to all Division Directors and Team Parent Coordinators which will conduct presentation for all coaches.

Plan and/or arrange for emergency medical services in advance of all games and practices.

Plan/Schedule weekly trainings for players, parents, coaches and volunteer.

## First Aid Supplies

Maintain adequate supplies in a first aid kit kept at the clubhouse, snack bar, and home team dugouts.

Stock and distribute first aid kits to each manager, replenish as needed.

Supply a first-aid booklet to each manager.

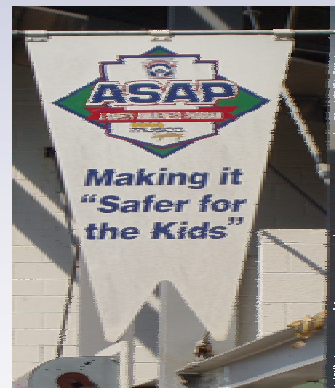
## AED

Provide step-by-step instructions and training to all Managers.

(Attached within the manual & Posted in the Club House)

Maintain AED Device and make sure it is in proper working order.

Take home during the winter months to avoid damage.



## Lightning Detector

Provide step-by-step instructions to all Managers.

(Attached within the manual & Posted in the Concession Stand/Club House)

**Set your goals high,  
and don't stop till you  
get there.  
Bo Jackson**

# Safety Code

## Volunteer Background Checks

Fill-out Choicepoint application to obtain the volunteers valid I.D. and Password.

All WNLL volunteers are required to fill out a “Revised Little League Volunteer Application for 2007”. All Volunteer forms are on file with WNLL.

After receiving completed 2007 Volunteer forms with Photo ID- perform background check’s on volunteers through Choicepoint.com.

Provide cleared volunteer’s with volunteer identification: Laminated Photo ID & Distribute approved “Volunteer Hats”

## Little League information

Encourage volunteers to subscribe to Little League ASAP Newsletter, Coaches box and Little League E-news through [www.littleleague.org](http://www.littleleague.org).

## Field, Health & Safety Day

Plan Field, Health & Safety Day events –

## Fields & Grounds

Before games umpires, managers and coaches will inspect the playing field to make sure that there are no dangerous materials on the ground or the fences, such as: sticks, rocks, glass, or holes.

After each game the managers will make sure that all waste is removed from the field and again inspect the entire playing field for dangerous materials on the ground or the fences, such as sticks, rocks, glass, or holes.

In addition, after each game the managers will also check the spectator areas for waste and potential dangerous materials left behind and remove them so that the next game starts in a clean and safe environment for the next group of spectators, players, and coaches.

After each game, home team manager will be responsible to review cleanliness of concession stand and re-enforce concession stand closing procedures.

On days when games are not scheduled the fields and plays area shall be inspected often for holes and other field damage so that they may be repaired before the next scheduled game or practice.

Managers must make every effort to make sure there are at least two adults present at practice sessions and games.



# Safety Code

## Games/Practices

The responsibility of all bats and loose equipment to be removed from the field are that of a regular player assigned for this purpose by the manager. This player will wear a helmet when collecting bats and other equipment during a game.

Only Background Cleared managers, coaches, umpires and players are permitted on the playing field or in the dugout during games and practice sessions.

During practice sessions and games, all players should be alert and watching the batter on each pitch. Managers are required to have a phone available during all practices/games. If a manager does not have a cell phone available – a parent/volunteer or coach must be identified to stay during the entire practice.

During warm-up drills, players should be spaced so that errant balls endanger no one. In addition, in our major and minor league facilities, no one is allowed to throw balls to others in non-enclosed areas.

## Weather

No games or practice sessions will be held when weather or field conditions are not good, or when lighting is inadequate.

Managers/coaches must maintain strict compliance to our inclement weather/lightning policy. At the first sign of lightning, all activity shall stop. Players must return to their parent/guardian and asked to wait inside their car for further instructions. No one should carry a bat during this time. Activity may continue after the threat of lightning has passed (30 minutes after the last flash) Games/practices should not be held on excessively wet fields. WNLL has purchased a lightning detector which is housed within the snack bar. A trained snack bar volunteer will alert the umpire of each game and the above directions are to be followed. **NO EXEPTIONS**

## Reporting

Notify the appropriate League Director if any manager is not following the safety code or is not following safe procedures.

**Adhere to Warwick National Little League's Safety Mission Statement, continue to promote safety awareness, community partners, positive coaching, encourage volunteers, parents and players to participate in safety activities and create incentives for safety.**

# Safety Code

## Safety Reminders:

### Batters

Batters must wear Little League approved NOCSAE protective helmets during batting practices and games. Batting/catcher's helmets shall not be painted unless approved by the manufacturer.

Encourage players to use batting helmets with approved face guards.

### Catchers

Catchers must wear catcher's helmet (with face mask and throat guard), chest protector, shin guards, long model chest protector, and protective cup with athletic supporter at all times during practice sessions and games.

Catchers must wear catcher's helmet (with face mask and throat guard) when warming up pitchers.

This applies prior to game time, between innings and in bullpen practice. **No exceptions.**

Managers and Coaches **are not** to warm up pitchers.

### Base-runners

Head- first slides are not permitted.

Breakaway bases are placed on both the Major and Minor League Fields.

Anchored bases are not allowed.

### Protective Equipment

Players are encouraged to wear mouth guards which are provided by the league.

Managers should encourage all players to wear protective cups and supporters for practice sessions and games.

Use Padded fence tops

The yellow plastic covering on the outfield fences will be inspected at least weekly to ensure that it continues to be secured properly to outfield fences in both the major and minor league fields.

Use Reduced impact balls for the T-ball and Clinic Divisions.

Parents of players who wear glasses should be encouraged to provide "Safety Glasses". Players must not wear watches, rings, pins, jewelry, or other metallic items



## **Safety Code cont.**

### **Training**

Welcome to the hardball clinic offered to all players during fall ball who are moving from low impact balls.

Managers from each team are required to attend a coach's clinic approved by the League. WNLL mandates all managers to attend at least one Official Little League Coaches Training before they begin managing a team. If time does not permit the manager to attend, the Official Training Program the league requires the manager to attend a local league approved program or receive training from the league coaching-coordinator. The coaching-coordinator will have one or more years of high school or higher level of baseball coaching experience or five years of little league coaching/managing experience in addition to having attended at least one Little League or WNLL approved training program once a year.

### **Miscellaneous**

Adhere to the 3 mile an hour speed limit in the parking lot

At no time shall "horse play" be permitted on the playing field.

Little League regulations prohibit on-deck batters.

Player's are not to handle a bat, even while in the dugout, until it is his/her time at bat.

Players who are ejected, ill, or injured should remain under supervision until released to the parent or guardian.

### **Health & Safety**

The vice president for administration and communication must be trained in safe food preparation, including food handling, safe barbecuing and cooking as well as the safe operation of the equipment.

Managers should follow the procedures for minimizing the risk of the transmission of communicable diseases as published by Little League Baseball Inc. These procedures can be referenced in the "Official Regulations and Playing Rules" booklet 2007..

Don't Slide Head First

Your Own

**Andrew Cravin**  
**ages 8-10**  
**Safety Poster Winner**



Also my FROGIES!!!

# Code of Conduct

## I. Purpose

This document highlights certain rules and regulations concerning member's conduct and discipline. The below disciplinary steps are not the exclusive means for dealing with offenders; nor does this document include all League or Little League Baseball Inc. rules and regulations for which offenders may be disciplined. The rules and regulations concerning member conduct are found in several sources including the Little League Rule Book and the WNLL Constitution and Bylaws.

## II. Applicable League Regulations

The following is an excerpt from the current League Constitution and Bylaws that are approved by Little League Baseball Inc. prior to granting our League charter.

### Article 3 Section 4. *Suspension or Termination*

Resignation or action of the Board of Directors may terminate membership as follows.

The Board of Directors, by a two-thirds vote of those present at any duly constituted Board

meeting, shall have the authority to discipline or suspend or terminate the membership of any member of any class, including managers and coaches, when the conduct of such person is considered detrimental to the best interest of the WNLL and/or Little League Baseball.

The member involved shall be notified of such meeting, informed of the general nature of the charges and give an opportunity to appear at the meeting to answer such charges.

- (b) The Board of Directors shall, in the case of a Player Member, give notice to the manager of the team for which the player is a player member. Said manager shall appear, in the capacity of an adviser, with the player before the board Of Directors or a duly appointed committee of the Board of Directors. The player's parent(s) or legal guardian(s) may also be present.

The Board of Directors shall have full power to suspend or revoke such player's rights to future participation by two-thirds vote of those Board members present at any duly constituted meeting in which quorum is present.

## Code of Conduct Cont..

In addition Little League Baseball Inc. Regulation XIV, (a) states: " The action of players, managers, coaches, umpires, and league officials shall be above reproach.

Anyone who violates this Code of Conduct will be subject to the disciplinary actions set forth by this document. The authority on discipline will be the sole responsibility of the WNLL board of directors and their actions or penalties will be final.

### III. Specific Conduct Cases

This section is a guide for the disciplining of Warwick National Little League members, guests, and other spectators or participants attending other WNLL functions or meetings, for violations of certain rules and regulations. The objective is to maintain objectivity in disciplining members. However, since the below offenses may be of varying degree, first or second offenses of a serious nature may be dealt with under Article III, Section 4 of Warwick National Little League Constitution.

Note: Members include players, parents, grandparents, family members, managers or any volunteer, league official, and any other spectator or guest on WNLL property.

Note: All suspensions or expulsions from the league are procedurally covered under Article 3 Section 4 of the Warwick National Constitution, which requires a hearing for discipline.

A. Severe Infractions: Warwick National Little League considers all infractions under this section to be the most serious in nature and carry at least a requirement for suspension or permanent expulsion from the league.

1. Physical Assault: Physical Assault by any league member, guest, and other spectator or participant toward any other member, guest, and other spectator or participant or umpire will not be tolerated. The offender's penalty shall be immediate removal from the area under WNLL jurisdiction including both playing fields and any area designated for practice. Physical assault is defined as any physical action such as hitting, punching, kicking, pushing, slapping, or grabbing any member, guest, and other spectator or participant or umpire.

## Code of Conduct Cont....

2. Verbal Abuse (Profanity, racial/ethnic slurs, yelling at umpires, coaches, players, guest, and other spectator or participant)

3. Threats of Physical Assault

4. Entering the Field of Play:

For Managers and Coaches this is defined as crossing onto the playing field. For all other member, guest, and other spectator or participant it is defined as going onto any part of the playing field.

For offenses under 2, 3, and 4 the penalties shall be as follows:

- a. First offense -Ejection and 1 Game Suspension
- b. Second Offense - 5 Game Suspension
- c. Third Offense - Expulsion from League

5. Umpire Abuse: Umpire abuse as defined by (1) repeated or uncontrolled questioning of an umpire's ruling, or (2) repeated heckling of the umpire during play. The umpire shall request that the coaches speak to the offender. If the behavior continues the offender shall be ejected. (3) Approaching an umpire after any game to discuss the umpire's performance during the game. Such misconduct will result in the following penalties for the offender:

- a. First Offense - Ejection and 1 Game Suspension
- b. 2nd Offense - Ejection and 5 game suspension
- c. 3rd Offense - Ejection and Expulsion from League

### B. Miscellaneous Infractions

1. Players/Coaches to remain in dugout

2. Only Batter May Pickup and Swing Bat

3. Throwing of equipment Prohibited

4. Interference with game or players - members, guests, and other spectators or participants are prohibited from engaging in any actions which interferes with the game or the players such as noises which are intended to disrupt pitchers, hitters, or fielders during the game.

5. No member, guest, and other spectator or participant or umpire shall engage in taunting another member, guest, and other spectator or participant.

6. No member, guest, and other spectator or participant shall engage in actions, which are intended to delay the game.

**Code of Conduct Cont..**

For infractions under this section 1,2,3,4,5 and 6 the following actions/penalties shall be taken:

The umpire shall stop the game and ask the respective coach to warn the member, guest, and other spectator or participant that any further infraction will result in ejection.

If the infraction is continued the member, guest, and other spectator or participant will be ejected from the game.

- a. First Infraction - Ejection and 1 additional game suspension
- b. Second Infraction - Ejection and 3 game suspension
- c. Third Infraction - Ejection and season long suspension

**C. Special Categories of Infractions**

1. Child Abuse is a violation of state law. Anyone

who observes what they believe may be child abuse should immediately report this to law enforcement authorities and league officials. The league will immediately take every necessary action to protect the children within this league.

2. Sexual Harassment will not be tolerated by Warwick National Little League. All reports of sexual harassment shall be immediately brought to the president of the league and a hearing conducted under Article 3 Section 4 within 7 days. Sexual harassment includes, but is not limited to the following: treating a player or adult member, guest, or spectator in a hostile manner because of his/her gender, making comments with a sexual connotation to any player or other child, making sexual advance to any player or any other child, making an unwelcome sexual advance to an adult member, guest, or spectator, touching any player or other child in the groin area, touching any female player or any female child chest, touching any player, other child, adult member, guest or spectator in any other manner that is unwelcome by the person being touched.

3. Discrimination based on race, color gender, ethnicity, national origin or sexual orientation will not be tolerated by Warwick National Little League. All reports of discrimination shall be immediately brought to the president of the league and a hearing conducted under Article 3 Section 4 within 7 days. No player, member, guest, or spectator shall be treated differently than another similarly situated person on the basis of his/her race, color, gender, ethnicity, national origin, disability or sexual orientation.

Any other complaints of misconduct by members, which are brought to the attention of the Board of Directors will be interpreted for action based on the regulations noted in Section V, below (i.e.- Article 3, Section 4 of the League's Constitution and bylaws).

Name of Parent/Guardian

Date

\_\_\_\_\_

\_\_\_\_\_

By my initials in the following box I verify that the above named parent/guardian did read, agree, and receive a copy of the "Code of Conduct" and agree to abide by the "Code of Conduct" set forth by this league.



Watch out  
for popups!!

**Jane Dwyer**  
Age 8



FOR SAFETY OVER THE FIGHTING  
Goes We could put a net  
to Make Sure People Don't get  
hurt

**Billy Chase**  
Age 11



No Smoking Beyond The Driveway!!!

**David**  
Age 9



CLICK IT OR  
TICKET

**Danny Reph**  
Age 8





*All about Safety...*

# Common Sense on Safety

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## COMMON SENSE

***Your safety and the safety of our children is based on our common sense!***

Perhaps you have noticed a person that doesn't seem to look like he/she belongs here, report this incident immediately to a Warwick National Board Member (see enclosed telephone list) or report this incident directly to your coach.

The WNLL Board Member, after hearing your concerns, would investigate the matter and have the person in question removed before anything could happen if, indeed, that person did not belong there.

Another example of safety –

We are all responsible for the safety of our children and the safety of the children in our community. If you feel that our children are in an unsafe situation – try to locate their parents and/ or coach and help explain why this is an unsafe situation. All cleared volunteers will have a WNLL Badge and Volunteer Hat.

Therefore, ***if you witness something that is not safe, do something about it!***

And encourage all volunteers and parents to do the same.

**WNLL is a great community, help to continue to  
keep our community strong!**



**You win a few, you lose  
a few. Some get rained  
out. But you got to dress  
for all of them.**

***Satchel Paige***

# **WNLL 2nd Annual Field Safety Day**

**Community Partners....**

# 2007 2<sup>nd</sup> Annual Field, Health & Safety Day

What an incredible two days!!!!

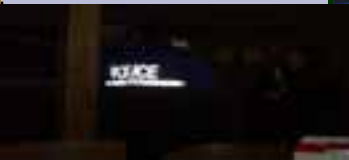


Rubber Duck Stealing 2<sup>nd</sup>



Torrential down pours didn't stop the Warwick National Family to participate in our, what turned out to be a two day Field, Health & Safety Day(s). The first day Warwick Police Officer Bill Defeo and the Warwick Police Cadet's offered RAD Kids Sign-ups , Fingerprinting and Current Photo's of our children.

Later.....



Warwick National Little League  
2007 Safety Plan

# 2007 2<sup>nd</sup> Annual Field, Health & Safety Day



### PERSONAL INFORMATION

Full Name (last, middle, first)

social security #	date of birth
street address	city
state	zip
home telephone	cellular phone
near relative name	telephone
near relative name	telephone
near relative name	telephone

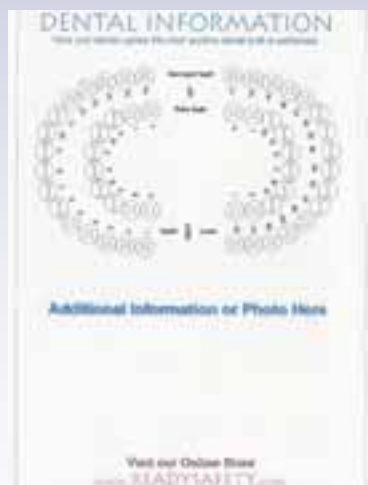
### MEDICAL INFORMATION

blood type \_\_\_\_\_ place of birth \_\_\_\_\_

medications \_\_\_\_\_ chronic illnesses \_\_\_\_\_

allergies \_\_\_\_\_

doctor's name \_\_\_\_\_ telephone \_\_\_\_\_



### PHYSICAL INFORMATION

sex \_\_\_\_\_ ht. \_\_\_\_\_ wt. \_\_\_\_\_ hair \_\_\_\_\_ eyes \_\_\_\_\_ race \_\_\_\_\_

glasses/contact lenses	YES	NO	percentage	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Circle any identifying marks on the picture above. Height, scars, cuts, stitches, mole, freckles, jewelry, etc. Describe features:

# 2007 2<sup>nd</sup> Annual Field, Health & Safety Day

Later, The Rhode Island Free Mason's Joined us  
to provide a two minute video disk of our children

## Child Identification Program

"Ch.I.P" as it is known throughout the Rhode Island Masonic community stands for the **Child Identification Program** adopted by the Freemasons of Rhode Island which provides a significant community service to the many communities in Rhode Island. All too often, we see or hear of a story of a lost, runaway or apparently abducted child. This program is designed to facilitate the safe recovery of these youngsters by the authorities.



A two minute video disk is taken of your child and a finger print kit is also provided, both of these services are done free of charge, and handed directly to the parent(s) for safekeeping. We do not keep a copy of the video tape or the finger prints. If the child is ever missing, the parent(s) may provide the video disk and the finger prints of the child to the authorities. Law enforcement agency searches are enhanced by this expeditious information.



If you missed either of these wonderful opportunities or would like more information please contact:

Warwick Community Police: 468-4325.

Rhode Island Free Masons: 435-4650



Warwick National Little League  
2007 Safety Plan



# 2007 2<sup>nd</sup> Annual Field, Health & Safety Day.. Day two



Warwick National Little League is committed to the safety, health and over all well-being of our families and our community!

On our second annual safety day or in this case two days. We had the pleasure Of offering to our families to participate in many health, safety, fun and information activities. We started our first day with the Warwick Community Police and Rhode Island Free Masons offering an opportunity for our families to have record's of their children both in picture format and on video disk.



Our second day....

Bright sunshiny day..... with blustery winds... Started with Christian Vallodolid singing our National Anthem.

## Character, Loyalty and Courage.....

WNLL asked the Shoemsmiths to throw out the ceremonial first pitches.

Nick, Christopher, and Danielle have consistently shown us throughout the past several years their loyalty and character... when volunteering, helping out anyway they can and as team players...The year Nicholas broke both of his wrists he continued to be a part of his team instead of quitting and attended his games to show his support, Danielle and Christopher always on their “keep our field clean” brigade  
Courage... and how this family has shown their courage...especially this year with the tragic loss of their father they continued to be strong and showed us all how to be strong... as difficult as it had been ...they continued to Play, throughout both the regular season and the fall ball season..... They continued to be a part of the Warwick National Family..... We are honored to have Nicholas, Christopher and Danielle throw out the first pitches.... To remind us what Character, Loyalty and Courage really is!!!



**Warwick National Little League  
2007 Safety Plan**

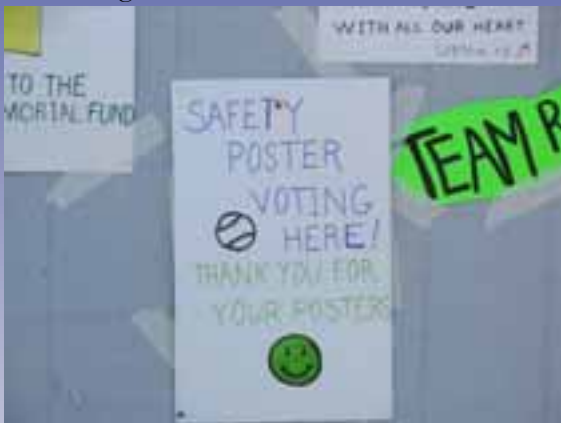


# 2007 2<sup>nd</sup> Annual Field, Health & Safety Day.. Day two

## Giving back to the Community Thanksgiving and Coat Drive.

Players and their families generously gave monetary and food donations for the local community food bank.

We also, had a very successful coat drive to help warm our neighbors at a local shelter.



## First Annual, Safety Poster Contest...

Throughout, the plan you will see a wonderful display of all of our players Safety ideas! Every participant received a WNLL Pin and the winners of each age category won a gift certificate to Toys R Us. The first place winner of the three categories won a movie gift basket and gift card with the winning Safety Poster as the Cover Page to the WNLL 2007 Safety Plan!

Congratulations to our Safety Poster Winners:



**Kyle Dennis "Pitch in for Safety" Age 6**

**Andrew Cravin "Don't slide Head First" Age 9**

**Ryan Rajotte, First Place Winner "Stay in the Game" Age 12**



# 2007 2<sup>nd</sup> Annual Field, Health & Safety Day.. Day two

Calling all Coaches, Parent and Players.....

Throughout the day we had displays of information for everyone.

## Coaches:

- Positive Coaching
- Fundamentals of Coaching
- How to run Practices
- Safety and First Aid Information
- How to involve parents



## Parents & Players

- Internet Safety
- Lead Poison
- Drugs – what are teens doing today
- Bike Safety
- Drug, Alcohol & Tobacco Information
- Bullying

- Stranger Danger
- RAD Kid Information
- Electrical Safety
- Lightning Safety
- Fire Safety
- Lyme Disease / West Nile Virus
- Cancer

# 2007 2<sup>nd</sup> Annual Field, Health & Safety Day.. Day two



## Bouncing For Ben –

“There wasn't much that would get in between nine-year-old Ben Haight and baseball. Not even a fractured ankle, when his Little League team accommodated by allowing Ben to bat, using a pinch runner.

But then there wasn't much that got in between Ben and life itself, as he made each day meaningful, showing a determination rarely seen in anyone. “

"I think Ben taught us that nothing's ever that bad," says his mother, Nancy Haight. "Life is always worth living. If there's something you want to do, you go out and seize it. You don't sit back and wait. He had such heart, such spirit, and such strength of spirit."

We will always remember Benjamin's Determination!

All proceeds from the Bouncing for Ben will be donated to the Benjamin Haight Memorial Fund for the Friendship Baseball Field and Walking Path at the John Brown Francis Elementary School where Benjamin attended.



**We we always remember Bens determination, how unknowingly he left his quiet footsteps upon our hearts and how our lives will forever be altered for knowing him!!**



HAVE A FIRE TRUCK AND FIRE FIGHTERS  
AT EVERY game teaching first aid and  
safety.





# 2007 2<sup>nd</sup> Annual Field, Health & Safety Day.. Day two



The Warwick Fire Department also visited us for the day –

Warwick Firefighters and EMT's assisted our children (and some adults) on the fire truck and ambulance. We tried on the equipment while learning about the fire truck, how it works and fire safety tips.





# 2007 2<sup>nd</sup> Annual Field, Health & Safety Day.. Day two

Johnson & Wales Baseball Team Joined us for the entire day!

The JWU Players assisted in preparing our after the awful rains the day before.

They served as our Umpires, Announcers, assisted in games including the Fast Pitch game and raffles. They also held baseball clinics throughout the day covering fielding, catching and batting for our young players. They talked to our young players about their experiences as college athletes and with "dedication and hard-work you can do anything"



**Announcing & Score keeping**



**Umpires**



**Fast Pitch**

**Thank you JWU**





## Johnson & Wales Baseball Team Raises the Bar for Community Service

On an early Sunday morning, when most college students were sleeping off their Saturday nights, all 27 members of the Johnson & Wales (J&W) Baseball team were wide awake and ready to be positive role models to the youth they would meet that morning. Despite the one day rain delay and brisk winds, they arrived at the Warwick National Little League (WNLL) baseball field on October 29th ready to help the organization's Field, Health and Safety Day event run as smoothly as possible.

Paula Reid, Coordinator of the event, said that the J&W players sprung into action and assisted with the set-up for the day by raking the field, dusting off the bases and keeping the volunteer's children occupied with a game of football. As the WNLL players and families began to arrive, the J&W team spread out among the various games and activities taking place. Throughout the day, they served as umpires and announcers, ran fielding and batting clinics, manned the radar gun to measure the speed of each pitch, assisted with raffles and even spent some time helping with the snack bar. Ms. Reid had this to say about the J&W players' participation in the event,

"...This was a wonderful experience for our children...One of our eight year olds said, 'Can they come back again next year?' We had a terrific response from coaches, volunteers, parents and players and they haven't stopped raving about their [J&W baseball players] being a part of the day!"



At the end of the day, the J&W team was gratified by their experience and glad they were able to share their talents with a younger generation. The WNLL players had as much of an impact on the J&W players, as the J&W players had on the WNLL. As Michael Sarfati, a J&W team member said,

"I saw myself in a lot of the kids. These kids were so willing to learn and absorb the knowledge that we had to give. It was so exciting to show a kid the correct way to field or swing and for them to do it that way and be so happy about their improvements. When we wrote down a kids name on the leader board for fastest pitch and to see how happy they were... and their parents. That made everything worth it, to see the kids having fun and learning. I would do it again in a heart beat."

The J&W baseball players, in sharing their time, heart, and expertise with young baseball lovers, conveyed a spirit of good will on behalf of the University and made a world of difference in the Warwick community. Not only have these gentlemen raised the bar for other J&W athletic teams, they have inspired a new following of young fans.

**If your athletic team is interested in becoming involved in community service projects, please contact Kaitlin O'Donnell at 598-1275 or [kodonnell@jwu.edu](mailto:kodonnell@jwu.edu).**

# Johnson & Wales Clinic



Warwick National Little League  
2007 Safety Plan



Safe in the field and off the field

Be Alert when birds are flying, otherwise you'll cry!

Safe

Not Safe



**Brett D'Andrea**  
**Age 8**

10  
Brett D'Andrea

# Car Safety Rules

**Caitlin Blanchard**  
**Age 11**

no smoking  
no talking on cell phone

no eating

Keep your eyes on the road

Wear your Safety Belt

no putting on makeup while driving

no cleaning your face

no drinking Beer, wine or any alcohol

12



# Dear Players.....

Dear Warwick National Little League Players,

Baseball is a fun game that must also be taken seriously. In order to be the best you must be able to outperform the competition both mentally and physically. Hours of practice may be needed to help you reach this goal. And when you're finally on top, you won't stop there for your competition is always improving. It really takes dedication and hard work to reach the top and maintain it.

You need to view life in the same way. Dedication and hard work are two essential qualities for any successful person. You parents have them and might not even know it. Do they work (hard work) and constantly try to do the best for you (dedication)? If so, then yes, they do possess these qualities. In reality anyone can display these qualities in any way they seem fit but what truly matters is how you apply them to your own life. In my opinion, someone with dedication and hard work and the ability to focus the two on a positive goal will always succeed, even in failure.

Sincerely,

Zachary Winters



Dear Warwick National Little Leaguers,

First off, I would like to thank you for inviting me to your camp. I had a great day hanging out with you guys, playing and talking about baseball, the greatest sport in the world. You know people these days always tell that baseball is a boring, slow, and easy sport. I tend to disagree and hopefully you do to. People don't understand unless if they play the game just how difficult it really is. Anyone can go out and throw or catch a football, dribble and shoot a basketball, or even kick a soccer ball, but you try to convince me that anyone can go out, grab a bat and hit a 90 mph fastball or a 75 mph curve ball, it can't be done. Baseball is a game that only baseball players can play and no one else. Although it may seem slow, boring, and easy to others, to us we know it takes talent and mental toughness to play the beautiful game of baseball and its up to you guys to keep it alive.

Although I visited your camp to come and teach you, I learned a little bit from you guys also. You guys taught and reminded how fun the game is. Playing college baseball you sometimes forget how fun the game really is. You work so hard on and off the field, coach is always on your back, and amongst all of that I still have school to worry about. But you guys helped bring back some memories and made me believe again that baseball is fun. I would like to end this letter with a quote:

*"Teamwork is playing for your teammates, playing hard, and protecting each other, at all times on and off the field."* - Willie Randolph

Always remember you guys play for each other and not for yourselves. I'd like to thank you again and hopefully I'll see you guys again next year.

Sincerely,  
Frank Nadjvestky

November 13, 2006

Dear Warwick Little Leaguers,

My name is Justin Maldonado and I am a second year player on the Johnson & Wales University Baseball team. Some advice that I would give you guys and gals is most importantly HAVE FUN! You guys are at the best stages of life right now; I know my friends and I wish that we could go back to Little League so live it up and have fun. Always remember that win or lose there is always a tomorrow, and there is always another at bat, or time to pitch. The world is in front of kids.

I remember sighting the Little League anthem during All-Stars some years back and sighting it didn't really stick to me back then but now it means so much to me. Still to this day I remember it and live by it when playing sports, on and off the field. Remember these things guys. "Play fair, Strive to win, but win or lose, always do your best." By doing these things you can be everything you could ever dream of. Also always believe that if you can think it, you can do it. I wish you all luck today and in the future. Good luck and another thing. You're never too small to make a difference.

Justin Maldonado,  
Sophomore, Johnson & Wales University Baseball

Dear Warwick National Little League Players,

I had a great time watching you guys play and also to be able to work with you guys. Everyone did a great job of working as hard as you possibly could have. I enjoyed watching everyone work so hard because at a young age that's what you want to do, become the best that you could become. The main thing to do is have fun because all baseball is a game and you should have fun. Make sure you listen to your coaches because they will be a lot of help to you.

Make sure that everyone stays in school and to make sure everyone gets good grades. Baseball is just a game so relax when you are playing. Never get down on yourself or any of your teammates. Make sure you cheer for everyone on your team even if for some reason you don't like a teammate. Make sure you try your hardest because my like my dream you to could one day play for the Major Leagues.

Sincerely,

Salvatore Savo

November 13, 2006

Dear Warwick National Little League Players,

I was so glad to work with you guys. It was so much fun for me and I am glad you guys had fun as well. I was so impressed with the way all of you and how you were so excited to play the game. You should keep that with you because baseball is the most fun sport you can play. Learn to love and respect the game. There is so much good stuff to learn about baseball. I learn something new all the time and I have been playing for thirteen years.

It is also important to focus on school. I know sometimes school might not be as fun as baseball, but it is so important for you. If you can put as much effort as you put into baseball as you put into school there is no end to what you can accomplish. I know you all make your parents very proud and will continue to so that. I can't wait to come back next year and see how much you all have improved. Thank you for allowing me to help.

Sincerely,

Michael D. Sarfati  
Johnson and Wales Baseball #15

Dear Warwick Little League,

First and foremost, thank you for allowing us to come to and make a small impact on the athletic lives of your children. If I could stress anything to these young athletes, it is hard work. Players, never let yourself be satisfied with mediocrity especially if you feel a connection with the game. Understand the importance of practice. When you get older the things become difficult and complicated, so start yourself now with a great base of practice and determination. I wish I completely bought in to the importance of practice, and there are always the times where you second guess yourselves, and wonder what would have happened if? Don't have any "ifs". Make sure that you are doing your best day in and day out, on and off the field.

Parents, be there for your children. Make it to the games if you can. Despite the actual appearance of your child or the degree of indifference you think they feel, it really means a lot to see your faces in the stands. To this day I get disappointed when I don't see my mother and father at my game, which is hard for them because of where we travel, but I do miss them at my games, and I am 21 years old! Be there to listen to them at the end of their games, whether it's good or bad let them talk and let them tell you how they felt about the game and how they did personally and how they may or may not have contributed to the team that day. Make sure they respect the game. It has done so much for so many, it would be a shame to lose sight of that.



Dear Warwick National Little League players,

I enjoyed working with you guys and I noticed that you all work very hard. All of you need to keep working hard and doing your best. The main thing is to make sure you are having fun because baseball is only a game. Just listen to your coaches and play the game. You will notice it is a fun game when you play relaxed.

Once you get older and start playing for your school team you need to make sure that you keep up your grades. That is more important then playing a sport in school. If you keep your grades up and work hard you can hopefully one day reach your goals. For most of you your dream is to play in the Major Leagues. If you keep working hard and doing well in school, you never know. Don't ever give up on your dream no matter what anyone tells you because nothing is impossible.

Sincerely,

Jeff Jordan

To the Warwick National Little League Players,

I first want to thank all of you guys for letting me participate in a great day filled with fun. You guys were awesome and it was a great experience. The best advice I could give you is to always play your sports the way they should be played. The best part of baseball is that it is a game. A game that could be a big part of your life by achieving goals that you have set for yourself, or a game that you and your buddies play once in a while to just have some fun. Always remember that it is a game and it is just important that you have fun.

For some of you guys that are not the most talented in the game and do not think that they are cut out to be stars, I have a little story. When I was nine years old I was cut from the all-star team. I had very bad vision and couldn't hit water if I fell out of a barn. I worked hard for a year until I finally made the all-star team when I was ten. I still was one of the worst players on the team and was getting extremely frustrated. Although I wasn't nearly as good as my friends, I still tried hard to get better. For the next couple years I worked hard day in and day out (while still keeping up with my school work) and made the my highschool team. After four years of highschool I received many awards and was one of the best players in my entire area. I now play the game that I love for a college that I love and my family could not be any prouder of me. I am the perfect example that hard work will definitely pay off as long as you are determined and always do the right things. Good luck guys.

John Kuschman

Dear Warwick National Little Leaguers,

Baseball is a game of inches as many have you heard from all. But I'm sure that nobody has explained to you what those inches are made of. They are made of determination, education, sportsmanship, and enjoyment. The role of determination plays an important part in playing baseball. The will to succeed and triumph in hard times is crucial to a baseball team, and very-well can determine the fate of a team in the time of play. Your education is number one priority in your life. Staying in school will help you develop better communication skills on the field and off. Interaction with teammates will be easier and not having any fear of making a mistake will come into play. Having a good attitude on and off the field shows people you are a true champion win or lose. Having a positive attitude will let others see how you conduct yourself and ultimately give them a birds-eye-view of a baseball player. Most important of all is to have fun playing the game. If there is no fun in playing baseball you as an athlete will not enjoy the privilege of playing. It is a privilege to play. By that I mean not knowing who tomorrows champion will be, brings all the fun and the same thought through everyone's mind, "I can be a champion."

My message to you young athletes is be yourself on and off the field. Have fun playing the game of baseball and do your best. Win or lose as long as you and your team try your best, everybody is a winner. There is no "I" and team and remember that no one person can beat an entire team themselves. Remember to have fun and play your best and you will come out on top. Thank you and good luck with your upcoming season!

Sincerely,

Eraclito Rapuano #22  
JWU Wildcats

Dear Warwick National Little Leaguers,

First off, I would like to say that I felt privileged to have been giving the opportunity to attend that special event you guys held. I really hope that everyone enjoyed our attendance, and hope that the kids really learned something from the drills that we held and had them participate in, also we hope that the players will take this along with them in there lives and pass it on to younger kids when they hit our age.

Second, the team would like to say that we loved being there and seeing all the kids smile and enjoy themselves. It not only made us feel good inside, but showed us how much the kids and supporters really appreciated the whole team being there and hopefully showing the kids new things in baseball, that they can take and improve on everyday and hopefully and eventually they work hard enough, and we can see them play at the college level, which is a tremendous experience and accomplishment, if you work hard and strive in not only baseball, but also in school. Because if you want to play baseball, your going to have to get good grades and attend classes, school comes first, sports is a privilege not a necessity.

Thank you again for having us, and we hope sometime soon that we will be able to help out again.

Sincerely,

Greg Byron

J&W Wildcats # 7

Dear Warwick National Little League Players,

I was involved in Little League baseball in Rhode Island from the ripe age of 6 years old. Let me tell you, some of the memories I had in little league are ones that I will cherish forever. I was surprised to see the talent some of you had at such a young age, it was truly impressive. Not just the talent was impressive, your whole program, I never had anything like that in my little league years and you all should be appreciative of the parents and coaches that make these things possible for you. They are the ones driving you to games, cooking burgers and dogs, and coaching you guys the best they know how. So while your young be nice to the people that care about you and it will pay off when you get older, trust me.

As far as school and baseball, stick with it. You need good grades to get into college and you need to be a pretty decent athlete to play college ball. So work hard in the cage and with the books skills and intelligence are a key combination to being a student athlete. Last of all, what is going on with Lincoln winning all those state championships, I say you guys get it together and win one for Warwick national, have a season you will never forget and take down those clowns from Lincoln.

Sincerely,

Dan Attwood



# *Coaches*

# Coaches

## *The Little League Parent / Volunteer Pledge*

*I will teach all children to play fair and do their  
best*

*I will positively support all managers, coaches and  
players*

*I will respect the decisions of the umpires*

*I will praise a good effort despite the outcome of the  
game.*

## How Do You Want to be Remembered?

*By Nicholas Caringi  
Director of Operations  
Little League International*

My experiences as a player in Little League are memories that are "priceless" to quote a popular credit card advertisement. But let's examine why.

Here is what I don't remember:

I don't remember how many hits, home runs, (probably not many) wins, losses, strikeouts, league championships, all star wins or losses. For whatever reason, these just must not be important enough to remember.

Here is what I do remember:

I remember how it felt when our phone rang and the coach informed my dad that I was drafted to be a member of the Bastian Tires team. I remember the feeling I had when I first put the uniform on. I remember our coach rewarding us with a snow cone if we committed fewer than four errors in a game, regardless of whether we won or lost.

I remember my all star coaches, Mr. Cioffi and Mr. Hieber, who put so much time in working with us as kids that we often forgot we played baseball. We seemed to gel as friends first that happened to play on the same team. Mr. Cioffi's practices were filled with interesting, fun drills that reinforced sound fundamentals.

My point is that too often people get caught up in the winning and losing of games and often lose sight of why they are there. Staying true to reason adults volunteer for the children of their community is most important. The reason should be to provide a safe fun atmosphere for kids to learn and grow as individuals. Learning how teamwork and dedication can help them accomplish any goals that they set for themselves.

I now see Mr. Cioffi from time to time as he is a volunteer team host at our Little League World Series as well as my daughter's third grade teacher. Visiting with him reminds me about all that is good about Little League and how much of an impression he has made on me as a child that carried through to adulthood.

Now, let's get back to my original question. How do you want to be remembered?

Wouldn't it be nice to have one of your former players approach you with their son or daughter and say "Let me introduce you to my Little League coach!"

# Warwick National Little League

## 2007 Season

Welcome to yet another exciting season with Warwick National Little League.

First, I would like to congratulate Warwick National Little League's Players, Families and Volunteers for Their dedication to WNLL and the safety of our League. Together, we were able to put together a Safety Plan that was recognized as First Place Winners of the Eastern Region ASAP Safety Plan. Way to go WNLL!!!

You will notice throughout Warwick National's Safety Plan you will find many new additions. We are enhancing our focus, along with fundamentals of coaching and encouraging Positive Coaching Techniques we have enhanced our focus to include our Community Partners. WNLL is providing Players, Parents and Volunteers education of and access to many community resources. Providing free weekly educational/training sessions curriculum to include orthopedics and how to avoid injuries, fire safety and AED Training of the Cardiac Science Device WNLL purchased to name a few.

Teaching our children to be strong community leaders in providing opportunities to participate in activities To "give back to our community" such as: Coaches Curing Kids with Cancer, one Major League team decided to purchase presents, meet as a team and make wrapping paper, wrap and deliver presents to a Local Shelter for Christmas, giving back to the community Thanksgiving Food and Coat Drive and other activities such as Bouncing for Ben - reminding us all of how fragile our lives are and the Courage Benjamin Haight has taught us all.

This plan has been re-designed once again, for your convenience to be accessed as a **complete safety tool with pull-out sections. Feel free to print and take with you any portion that you may Need and refer back to it often.**

### **WNLL Mission Statement:**

*Warwick National Little league is committed to the children and their families in our community to implant firmly the ideals of good sportsmanship, honesty, loyalty, courage and respect for one another and authority, so that they may be well adjusted, stronger and happier children and will grow to become good, decent, healthy, and trustworthy citizens.*

**We have a responsibility to our children and their families to help them grow into decent, healthy and trustworthy citizens.**

Another exciting new year with all new changes.....

### **Warwick National LL Safety Committee –**

The Safety Committee is a newly formed committee reviewing how we can make our League Safer and assists in planning Field, Health and Safety Day.

### **Volunteers**

This year the board had decided to make it easier for players and families to find approved volunteers: All volunteer who have completed and have been cleared will receive a New and improved Photo ID along with Volunteer Hats. Only the volunteers who have their ID and are visible at all times will be allowed on the field.

**Second Annual Safety Day** was improved by adding Health Awareness. Over a span of two days WNLL hosted its 2<sup>nd</sup> annual Field, Health & Safety Day. During which the Warwick Community Police and Cadets Offered pictures and fingerprinting while the Rhode Island Free Masons offered a two minute video disk. The second day we had Johnson & Wales University Students umpire the games, they kept score, provide clinics and assisted throughout the day with All of the activities. We raised over \$200.00 for Bouncing with Ben. Also, the giving back to the community Thanksgiving Food and Coat Drive was very successful. First ever Safety Poster Contest! We had a terrific turn out and some wonderful ideas on Safety!! Thank you to everyone who participated. We also focused on Health, Safety and positive coaching information booths. Information such as: tobacco use, drugs, alcohol, lightning safety, lyme disease, internet safety and much Much more.

### **WNLL has purchased an AUTOMATIC EXTERNAL DEFIBRILLATOR (A.E.D.)**

The Defibrillator is located in the Major League Club House Please refer to the AED Step-by-Step Instructions found in this manual.

All coaches and managers are offered to become CPR Certified/First Aid/AED Trained– it is mandatory for at least one member of each team to be CPR and First Aid Certified.

First training provided by Dave Lavalley from CPR & Safety Class of Rhode Island which is scheduled for March 26<sup>th</sup> at 5:30 held at the PAL office on Bend Street the second Training will be scheduled for May 16<sup>th</sup> at 5:30 held at the PAL office.



### **Coaches and Players Clinics:**

2007 Coaches Clinics:

February 13<sup>th</sup> AAA & Major League Coaches Clinic Located at John Brown Francis Elementary

February 27<sup>th</sup> Instructional & AA Coaches Clinic Located at John Brown Francis Elementary

March 17<sup>th</sup> at the RI Baseball Institute

Pilgrim High School Coach to Offer Fundamentals Training Date TBA

Pitching Clinics will be held per division to teach proper pitching techniques Date's TBA

### **Positive Coaching**

Warwick National is committed to "Positive Coaching" and will be offering Managers to become Double Goal Coach Certified through the Positive Coaching Alliance.

**Batting Cages:** Lowered the gate to the Batting Cage and Tightened screen for safety.

Third Base side Batting Cage to be fixed in order to make it useable again.

### **Family/Playground Area**

Between the Major League and Minor League outfields, a swing set and bleachers have been put in place to make WNLL a little bit more family friendly.

### **Foul-Ball Returns**

There are plans to put Foul-Ball returns on both Minor and Major League Fields.

### **Snack-Bar**

A Few changes are made in the snack bar this year. First, we have a new Popcorn Machine and a new Hot Dog Steamer opposed to the Roller.

We also, have raised the age limit in the snack bar to anyone over 18 is allowed in the snack bar.

We will be adding a new item to our menu – Subway lunch packs to promote Healthy Eating!

### **No Smoking**

No Smoking signs have been added throughout the complex.

## **Dugouts**

New Helmets for all dugouts and safety kits for each home team dugouts.

## **Warwick National Press**

Check out our new Warwick National quarterly News letter.

Information Board will be located on the outside of the Major League Club-House for all upcoming events and announcements.

## **Weekly Informational Clinics:**

WNLL is going to host informational training sessions to all Players, Parents and Volunteers a few topics include:

Orthopedics – Stretching and how to avoid injuries

Tobacco Use and it's effects

Bicycle Safety

Fire Safety

## **Reminders:**

WNLL will provide any player who would like the use of a mouth guard.

The Safety Officer will conduct a presentation for all Division Directors and Team Parent Coordinators of the Safety Manual and its contents including forms and how to fill them out, handouts and pullouts and code of conduct.

Division Directors will include the presentation of the Safety Manual in the division meetings. Team Parent Coordinators will also present the safety manual presentation at the team parent meetings.

The Suggestion Box for the Safety Officer is located in the club house. We welcome any and all suggestions on safety.

To continue enhancing our safety we will continue to record Near Misses. Please fill out and report any near miss.

Five hour Training videos will be available through each division director.

We will continue to have clinics for both minor and major leagues.

Safety manual and accident reporting forms, travel forms, medical forms and volunteer applications will be available on-line for anyone that has access to a computer. Available to all families will be a Warwick National Little League Newsletter.

Please remember to check out our website [www.eteamz.com/warwicknational/](http://www.eteamz.com/warwicknational/)

ASAP Safety & Little League ENEWS are available through the Little League Online website: [www.littleleague.org](http://www.littleleague.org)

In closing, remember that safety rests with all of us, the volunteers of Warwick National Little League always use common sense, never doubt what children tell you, and report all accidents or safety infractions when they occur.

Play Ball, Have fun and play it safe!

Very truly yours,

Jeffrey Reid

WNLL Safety Officer

# Priceless

Some people understand life better, and they call some of these people "retarded"..

At the Seattle Special Olympics, nine contestants, all physically or mentally disabled, assembled at the starting line for the 100-yard dash.

At the gun, they all started out, not exactly in a dash, but with a relish to run the race to the finish and win. All, that is, except one little boy who stumbled on the asphalt, tumbled over a couple of times, and began to cry. The other eight heard the boy cry.

They slowed down and looked back. Then they all turned around and went back.....every one of them. One girl with Down syndrome bent down and kissed him and said, "This will make it better." Then all nine linked arms and Walked together to the finish line.

Everyone in the stadium stood, the cheering went on for several minutes. People who were there are still telling the story...

Why?

Because deep down we know this one thing: What matters in this life is more than winning for ourselves.

What matters in this life is helping others win, even if it means slowing down and changing our course. If you pass this on, we may be able to change our hearts as well as someone else's.

"A candle loses nothing by lighting another candle"

We need side armor to protect batters from getting injured



Ball about to hit the unprotected batter!

**Nick Haight**  
Age 8



**Ray Tremblay**  
Age 6





## Need For the Right Kind of Coaching

Bob Watson, former GM of the Yankees, was once asked what he thought was wrong with baseball. He said the two things most wrong with baseball today was the strong emphasis on winning versus the emphasis on development of strong players at the youth level and the lack of good coaching at the youth level. We agree with that thought.

Many, not all, Little League coaches are so caught up in the win at all costs philosophy that no thought is given to the development and health of the kids. How many times have you seen a big kid dominate a game because he throws hard? Yet when he gets to the next level, he disappears. Why? Could it be that he was never taught the proper pitching mechanics and when it came time to throw from 60'6" he was lost? He had an early growth spurt and threw the ball by everybody in Little League and the coach was satisfied with that-he won the game.

We feel most Little League coaches have their hearts in the right place-but they just don't know how to teach pitching. They send their sons off to a two-week camp once a year and think that's going to do the job. That's it; my son is now a baseball player. The fact is, baseball is much too hard a game to entrust to a couple of weeks of instruction. The body needs to build the right kind of muscle memory and that comes only from many repetitions and many drills.

"Win at all costs."

A few years ago Derek, Jack, and I gave a free pitching clinic for our local Little Leagues. It was very successful and the turnout was large. At the time I was a coach in that that league (my son was 12). A competing coach, who was at the clinic, thanked us after it was over but he wondered what my motive was to help the players on rival teams. That is your win win win mentality in a nutshell. Why are you helping my son when he might beat you in a game?

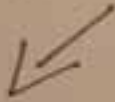
A few years ago there was a 12-year-old pitcher in our league that twisted his wrist to put spin on the ball when he threw a curve. (This is a very common arm action fault in youth baseball.) He threw pretty hard and he must have put a ton of stress on his arm because on one pitch in a game late in the season he fractured his arm while throwing a baseball!

Little League admits in it's manual that the volunteer coach is it's Achilles heel. I just wonder why more dads don't try to learn more about the game. It would do a world of good for the kids. It would do a world of good for baseball.

USE YOUR HEAD FOR THINKING NOT FOR BATING



JUST USE A HELMET OR YOU'LL END UP  
!LIKE THIS GUY!



**Caleb Bagley**  
**Age 10**



**NO**

**DRUGS**



**A  
L  
L  
O  
W  
E  
D**



**Christian Valladolid**  
**Age 12**

**IN**

**Warwick Nationals!**

# **What are your expectations?**

# Welcome to the Warwick National Little League 2007 Season

*We are looking forward to a fun and exciting new season. It is our goal to make this an informative, healthy and happy season for all players and their families. We have included expectations of the coaches, players and families to have a safe and successful season.*

## What Can You And Your Child Expect From the coaches?



- ↪ Be on time for all practices and games
- ↪ Be as fair as possible in giving playing time to all players.
- ↪ We will do our best to teach the fundamentals of the game.
- ↪ We will be positive and respect each child as an individual.
- ↪ Set reasonable expectations and goals for each child and for the season.
- ↪ To teach the players the value of winning, losing, good sportsmanship and the importance of being a team player.
- ↪ To be open to ideas, suggestions or help.
- ↪ Never holler at any member of our team, the opposing team or umpires.
- ↪ Any confrontation will be handled in a respectful, quiet and individual manner.

*To have FUN!*

**Warwick National Little League**  
**2007 Safety Plan**

*What Can You And Your Child Expect*

*From the coaches cont..?*

- ↪ Try not to question my leadership or the leadership of our coaches. All players will make mistakes and so will we.
- ↪ Do not holler at the coaches, the players or the umpires. We are all responsible for setting examples for our children. We must be the role models in society today. If we eliminate negative comments, the children will have an opportunity to play without any unnecessary pressures and will learn the value of sportsmanship.
- ↪ If you wish to question our strategies or leadership, please do not do so in front of the players or fans. My phone number will be available for you to call at any time if you have a concern.
- ↪ This is your field! Keep it clean, do not leave trash in the stands or on the ground – place it in the trash barrels.
- ↪ Each Family is expected to help in the snack bar – The total time in the snack bar in the regular season is approximately 2 times per player. The snack bar proceeds help run our league.

**Finally, We hear all our lives that we learn from our mistakes. Let's allow them to make their mistakes, but always be there with positive support to lift their spirits!**

***Have Fun!!***





*What Do I Expect From You As  
Parents And Families?*



- ↪ To come out and enjoy the game.
- ↪ To Cheer to make **ALL** players feel important.
- ↪ A copy of the code of conduct was provided at the time of registration. Please re-read and follow the code of conduct.
- ↪ Little League rules state that only 3 coaches are allowed in the dugout during games.
- ↪ If you would like to help during practices or would like to fill in for a coach during a game, please complete and submit a volunteer form with a copy of your license or photo ID.
- ↪ For the safety of our children after a background check is completed, approved and you have received your volunteer identification and Hat you will be cleared to participate on the field. Your I.D. must be present in order to participate on the field.
- ↪ The players are not allowed to leave the dugout unless they need to use the restroom – coaches will notify the family representative to help assist the player to the restroom.
- ↪ For safety sake – siblings are not allowed in the dugout.
- ↪ Allow the coaches to coach and run the team.
- ↪ If you have any questions or concerns my number will be available for you to contact me any time. Please do not address these issues during a game unless there is a safety concern.
- ↪ Do not bring food in the dugout.

## *What Do We Expect From Our Players?*

- ✧ All Players **MUST** wear proper equipment to practices and games ie. protective cups, cleats and baseball hats.
- ✧ Do not wear any jewelry including earrings either to practice or games.
- ✧ Be on time for all practices and games.
- ✧ Arrive 15 minutes prior to scheduled game start. The line up is made in advance.
- ✧ Please contact us if you are going to be late or are unable to make a game or a practice.
- ✧ Always try your **BEST** either in the field or on the bench.
- ✧ Be cooperative at all times and share team duties.
- ✧ Respect others including the other team and respect yourselves as well.
- ✧ Do not bring food into the dugout
- ✧ Be positive with teammates at all times.
- ✧ Try not to become upset at with your own mistakes or those of others ... we will all make our share this year and we must support one another.
- ✧ Understand that winning is only important if you can accept losing, as both are important parts of any sport.



### Mission Statement

**«Warwick National Little league is committed to the children and their families in our community to implant firmly the ideals of good sportsmanship, honesty, loyalty, courage and respect for one another and authority, so that they may be well adjusted, stronger and happier children and will grow to become good, decent, healthy, and trustworthy citizens.»**

The coaches are dedicated to the players, their families, the League and the Warwick National Little Leagues Mission Statement -

**Have fun – Play Ball!!**

**Warwick National Little League  
2007 Safety Plan**

# Responsibility

## The Warwick National Little League Members:

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

### Coaches & Managers responsibilities include:

- \*Open and Close Club house and Concession Stand – ensure proper cleaning upon closing of the concession stand.
- \*Identify a Team Parent
- \*Ensure that the code of conduct is being upheld.
- \*Ensure that all safety rules are being followed.
- \*Ensure that injury reports are completed and filed with the safety officer when an incident has occurred (Injury and/or Near Miss reports)
- \*Review fields and equipment for safe play prior to game or practice.
- \*Both of WNLL fields are returned to their original state.
- \*Lock all dugouts
- \*Lock Equipment and bases in dugouts
- \*AAA & Major League Coaches Log pitchers and pitches in log book.
- \*All garbage has been placed in containers
- \*All Electrical appliances are shut off in the snack bar.
- \*P.A. systems and score boards are off and unplugged.
- \*Lock all windows and doors.



# SAFETY IS YOUR RESPONSIBILITY

# Managers:

The Manager is a person appointed by the president of WNLL and passed by WNLL Board Members to be responsible for the team's actions on the field, and to represent the team in communications with the umpire and the opposing team.

- (a) The Manager shall always be responsible for the team's conduct, observance of the official rules and deference to the umpires.
- (b) The Manager is also responsible for the safety of his players. He/She is also ultimately responsible for the actions of designated coaches.
- (c) If a Manager leaves the field, that Manager shall designate a Coach as a substitute and such Substitute Manager shall have the duties and responsibilities of the Manager.



Pre-Season:

Managers will:

*Take possession of this Safety Manual which is provided in your coaches packet and keep the First-Aid Kit supplied by WNLL with you at all times.*

- \*Attend a *mandatory training session* on CPR, First Aid, AED and fundamentals training given by WNLL with his/her designated coaches.
- \*Appoint a volunteer team parent.
- \*Meet with all parents to discuss Little League philosophy and *safety issues*
- \*Cover the basics of *safe play* with his/her team before starting the first practice.
- \*Teach players the fundamentals of the game being mindful of positive coaching practices while advocating for safety.
- \*Notify Parents that if a child is injured or ill.
- \*Encourage players to bring water bottles to practices and games.
- \*Tell Parents to bring sunscreen for themselves and their children.
- \*\* *Managers and Coaches* are requested to read books on Little League Baseball mechanics and review training videos which is available through each divisions director



Season Play:

Managers will:

- \*Make sure *equipment* is in first-rate working order.
- \*Make sure that telephone access is available at all activities including practices. It is suggested that a *cellular phone* always be on hand.
- \*Do Not expect more from their players than what the players are capable of.
- \*Help players strive to do their Best
- \*Teach safety, team work, sportsmanship and respect for one another

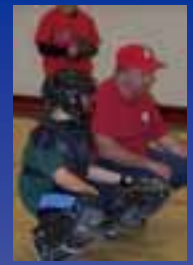
**A life is not important except in the  
impact it has on other lives.  
Jackie Robinson**

**\*HAVE FUN!**

**Warwick National Little League  
2007 Safety Plan**

**Rev 04/07**

# Teaching fundamentals of the game



## Pre-Game and Practice:

Managers will:

- Have parent fill out Medical Release forms and keep with you during ALL Practices and Games.
- Make sure that players are healthy, rested and alert.
- Make sure that players returning from being injured have a medical release form signed by their doctor. Otherwise, they can not play.
- Make sure players are wearing the proper uniform and catchers are wearing a cup.
- Make sure that the equipment is in good working order and is safe.
- Agree with the opposing manager on the fitness of the playing field. In the event that the two managers cannot agree, the President or a designated representative shall make the determination.
- Be open to ideas, suggestions or help.
- Enforce that *prevention* is the key to reducing accidents to a minimum.
- Always have First-Aid Kit and Safety Manual on hand.
- Use common sense.



## Fundamentals:

- Catching fly balls
- Sliding correctly
- Proper fielding of ground balls
- Simple pitching motion for balance
- Light tosses short distance.
- Light tosses medium distance.
- Light tosses large distance.
- Medium tosses medium distance.
- Regular tosses medium distance.
- Field ground balls.
- Field pop flies

## Warm-Ups

Enforce the rule that no bats and balls are permitted on the field until all players have done their proper stretching.

Light jog around the field before starting throwing warm-ups that should follow this order:

- |               |               |
|---------------|---------------|
| Calf muscles  | Hamstrings    |
| Quadriceps    | Groin         |
| Back          | Shoulders     |
| Elbow/forearm | Arm shake out |
| Neck          |               |





## During the Game

### Managers will:

- Make sure that players carry all gloves and other equipment off the field and to the dugout when their team is up at bat.
- No equipment shall be left lying on the field, either in fair or foul territory.
- Keep players *alert*.
- Maintain *discipline* at all times.
- Be *organized*.
- Keep players and substitutes sitting on the team's bench or in the dugout unless participating in the game or preparing to enter the game.
- Make sure catchers are wearing the *proper equipment*.
- Encourage everyone to think *Safety First*.
- Observe the "*no on-deck*" rule for batters and keep players behind the screens at all times.
- No player should handle a bat in the dugouts at any time.
- Keep player's off fences.
- Get players to *drink* often so they do not dehydrate.
- Do Not play children that are ill or injured.
- Attend to children that become injured in a game.
- Do not lose focus by engaging in conversation with parents and passerby's

## Post Game

### Managers will:

Cool down exercises with the players.

- Light jog
  - Stretching as noted above.
  - Those who throw regularly (pitchers and catchers) should ice their shoulders and elbows.
  - Catchers should ice their knees.
  - \*Do not leave the field until every team member has been picked up by a known family member or designated driver.
  - *Notify parents if their child has been injured* no matter how small or insignificant the injury is.
- There are no exceptions to this rule.* This protects you, Little League Baseball, Incorporated and WNLL.
- If there was an injury, make sure an accident report was filled out and given to the WNLL Safety Officer.
- If a near miss occurred fill out an accident report and identify the report as a "near miss"
  - Return the field to its pre-game condition, per WNLL policy.

***If a manager knowingly disregards safety, he or she will come before the Warwick National Little League Board of Directors to explain his or her conduct.***



## **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**

# WNLL Facility

## GENERAL FACILITY



- The dugouts will be clean and free of debris at all time.
- Dugouts and bleachers will be free of protruding nails and wood slivers.
- Handicap spaces will be clearly marked.
- Home plate, batter's box, bases and the area around the pitcher's mound will be checked periodically for tripping and stumbling hazards.
- Materials used to mark the field will consist of a non-irritating white pigment
- Chain-link fences will be checked regularly for holes, sharp edges, and loose edges and will be repaired or replaced accordingly.
- The yellow safety caps on chain-link fences will be checked regularly for cracks and will be repaired or replaced accordingly.
- Concession Stand facilities will be monitored regularly.





**Christopher Reid**  
**Age 8**

3

**In Case Your Clothes Catch Fire.....**  
**STOP DROP AND ROLL**



**Courtney Smith**  
**Age 11**

9

# Important Do's and Don'ts

## *Do...*

- ↪ Reassure and aid children who are injured, sick, frightened, or lost.
- ↪ Provide, or assist in obtaining medical attention for those who require it.
- ↪ Know your limitations.
- ↪ Carry your first aid kit to all practice sessions and games.
- ↪ Keep your “Prevention and Emergency Management of Little League Baseball and Softball Injuries” booklet with your first aid kit.
- ↪ Assist those who require medical attention - and when administering aid, remember to...
  - ↪ LOOK for signs of injury (Blood, Bruising, Deformity, etc.)
  - ↪ LISTEN to the injured describe what happened and what hurts (if conscious).  
Before questioning, you may need to calm and soothe an excited child.
  - ↪ FEEL gently and carefully the injured area for signs of swelling or evidence of broken bone.
- ↪ Have your players' Medical Clearance Forms with you at all games and practices.
- ↪ Arrange to have the use of a cellular phone when practicing at fields with no accessible public phone.
- ↪ Place a lost tooth in milk or water if milk is not available to help preserve it.
- ↪ Place ice on an impact injury to reduce swelling.
- ↪ Report hazardous conditions to the Safety Director or other board member immediately.

## *Don't..*

- ↪ Administer any medications.
- ↪ Provide any food or beverages (other than water).
- ↪ Hesitate in giving assistance when needed.
- ↪ Be afraid to ask for help if your not sure of the proper procedures (i.e. CPR, etc.).
- ↪ Transport injured individuals except in extreme emergencies.
- ↪ Leave an unattended child at a practice or game.
- ↪ Hesitate to report any present or potential safety hazard.



IT'S ALL ABOUT™



BASEBALL

# Coaches Clinic

## 2007 Coaches Clinics:

February 13<sup>th</sup> AAA & Major League Coaches Clinic

February 27<sup>th</sup> Instructional & AA Coaches Clinic

March 17<sup>th</sup> at the RI Baseball Institute

## Coaches Clinic Curriculum

Fundamentals Training:

### Throwing -

Grip

Sitting

Kneeling

Throw

Play Catch

Mind Set – Play Catch With a Purpose

Crow Hops



### Drills –

Dry swing

Soft Toss

One Knee

Lead arm

No stride



### Batting -

Speed to the ball not strength to the ball

Bat Selection

Grip

Stance

Feet wider than Shoulders

Cocking Position

Knees inside the feet

Pigeon Toe

Knob at opposite batters box (flashlight)

Bat down Not Vertical

Head square both eyes facing the pitcher

Bent arms with back elbow down

Launch (hands through first)

Minimum Stride

Pivot on back foot and land closed with front foot

**RHODE ISLAND  
BASEBALL INSTITUTE**

**COACH'S  
HANDBOOK**



**2011 Post Road, Warwick, RI 02886  
401-732-9575**



## Coaching



As a coach going into the season, you want to have a plan for your team. Knowing what you need to accomplish, at the level you're coaching, is crucial to the development and success of your team.

The staff at the RIBI firmly believe that you need to know the basic fundamentals of the game and how to implement them into your practice plans. Your teams' success should be defined by how each player has developed during the course of the season. We also recognize that players will become motivated in an environment that is fun and competitive.

Since 1992, the RIBI has been instructing players at every level. We have developed our own teaching methods, which have been proven to be effective.

This manual has information about hitting, fielding, throwing, pitching, catching, and running your practices. In each area, we point out what's important and how to get your players to practice these fundamentals during team practice.

Keep in mind that some players will develop faster than others. Have patience and be persistent in what you do at every practice.





# Fielding and Throwing



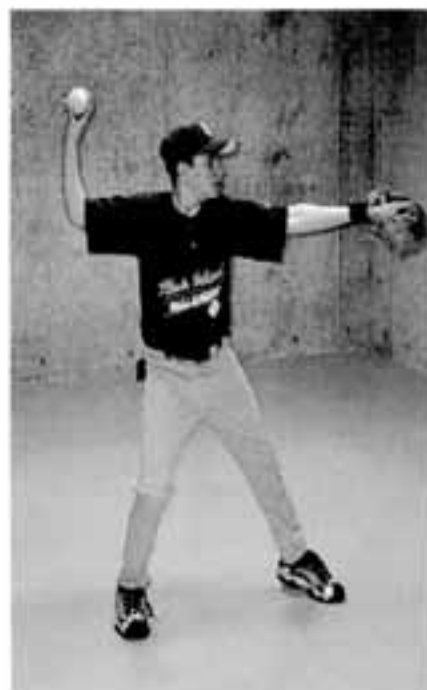
**Fielding Position** –  
butt down  
hands out in front



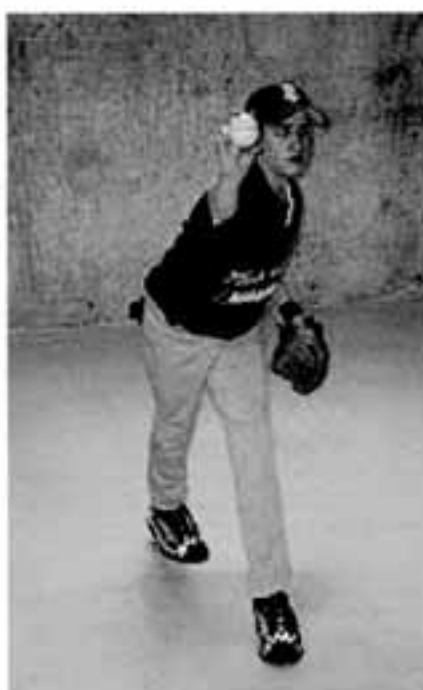
**Crow Hop** –  
pivot foot turned in



**Throwing Position** –  
weight back



**Throwing Position** –  
elbows up / front heel up



**Release Point** –  
hip turn and pivot



**Forehand**





**Backhand**



**Four Seam Grip**



**Receiving –**  
hands up  
step to ball with glove foot



**Approach the Ball –**  
hands in front  
chop steps



**Fly Ball**

# Practice Plan

Ages 9 - 12

## Instruction ♦ Practice Plan *Week 5*

<b>Team talk</b>	5 min.
Review the past practice or talk about days practice or give a pep talk	
<b>Warm up</b>	5 min.
Flexibility	
Team Running	
<b>Throwing</b>	10 min.
One Knee - Throwing	
Drill Position	
Catch, Step, Turn & Throw	
Long Toss	
<b>Skill of the day:</b>	
<b>Coach explains to the group</b>	10 min.
Catch A Flyball	
Middle Drill	
<b>Skill station</b>	15 min.
<b>Infield:</b>	Slow Roller
<b>Outfield:</b>	Groundballs
<b>Outfield:</b>	Crow Hop
<b>Pitcher:</b>	Change Up (10 years and up)
<b>Pitcher:</b>	Inside/Outside Drill
<b>Catcher:</b>	Throwing Footwork
<b>Hitting Station:</b>	30 min.
(3 groups / 10 min. each)	
Group 1: Drill, Drop Toss	
Group 2: Pivot/Soft Toss	
Group 3: High and Low Tees	
<b>Team Station</b>	15 min.
Throw to Bases	
<b>Total practice Time</b>	90 min.

## Instruction ♦ Practice Plan *Week 6*

<b>Team talk</b>	5 min.
Review the past practice or talk about days practice or give a pep talk	
<b>Warm up</b>	5 min.
Flexibility	
Team Running	
<b>Throwing</b>	10 min.
One Knee - Throwing	
Catch, Step, Turn & Throw	
Long Toss	
Quick Catch	
<b>Skill of the day:</b>	
<b>Coach explains to the group</b>	10 min.
Bunting-Sacrifice Squeeze	
<b>Skill station</b>	15 min.
<b>Infield:</b>	Double Plays
<b>Outfield:</b>	Crow Hop
<b>Pitcher:</b>	Change Up (10 years and up)
<b>Pitcher:</b>	Inside/Outside Drill
<b>Catcher:</b>	Framing
<b>Catcher:</b>	Throwing to Second Base

( continued )

( Continued )

## *Week 6*

<b>Hitting Station:</b>	30 min.
(3 groups / 10 min. each)	
Group 1: Drop Toss	
Group 2: Swing, Contact, Follow, Freeze	
Group 3: Small Ball/Bunts	
<b>Team Station</b>	15 min.
Bunting with Base Runners	
<b>Total practice Time</b>	90 min.

## Instruction ♦ Practice Plan *Week 7*

<b>Team talk</b>	5 min.
Review the past practice or talk about days practice or give a pep talk	
<b>Warm up</b>	5 min.
Flexibility	
Team Running	
<b>Throwing</b>	10 min.
Catch, Step, Turn & Throw	
Long Toss	
Quick Catch	
<b>Skill of the day:</b>	
<b>Coach explains to the group</b>	10 min.
Double Plays	
<b>Skill station</b>	15 min.
<b>Infield:</b>	Double Plays
<b>Outfield:</b>	Crow Hop
<b>Pitcher:</b>	Tilt Drill, High and Inside / Low and Outside
<b>Catcher:</b>	Blocking
<b>Hitting Station:</b>	30 min.
(3 groups / 10 min. each)	
Group 1: Short Toss	
Group 2: Ball Spin	
Group 3: Middle Drill / Inside and Outside Drill	
<b>Team Station</b>	15 min.
Double Plays (infield)	
<b>Total practice Time</b>	90 min.

# Fundamentals Training

## Infield –

- ↪ Glove Selection
- ↪ Catch ball on glove side
- ↪ Field ball in front – not under the body
- ↪ Triangle
- ↪ Set, ready, read
- ↪ Touch down at point of contact
- ↪ Left – Right – Left
- ↪ Brace right, spread left
- ↪ Drills
- ↪ Short hop drills
- ↪ forehand and backhand
- ↪ Feeds to the bag
- ↪ Paddles
- ↪ Mental aspect of the game
- ↪ The ball is coming to me what am I going to do with it?

## Outfield –

- ↪ Catch the ball
- ↪ Approach to the ball
- ↪ Hands up
- ↪ Catch the ball on the throwing side
- ↪ Outfielders crow hop
- ↪ Communication

## Drills –

- ↪ Throw the ball
- ↪ Simulates all types of hit balls

## Catching –

### Stance

- ↪ Back 75 degrees
- ↪ Receive the pitch
- ↪ Blocking
- ↪ Throwing
- ↪ hand position
- ↪ Bunts – Clear
- ↪ Block plate
- ↪ Pop ups
- ↪ Giving Signs
- ↪ Ball in dirt
- ↪ Drive forward to cut distance

### Mental aspect of the game

#### Attention span:

- ↪ Short intense practices
- ↪ Try to involve as many people in The drills as possible



# Fundamentals Drill

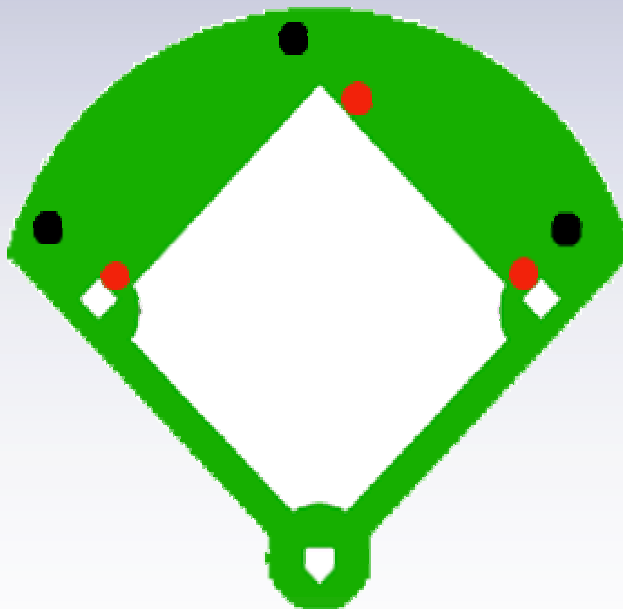
## Baseball- All Around Drill

### Purpose:

Great drill for working the infield quickly and warming up. Great for teaching players how to back up the throw. "If you can't see the player who is making the throw to the position you are backing up, you are too close"

### Procedure:

Position a player at each infield position excluding pitcher and shortstop. Each base excluding the catcher has a backup who is positioned behind the base. Begin the drill with the catcher throwing to first, first throws to second, second throws to third, third throws to home. After a few minutes, reverse the drill home to third, etc. The players playing behind the bases should be lining them selves up to back up the throw. If there is an errant throw the back-ups should be ready to retrieve the ball and make the throw to the next base.



# Fundamentals Drill

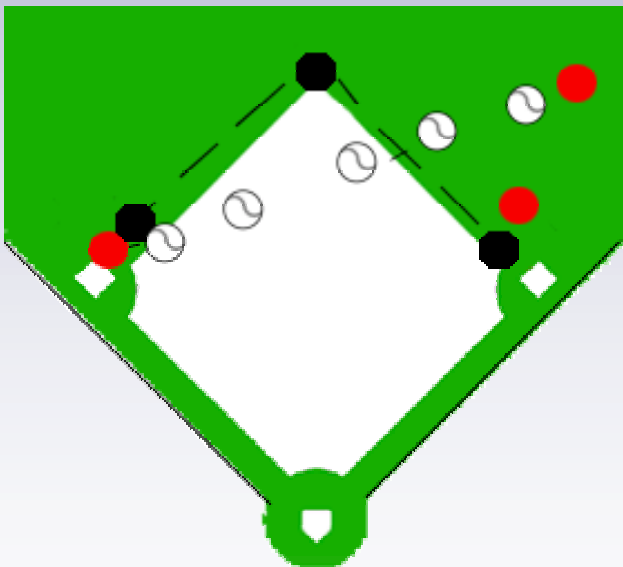
## Purpose:

Works on the outfield stopping the ball and making the throw into the infield. Works on base-running and sliding.

## Procedure:

Line-up three, four or five players at the following positions. Right field, first base and third base.

The player's at first base take turns as base-runners and try to make it safely to third base. On the coaches signal, the player from first takes off heading for third base. Every time the runner gets to third base they need to go in sliding. The coach hits the ball behind the runner to the right fielder, the right fielder makes the stop and try's to throw the runner out a third. The third baseman needs to stop the ball and make a low tag. Rotate the players through after each turn. Player plays the same position -runner, right field or third base, through two rotations, before moving to another position.





# Fundamentals Drills

## Hitting Drill:

To improve the hitter's batting stance thus improving the ability to hit.

### Procedure:

The hitter assumes the regular batting stance with the coach checking the placement of the feet, knees, hips, shoulders, head and eyes.

## Dead ball Drill:

To reinforce the mechanics of throwing and to teach players to pick up a dead ball with their bear hand.

### Procedure:

Place players in single file at third base, shortstop, second base and home. Place a coach at first base. Place balls at each infield position and in front of home plate. Place balls in normal fielding positions. The third baseman starts the drill by picking up a "dead ball", crow hopping and throwing to first base, the shortstop follows the third baseman, then the second baseman, followed by home plate. (All throws are made to first base). The coach at first base receiving the throws should roll the ball back to the thrower the thrower will place the ball in its proper position and go to the back of the line. Rotate player groups from position to position after each player has thrown two or three times.

## Load Fire Drill

### Purpose:

Helps develop and reinforce basic throwing fundamentals.

### Procedure:

Have players pair up for throwing at a distance of between 10 - 20 feet apart depending on age. This is just a simple throwing drill from one knee. When kids catch the ball the load up immediately and hold it. On command from the coach, the player will throw the ball to the partner. Emphasize high elbow up above the shoulder, front shoulder pointed at their partner, palm down. Players must load up for throwing and catch with both hands. Don't let players get lazy or this drill is a waste of time.

After a period of time, have the players stand and the thrower stands sideways to the receiver. Non throwing shoulder in front. Emphasize loading up quickly. Hold until the coach gives the command. Knees bent slightly, feet slightly wider than shoulders. They are not stepping on the throw. On fire the thrower will pivot on feet and throw the ball with their shoulders changing places. Receiver needs to surround the ball so that they are catching on the throwing shoulder side. Receiver needs to move their feet to get into position.



# Tracking Fly Balls

## Helpful Drills:

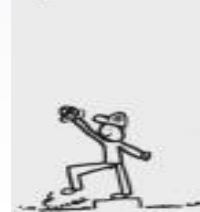
- ↪ Make sure your outfielders are running on the balls of their feet. If they run on their heels the ball will appear to “bounce” and they will not track it well. Daily Form Running helps players with their running technique.
- ↪ Teach them that the glove is considered as part of their hand. They pump their arms and do not hold the glove out in front of them as they run. (This restricts the body and slows you down) Put the glove up the **last three steps only**.
- ↪ Getting a good ‘jump’ on the ball- this is where a player must concentrate. To get a good jump he must be moving at the swing of the bat. Look for a late reaction from a player. Many times they don’t move toward the ball until it is already in the air and sometimes by them. Kids must learn to concentrate on the strike zone. Have them play a game in their heads. They should pretend that the hitter is a fungo coach and every pitched ball is a fungo that is going to be hit at them. (“The game is played one pitch at a time.”)
- ↪ Teach them to watch the action of the hitter’s bat. This is a good teaching tool. Have your players stand in front of home plate on the infield. Take a position in the RH batter’s box.
  1. Hit’ an imaginary ball up the middle. Have your kids concentrate on the action of the bat. Ask them where the ‘ball’ went. They will tell you, up the middle.
  2. Next pull an imaginary pitch. Your kids will tell you that you hit the ball to left field.
  3. Lastly, hit an outside pitch to the opposite field. Your players will know where the ball went.

By watching the action of the bat and reading the hitter’s body, players can learn to get a good jump on the ball.

- ↪ Do not allow back pedaling. Teach the drop step, instead. Have your players drop the leg closest to the side the ball is on. If the ball is hit to their left, drop step with the left leg, turn and go to the ball.
- ↪ Hit deep and high fly balls. Have the outfielders turn and run to the spot where they think the ball will land. Don’t look up until they get there; just turn and run to the spot.
- ↪ Teach your players shagging in the outfield during Batting Practice to “Break” on all fly balls. They should concentrate on the hitting zone, watch the ball off the bat and “break” two or three steps in the direction of the flight of the ball. Establishing this routine during your daily BP will begin to develop your players’ ability to track the ball.
- ↪ On the big fields, it is also important for the outfielder to understand and read the spin (or slice/hook) of the ball. Example: A center fielder needs to know that a line drive directly between him and the right fielder will be slicing toward the right fielder off the bat of a right handed batter, and toward him off the bat of a left handed batter.

The little things.....

- ↪ Communicate with the infielders and other outfielders.
- ↪ Head first diving catches (lay out)
- ↪ One handed catches.
- ↪ Get under and catch ball with throwing momentum to the appropriate base. (Eliminate drifting)
- ↪ Using the glove to shade the sun
- ↪ Locate the “white dot” to catch a high fly ball at night on a poorly lit field.



# Coaching Principles

We are always writing articles about the great profession (avocation) of coaching. It has become a passion to contribute our views on coaching baseball. Let's look at, and review, some of the things that will make you more productive and valuable coaches who have development of the kids foremost in mind.

Understand and believe that what you are doing gives you the power to support the continuation of this great game. You can make a difference.

Have a plan for each and every practice.

NGI-Never give in. A coach must continue to teach, even when some of the players look like they aren't 'getting it.' Teach right up to the last out of the last game of the season.

A few years ago, very late in the season, I watched a Vero Beach Dodger game. The Dodgers had a losing record and many of the players were just 'playing out the string.' They knew their career in professional baseball was coming to an end. The best prospects had already gone up to AA ball. That is a very tough time for a player and a coach. But it shows who the good coaches are.

John Shoemaker was teaching in that game as if it were the first game of the World Series. "Shoe" still had his enthusiasm and was giving it his best effort. It would have been so easy to slack off in those dog days of August. (An update: John Shoemaker is now the skipper of the Dodgers AAA team in Las Vegas.)

**Spend extra time**, after practice, with those players who need it the most or make other times to meet with the players. Don't be influenced by what parents and other coaches say to you or about you. Believe in what you are doing and stay on the path. Believe me, if you are doing a good job you will not be popular. You will be respected, but not popular. If you try to please everybody you will wind up pleasing nobody.

You must have control and you must use discipline.

**Be yourself.** Coach within your own personality. Don't try to copy someone else. Use other methods from coaches that you admire but ultimately you have to be yourself.

**Have integrity. Keep teaching the important values** even when they are not fashionable. Stand by what you say. If you penalize players for missing practice, penalize all of them, not just the weaker players.

**Don't set arbitrary rules to enforce them at your whim.**

**Understand that you can make a difference in a young life.** That is your reward.

That is why you coach-not just to win.

## Coaching Principles cont.....

**Have a goal of making your players just a little better than they were the day before.** Develop the attitude that if they are not getting better, they are getting worse. **Teach your players to respect the game.** How they act on that field is a direct reflection of you, the coach. Have them hustle at all times, keep their shirrtails in, wear baseball caps, maintain good behavior and listen to you. The way they practice is the way they will play in games.

If you coach your son try to honestly evaluate his talent and put him in the position where he will do the most good for your team. I have seen many a coach's son who never was and never would be a shortstop. Guess where he played.

**Take coaching seriously and give it your best effort.**

If you want your players to take you seriously, take the game seriously.

**Become a student of the game.**

Players can use the off-season to get better. Coaches can too.

**Teach your players appropriate behavior during games.** Don't let them question umpires' calls or cheer against the other team. Teach them how to stay focused in the dugout. Give each player some responsibility. I feel that early in the season you will have to stay on top of this. Establish the way you want them to act and keep on them until you get the desired results.

Demand **respect** from your players. You will find you'll have to **earn it**.

Become **a positive role model** around your players. Don't smoke in front of them. They are going to emulate you. You have an obligation to set aside your personal peccadilloes for the time that you are a coach.

**'Knowledge is power.'**

Put your ego in your back pocket. Be confident that you are **operating with the proper motives**.

**Don't belittle** other teams and other umpires.

It is important that you make your players understand the fact that the techniques you are teaching them may involve failure. If a player is having a measure of success and performing a certain skill incorrectly, he must understand that when you change him he will fail until the new skill becomes part of his 'muscle memory.'

## Coaching Principles cont.....

For instance a pitcher may throw very hard and be successful. No one can hit him in Little League. However he may have poor mechanics that could hinder his development as a pitcher. It is your job to help him change those mechanics. The player will fail at first so you should be there to help him grasp that fact.

*How a player deals with that adversity determines his future.*

**Learn ways to keep your team focused in games.** You want them to stay involved. That is part of the learning process. This is a very tough element of coaching. I saw an ad in a baseball magazine that drove that point home for me. Pictured were 3 high school players in the dugout. The balloon caption over the first player read “What color is athlete’s foot? The 2nd caption read “Gee, it hurts when I do this (He was bending his hand backward.)” The final balloon read “Look, girls.” The title of the ad read, “Coaching is Hard.” You get the point. Do you remember those dugout responsibilities we posted in a past Tip of the Week? Make sure you give each and every player something to do. Ask them questions to keep them involved in the game.

**Constantly move your infielders and outfielders around during the game.** This keeps the defense alert as well as preparing them for different situations.

**Set a high standard.** Don’t go down to another teams’ level if that team has poor coaching. Stay away from that ya ya stuff.

**We believe a youth coach should take the approach that he is teaching all his players how to move up to the next level. That is what he should want for his players, to keep going up the ladder. If he coaches a junior league team the next step is high school. If he coaches high school the next step is college.**

**This is where integrity comes in- that player who is having success now but might have a bad mechanical hitting flaw. If you don’t help him change, he will not go on. You, the coach, are aware of the problem. It is your duty to help him. It is very easy to ignore it. He is doing so well now. We are winning with his little drawback. Ah, let the next coach worry about it. This takes some determination and strength of purpose on the part of the coach. He not only has to get the player to buy into what he is doing but he must convince the parents that he is right. It is definitely much easier and much more popular to just let it alone.**

**Coaching is not for everyone but it is a very rewarding and noble pursuit.**

**If you decide to do it, it is more gratifying to do it right.**





# Alone At The Plate

He pulls on a helmet, picks up the bat,  
and walks to the plate, "gotta hit and that's that."

The crowd starts to yell, the game's on the line,  
last inning, two outs, the score's nine to nine.

Dad yells, "Go get it," Mom wrings her hands,  
coach hollers, "hit it," but alone there he stands.



Heroes are made in seconds such as this,  
but he's just a little boy, what if he should miss?

Years after this game's ended and he's little no more,  
will he remember the outcome or even the score?

No he'll have forgotten if he was out, hit, or a run,  
he'll only look back on his friends and the fun.

So cheer this boy on, alone with his fate;  
help him remember with fondness this stand at the plate.

Spend your time wisely and help in his quest  
to be a hitter with confidence and always his best.

And when the game's over, this boy can stand tall,  
for you've helped him prepare to give it his all!

**Warwick National Little League**

# Understanding Athletes' Learning Style

## Understanding Athletes' Learning Style

Dr. Craig Stewart - Professor, Department of Health & Human Development,  
Montana State University Lynn M. Owens, Ph.D - Montana State University

### Introduction

Coaches are responsible for maximizing individual athlete's performance by consideration of numerous variables. Understanding team members' physical, emotional, social, and cognitive needs is one of the more demanding challenges facing a coach. However, as coaches mature in experience, they often accept that knowledge of the '*total athlete*' will, more than likely, enable them to enhance both individual and team success. Athletes' learning styles are an important component of the total athlete, and knowledge of those idiosyncrasies will assist a coach in preparing players and teams to their maximum potential. That knowledge will also help the coach facilitate practices where each athlete is cognitively challenged to learn. Additionally, it can assist coaches in providing practice sessions that will translate into improved performance and success on the field, court, or arena. By understanding individual learning styles, coaches may be better able to maximize their athletes' performance both in practice and in the game and also address development changes in their players as they mature through adolescences to adulthood.

### Learning Styles

#### Visual Learners

Singer (1980) suggested that visual perception is probably the most important source of information when performing sport skills. Visual learners' primary source of information is received through their eyes. The visual learner learns best by watching a demonstration or model. Seeing another player demonstrate a movement, noting visual cues that reinforce key concepts of skill performance, and looking for visual reference points are helpful tools for the enhancement of learning. Coaches using visual aids to supplement their instruction, feedback, and discussions will enhance the visual learning athlete's ability to process information. Studying pictures, analyzing videotape, viewing charts, and accessing diagrams are all useful tools to enhance the learning process of visual learning athletes. However, a coach cannot assume that a player, especially a beginner, will automatically know what to watch, much less be able to know the difference between what she/he the beginner's attempt looked like and what the model actually did. The coach's role, especially with the beginner, is to assist or cue the young athlete as to what input is important.



## Visual learner:

See, look, imagine, focus, view, watch, observe, visualize

## Auditory learners

An athlete who is an auditory learner focuses on sounds and rhythms to learn movement patterns along with verbal description of the movement (Coker, 1996). Auditory learners learn best through the use of language including lectures, group discussions and audiotapes (Dakin, 2002). To enhance understanding of athletes who are auditory learners, coaches should provide opportunities for athletes to talk through plays, movements, skill cues, and game strategies with other team members and/or coaches. Coaches can also tape record team talks, instructional cues, and keys to enhanced performance so that their auditory learners could listen repeatedly over time.

## Auditory learner

Rhythm, hear, pace, cadence, tempo, pulse, beat



## Kinesthetic Learners

Kinesthetic learners learn by doing. Information is actually processed and learned when the performer is provided an opportunity to move. Coaches have been instructed historically to get their players into 'game like' situations as soon as possible. All learners have a need to touch things and try their new skills. But, the athlete who is a kinesthetic learner needs to know what the movement feels like. Eventually, the correct feeling becomes the frame of reference with which to compare all subsequent performances (Coker, 1996). In order to accommodate this learning style, coaches need to provide game and skill simulations along with opportunities for repeated practice. Recognizing that replicating movements are the key for the kinesthetic learner, coaches should pay careful attention to both the accuracy and form of the movement. The coaching cliché that *'Practice does not make perfect, it makes permanent'* has a basis in scientific theory. Through repeatedly practicing a skill, play, and movement sequence, the kinesthetic learner is developing a frame of reference based on what the movement feels like. It is the coach's responsibility to ensure that the correct movements are emphasized and reinforced while incorrect ones are identified and eliminated.

## Kinesthetic learner

Feel, experience, stimulate, move, do, demonstrate, practice

## The Thinker

The thinker represents the athletes whose learning style is best described as a movement scientist (Coker, 1996). These athletes require information that they can analyze for understanding movement concepts, principles, plays, skills, and strategies. The thinker athlete is stimulated to find solutions to movement problems by being allowed to ask questions and solve movement problems creatively. Coaches can maximize the performance potential of these athletes by providing opportunities to process information in multiple ways. Coaches can use scientific articles, thought provoking discussions, and analysis of skill performance and game strategy to utilize this athlete's preferred method of processing information.

## Thinker learner

Analyze, examine, investigate, compare, assess, explore, understand

## Suggestions for Coaches

Within any team, there will be athletes with various learning styles. To maximize the team potential, coaches need to both understand these styles and accommodate them in their instruction and feedback during both practice and game situations. Even when recognizing the four distinct styles, coaches and teachers tend to instruct using the perceptual mode through which they prefer to learn. In other words, a coach who is a visual learner will use more visual cues than one who is an auditory learner. Therefore, it is suggested that coaches identify their own learning style first. By reflection, videotape analysis, or informal observation.

Examples of simple inventories can be found at Learning Style Inventory ([http://pss.uvm.edu/pss162/learning\\_styles.html](http://pss.uvm.edu/pss162/learning_styles.html))

Coaches can implement several basic instructional strategies to accommodate visual, auditory, kinesthetic, and thinker learners. To accommodate visual learners, coaches should enhance their verbal communication with written words, diagrams, visuals, and videotapes. The visual learner's performance is enhanced when watching demonstrations to understand how a movement is performed. They then are able to compare their current movement with that which they watched.

**Sound and words are most relevant for auditory learners**, therefore coaches should pay attention to specific auditory performance cues and repeat them. In-depth verbal descriptions of movements, skill performance, and game strategy along with attention to rhythmic patterns and sound cues also help enhance learning for athletes who prefer auditory learning.

**By providing an opportunity to touch** and manipulate equipment, feel the ball, and experience movements, skills, and game sequences, coaches provide their kinesthetic learners the best opportunity for enhancing performance. By utilizing a guided discovery style that instructs athletes through movement sequences, coaches can also enhance their kinesthetic learning athlete's ability to perform.

Coaches should provide a series of analytical questions and movement problems for the thinker athlete. By so doing, the coach will tap into those athletes' need to analyze knowledge to improve performance. Before practice and instruction, coaches can develop **"why" and "how"** questions for these learners. This method will assist these athletes in understanding performance challenges and movement patterns, and, hopefully, improve performance.

# 80 Ways to Say "VERY GOOD"

1. Good for you!
2. Superb
3. You did that very well
4. You've got it made
5. Terrific
6. That's not bad!
7. Couldn't have done it better myself.
8. Marvelous!
9. You're doing fine.
10. You're really improving.
11. You're on the right track now!
12. Now you've got it figured out.
13. Outstanding!
14. That's coming along nicely.
15. I know you can do it.
16. Good work.
17. You figured that out fast.
18. I think you've got it now.
19. I'm proud of the way you worked today.
20. Tremendous!
21. You certainly did well today
22. Perfect!
23. Nice going
24. You've got your brain in gear today
25. Now you've got the hang of it
26. WOW!
27. Wonderful!
28. You're getting better every day
29. You're learning fast
30. You make it look easy
31. That's much better
32. Nice try
33. Super!
34. You did a lot of work today
35. Keep it up!
36. Congratulations
37. Exactly right!
38. Nice going
39. Excellent!
40. Sensational!
41. You're doing beautifully
42. You've just mastered that!
43. That's the best ever
44. That's great!
45. Way to go!
46. That's the way to do it!
47. That's quite an improvement
48. Good thinking
49. Keep up the good work
50. That's it!
51. That's better
52. You haven't missed a thing
53. Fantastic!
54. You outdid yourself today
55. You're doing a good job
56. That's the right way to do it
57. That's better
58. Right on!
59. That's the best you've ever done!
60. That's RIGHT!
61. You must have been practicing!
62. Great!
63. Keep working on it.. you're getting better
64. You remembered!
65. That kind of work makes me very happy
66. You're really working hard today
67. I knew you could do it!
68. I'm very proud of you
69. One more time and you'll have it
70. Fine!
71. That's good
72. Good job
73. You really make this fun
74. Good remembering
75. You are doing much better today
76. Keep on trying
77. You are really learning a lot
78. You've just about got it
79. I've never seen anyone do it better!
80. You are very good at that.





Be A way From the bat



Dave

Safe

Not safe



David D'Andrea  
Age 5



SAFETY FIRST

NO SLIDING AT ANY  
BASE HEAD FIRST



20



BY



06

JASON CIPRIANO

Age 6

WNLL



# BETWEEN INNINGS WARM-UP

## BETWEEN INNINGS WARM-UP

Baseball excellence.com

OK your team has just taken the field for their defensive half of the inning. How do they use that time?  
Do they walk onto the field or do they jog?  
Is the catcher in the dugout looking for his gear and  
Does the pitcher have to warm up by throwing to the third baseman?

Why can't the right fielder find His glove?  
Why do these times in the game often look like a disorganized fire drill before every inning?  
Let's go over some things your team should be doing in order to get the most benefit from their defensive half of an inning. Here is an all too typical youth baseball scene:

The infielders walk, and sometimes it looks like they're dragging, to their positions and the catcher is in the dugout getting his gear on.

The middle infielders are together on the grass taking ground balls from the first baseman and they are flipping them to him. They are flipping them to him because they are only about 20 feet away. And they are using poor fielding and throwing mechanics. They just bend over and let the ball roll into their gloves because the first baseman just rolls the balls to them.

The outfielders only get in one or two throws because of overthrows and missed balls and the fact they walked to their outfield positions and the fact that all three are playing catch together.

The catcher, after finally getting his gear on walks up to the plate, takes one pitch and the umpire suddenly calls "Balls in." The catcher throws down to second and the ball sails into the outfield where the center fielder who is not paying attention lets it get by him.

### **The umpire says, "Play". Are your players really ready to play?**

A team can get in important and needed game-type repetitions if they will take this time in the game seriously. If they have a plan.

### **Here are some ways they can do it better and improve their pre-inning infield.**

All players should put their gloves in the same place in the dugout, every time. (the reason why in the next tip)

When a player is left stranded on base his nearest position teammate should 'pick him up.' The means he should bring his teammate's glove and/or cap with him onto the field so there will be no time wasted. How does he know where that glove is? Because everybody leaves their gloves in the same place in the dugout. (The nearest base coach can bring his batting helmet back to the dugout.)

Everybody runs onto the field. Coaches have to reinforce this because the tendency in the late innings or when a team is behind in the score, is to drag a little bit. When do you most need your players to be alert and lively and ready? In the late innings.

**Warwick National Little League**

## Between Inning Warm-ups –cont...

They have been sitting in the dugout so it is necessary for them to get the blood flowing. Jogging onto the field accomplishes that. It also looks like they came to play.

What did Ralph Waldo Emerson say? “Nothing great was ever accomplished Without enthusiasm.” (I have probably overused this but I believe it is one of the great motivational quotes, one that should be tacked on your son’s wall.)

They don’t have to sprint to their positions. A brisk jog is fine.

You must have a bullpen catcher. Let me say that again. You must have a bullpen catcher. When your starting catcher is left on the bases at the end of an inning your bullpen catcher must go to the plate to warm up your pitcher.

If you have 12 players on your team then this is a reserve player. He should have his mask and glove ready so he can jog to the plate when all the other players take their positions.

This will get your pitcher 5 or 6 extra pitches, ones he needs. I have heard it said, “No body else on this team can catch our pitcher.” Why not? Aren’t you working with both your catchers? Aren’t you giving your reserves and younger players something to do every inning? Aren’t you coaching all 12 players?

A reserve player goes to the dugout-side outfield foul line and plays catch with that outfielder. This gives all outfielders more throws because the center fielder and off outfielder can warm up, just the two of them.

It is important for them to work on throwing accuracy. They are not doing this so they can just toss the ball around. It should be done with a purpose.

The other reserve player after he jogs in from the coaches box picks up all bats and equipment and puts it in its proper place.

The infielders assume their deepest positions to take ground balls from the first baseman. The second baseman is in front of the outfield edge of the grass behind the bag, the short stop is on the outfield edge of the grass in the hole and the third baseman is as deep as he can get on the outfield edge of the grass.

The toughest play they will have to make may be the farthest so why not have them work on that play in between innings? What does it accomplish to toss balls twenty feet?

The first baseman should throw routine ground balls briskly to them and they should use good fielding mechanics and make accurate sharp throws back to him. They should jog back to their positions and await the next throw.

## Between Inning Warm-ups –cont...

All three infielders should make at least one backhand play every inning. The ball doesn't have to be thrown perfectly to their backhand side; they can just wait on the ball and get into a backhand position.

Every pre-inning infield should be taken seriously. It is very common to see infielders clowning around and throwing balls all over the place. Teach them how to do it correctly.

Players left to their own devices will invariably do it wrong or with poor technique. They have to be taught and then receive reinforcement.

The pitcher gets about 8 pitches during his warm-up. He should throw all his pitches, 4-seam, 2-seam fastballs and change up. If he has a breaking pitch he should throw at least one.

On a regulation field he should throw the last two pitches from the stretch. A coach should pay close attention to his players during the time before every defensive half inning. He should be alert for lack of hustle and poor fielding technique.

It's another one of those "Little Things that make a team better."

I use verbal reinforcement at the end of every offensive half inning. You can use your own but these are some of the things I say; "Bullpen catcher get out there", "Mike, pick up Tommy", "First baseman do you have a ball?" (I usually make sure they get one when they come into the dugout after getting the third out.), "Stephen throw 'em all" (Reminding the pitcher to warm up using all his pitches), "Good throws guys", "Hustle, Chad."

I'm sure they get tired of hearing me. I sound like a broken record but I refuse to let my players slack off even a little.

Poor pre-inning infield is as common as poor youth batting practice. Do your team a favor and get them ready to play. You will see a difference.



# Coach, Please Let Players Catch!



**REMEMBER:**

**Coaches and managers must not warm up pitchers. Let Players Catch.**

**RULE 3.09**

"...Managers or coaches must not warm up a pitcher at home plate or in the bull pen or elsewhere at any time. They may, however, stand to observe a pitcher during warm-up in the bull pen."



# CATCHER'S PRE-PITCH GLOVE ACTION

by Rob McDonald

I have always considered the “Meat and Potatoes” of catching to be the three main skills; receiving, blocking, and throwing. These three skills are the foundation of a good catcher. Receiving is an underestimated skill that often separates a great catcher from an average catcher (ask any pitcher).

The **preliminary action** of the catcher's mitt is important and often overlooked. Every good teacher of infield play that I know places emphasis on the infielder's “glove presentation.” Even though there are slightly different methods, there is no debate that getting the glove in a functional and ready position is advisable for an infielder.

For the catcher, the position of the glove is just as important – just not talked about as much. It becomes imperative as the catcher moves up to higher and higher levels of play.

As the fastballs one catches increase in velocity and movement, and the breaking balls increase in sharpness and bite. The catcher's reaction time decreases. His efficiency of movement must increase. (Example: A young player might get away with a long – slow swing for a few years. The same swing won't work when he is trying to hit 90 mph)



If you observe top catchers, you will see that they basically receive pitches in two positions.

On knee-high and lower pitches, the catcher receives the pitch in a **THUMB DOWN** position. On most other pitches, the catcher receives the ball in a **FINGERS UP** position. (This is an oversimplification, but receiving is not today's topic.)

The catcher's objective is to get his glove into the best position to receive all pitches. A full glove target position is recommended for the benefit of the pitcher. However, the full glove target creates some tension in the wrist and forearm. Tension creates slowness.

The idea is to get to a functional, useful position once the target is not necessary. I call this the **NEUTRAL** or Relaxed position. The **NEUTRAL** position is as close as you can get to in-between the **THUMB DOWN** and **FINGERS UP** positions. (It is easier to communicate “Relax” to a catcher in drill work, so I will stay with that from here on.)



### EXECUTION:

1. Show a good full-glove target to the pitcher
2. When the pitcher's stride foot lands, his arm should be starting forward, and he does not actually need your full target.
3. At the completion of the pitcher's stride, the catcher goes from full-glove target to Relax position by turning his palm down.
4. Keep the arm in the same position, just relax and turn the wrist. (It is easier and more distinct to practice this without the glove a few times. You get a better feel for the position of the hand.)
5. The fingers should point toward the 2nd Baseman.

The first step in teaching the **Relax** position could simply be to stand in front of the catcher and say, "Target ...Relax", repeatedly.

The next step would be to throw the ball to the catcher, paying close attention to the timing of the movement. Do not let the catcher get caught moving to the Relax position while he should be catching the ball. The whole process should be three distinct steps, target – relax – catch.

Emphasize to the catcher that the actual movement is very subtle. The untrained eye should not even notice the movement. The Relax position is an almost invisible component of catching that can make a great difference in the success of a catcher.



# Preventing Injuries

## CONDITIONING & STRETCHING

Conditioning is an intricate part of *accident prevention*. Extensive studies on the effect of conditioning, commonly known as “*warm-up*,” have demonstrated that:

\_ The *stretching* and *contracting* of muscles just before an athletic activity improves general control of movements, coordination and alertness.

\_ Such drills also help develop the *strength* and *stamina* needed by the average youngster to compete with minimum accident exposure.

The purpose of stretching is to increase *flexibility* within the various muscle groups and prevent tearing from *overexertion*. Stretching should never be done forcefully, but rather in a gradual manner to encourage looseness and flexibility.

### ***Hints on Stretching***

- \* Stretch necks, backs, arms, thighs, legs and calves.
- \* Don't ask the child to stretch more that he or she is capable of.
- \* Hold the stretch for at least 10 seconds.
- \* Don't allow bouncing while stretching. This tears down the muscle rather than stretching it.
- \* Have one of the players lead the stretching exercises.

### ***Hints on Calisthenics***

- \* Repetitions of at least 10.
- \* Have kids synchronize their movements.
- \* Vary upper body with lower body.
- \* Keep the pace up for a good cardio-vascular workout

### **SAFETY FIRST!**

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



# A Better Understanding of ADD/ADHD



Coordinated, speedy and energetic, eight-year-old Jamie seemed to have all the right stuff for a stellar Little League career. But three weeks into his first season, Jamie\* came home in tears. "The coach is always yelling at me," he would tell his parents. "All the kids are teasing me." Which wasn't far from the truth. Even on his prescribed dose of a psycho stimulant that keeps his symptoms well under control at school, Jamie couldn't sustain the attention, focus or self-control required to be part of the team. Unable to sit still while waiting his turn at

batting practice, Jamie sometimes ended up in scuffles with the other boys. Distracted by teammates and street noise, he could neither comprehend nor follow most instructions or rules. Banished to the outfield, he appeared to forget where he was as hits went flying by.

His coach used phrases such as "Wake up!" and "Earth to Jamie" to try and keep him on track. It didn't work.

"I don't know whether to force him to stay with it or give in when he wants to quit," laments

Jamie's father, Keith. "In second grade, he already feels like a failure." Children who are diagnosed with ADHD like Jamie benefit from sports in many ways: for one thing, Vigorous activity releases endorphins, brain chemicals that reduce stress and enhance well-being, particularly important. Sports also can help teach social skills crucial to healthy emotional development. But some sports prove so challenging for children who are diagnosed with ADHD that these benefits get canceled out. "Little League became a huge source of stress for Jamie," says Keith. "Not to mention a huge strain on the rest of the family."

## What you should know:

Difficulty following directions: "They often want to skip the rules and get right to the activity," Seaman says.

Impulsivity: -often act before thinking, they're more quick to operate on instinct rather than employ strategies and rules that are part of the sport. They also may have difficulty waiting their turn and standing in line, especially during practice.

Inattention: Sports such as baseball that require the child to pay at least moderate attention during periods in which they not fully engaged in the game are particularly challenging. Children often are caught daydreaming or fooling around during low action intervals. They may miss their turn at bat or, like Jamie, be caught mid-daydream when covering the outfield.

Low frustration tolerance: Losing is especially difficult, and may give rise to tantrums, rages, and other inappropriate or even physically aggressive behaviors because the children have a difficult time regulating their feelings.

# A Better Understanding of ADD/ADHD

## *Attention Deficit Disorder*

### **What is Attention Deficit Disorder (ADD)**

ADD is now officially called Attention-Deficit/Hyperactivity Disorder, or **ADHD**, although most lay people, and even some professionals, still call it ADD (the name given in 1980). ADHD is a neurobiological based developmental disability estimated to affect between 3-5 percent of the school age population. This disorder is found present more often in boys than girls (3:1).

No one knows exactly what causes ADHD. Scientific evidence suggests that the disorder is genetically transmitted in many cases and results from a chemical imbalance or deficiency in certain neurotransmitters, which are chemicals that help the brain regulate behavior.

### **Why should I be concerned with ADHD when it comes to baseball?**

Unfortunately more and more children are being diagnosed with ADHD every year. There is a high probability that one or more of the children on your team will have ADHD. It is important to recognize the child's situation for safety reasons because not paying attention during a game or practice could lead to serious accidents involving the child and/or his teammates. It is equally as important to not call attention to the child's disability or to label the child in any way.

Hopefully the parent of an ADHD child will alert you to his/her condition. Treatment of ADHD usually involves medication. Do not, at any time, administer the medication -- even if the child asks you to. Make sure the parent is aware of how dangerous the game of baseball can be and suggest that the child take the medication (if he or she is taking medication) before he or she comes to the practice/game. A child on your team may in fact be ADHD but has not been diagnosed as such. You should be aware of the symptoms of ADHD in order to provide the safest environment for that child and the other children around him.

### **What are the symptoms of ADHD? -**

**Inattention** - This is where the child:

- \*Often fails to give close attention to details or makes careless mistakes.
- \*Often has difficulty sustaining attention in tasks or play activities;
- \*Often does not seem to listen when spoken to directly;
- \*Often does not follow through on instructions and fails to finish.
- \*Often has difficulty organizing tasks and activities;
- \*Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort
- \*Often loses things necessary for tasks or activities
- \*Often easily distracted by extraneous stimuli;
- \*Often forgetful in daily activities.



# How I can help as a coach..

## Coaching a child who has ADHD / ADD

### What can I do as a coach and how can I help?

- Work closely with the child's caregiver – strategize ways to play ball in an educational, fun and exciting experience.
- Keep instructions and corrections short. Use "coaching points" and catch phrases. Repeat them often and with enthusiasm.
- Avoid negative feedback. We know that corrective feedback and positive feedback produce better results, simultaneously improving skills and building confidence.
- Positive feedback can be given in front of the group, but corrective feedback directed at an individual player should be given privately. Always make direct eye contact when speaking to your players. Ask players to repeat back your instructions to be sure they understand what you are asking for.
- Boredom inhibits learning. Frustration and anxiety inhibit learning. Break tasks down into small steps so that all players can master each step, but be sure the challenge is great enough to keep your players interested. Success breeds success.
- Mistakes happen. They are a natural part of the learning process. View them as growth opportunities. Be respectful and forgiving of yourself, your players and the umpires.
- Disorganized practices invite misbehavior. Plan a fun practice with instructive games.
- Have fun yourself!
- Fitness and fun are not mutually exclusive. Start your practice with a warm-up game of tag. Always give your hyperactive players a chance to be "It," though not to the exclusion of everyone else. The work rate for "It" is significantly greater than for the other players, and a fatigued player absolutely will not misbehave! He or she will not have the energy for acting up. It beats running humiliating laps.
- Become a student of the game. Take more coaching clinics. Attend upper level games, watch videos. Try playing. The passion you display for the game is contagious and a child who is diagnosed with ADD who is passionate about the game will give you 110%. Always!
- There is no quick fix for ADD, just like there is no quick fix for poor teaching or poor coaching. By sharing a copy of this article with team parents at the start of each season, maybe we can begin to help children reach their full potential with and without the ball, instead of simply remaining confounded by their behavior.



Play Safe



**Jesse Holland**  
**Age 9**

Play Ball

Jesse H  
Age 9

WARWICK NATIONAL LITTLE LEAGUE TOGETHER WE

CAN WIN THE BATTLE FOR SAFETY

**Stephen Denis**  
**Age 10**



# Pitch Count



[www.asmi.org](http://www.asmi.org)

Baseball is a great sport, and Little League continues to be one of the premier youth organizations. However in the mid-1990's (when today's Little Leaguers were born), we started to notice an alarming increase in serious injuries in adolescent pitchers. For example during the last five years of the 1990's, 21 of the 190 "Tommy John" surgeries at our center were high school age pitchers or younger; however during the first five years of this decade, 124 of our 627 "Tommy John" surgeries were high school age pitchers or younger. This alarming trend was also happening for other types of pitching injuries.

Anecdotally it's believed that the rise in injuries is due to increased amounts of pitching at a younger age. To determine if this was true, our American Sports Medicine Institute conducted a series of scientific studies with support and cooperation from USA Baseball, Little League Baseball, and Major League Baseball. We followed hundreds of youth baseball pitchers, and monitored arm problems and potential contributing factors including pitch counts, types of pitches, quality of mechanics, and other factors. The scientific results confirmed that the number of pitches thrown was the most significant contributor to arm problems. Another study compared our young, surgery patients with healthy adolescent pitchers and found that young pitchers who often pitched past the point of fatigue were 36 times more likely to end up on the surgery table. Another risk factor was year-round baseball without sufficient rest (the data suggested at least four months a year away from throwing). Other risk factors included participating in showcases, and throwing with high ball velocity. Of course ball velocity is valuable for all pitchers, but we believe that there is too much emphasis on ball speed instead of on quality of mechanics, speed variation, and control, in today's "radar gun" generation. Details about these scientific studies can be found at [asmi.org](http://asmi.org).

Little League Baseball has been the leader in recognizing the rise in injuries and has taken dramatic steps to make baseball safe for young players. Some issues – such as showcases and participation in independent traveling teams – may be beyond Little League's control, but Little League has embraced the pitch count research and boldly altered their rules. We applaud Little League for their continued effort to insure that their game is as safe and enjoyable as possible for you and your children.

James R. Andrews, M.D.  
ASMI Medical Director

Glenn S. Fleisig, Ph.D.  
ASMI Research Director

# TWENTY QUESTIONS ON THE PITCH COUNT

Here are 20 commonly asked questions regarding the regular season baseball pitching regulation (pitch count) that takes effect in 2007.

## **1. Why has Little League changed the pitching regulation for all baseball divisions?**

Recently, researchers and medical professionals in the field of sports medicine have determined that the actual number of pitches thrown (i.e., pitch count) is a safer way to regulate pitching in youth baseball. Little League has a rich history of pioneering baseball safety innovations. As the world's largest organized youth sports program, Little League is again taking a leadership position in youth sports safety.

## **2. How will a league determine who is responsible for counting the pitches?**

Selecting the person responsible for counting pitches will be a decision of each local league. That person's pitch count will be the officially recognized pitch count for the game.

In most leagues, this responsibility will rest with the game's official scorekeeper. In that case, since a scorekeeper already keeps track of the balls and strikes on each batter, so he or she will additionally need to keep track of the number of foul batted balls that are hit with two strikes. Each pitcher's pitch count is computed by adding the number of balls and strikes, the number of foul balls hit with two strikes, and the number of fair batted balls. Other leagues might assign a separate person who simply keeps track of every pitch on a piece of paper. Little League International will provide local leagues with a suggested form for this in the coming months. Leagues also can use any of the various digital or mechanical pitch counting tools that are available commercially. Still other leagues might assign the task to one or both of the managers, or to one of the base umpires.

## **3. What is the penalty for violating the pitch count regulation?**

Violating the regular season pitch count regulation can be protested in accordance with Rule 4.19. And, as with all regular season games, the local league (by action of the local league Board of Directors through the Protest Committee) resolves all protests. The local league Protest Committee could decree a forfeit, or not, as it sees fit. The Board of Directors also could suspend or remove managers who willfully and persistently violate any rule or regulation.

## **4. What is the procedure for Interleague Play games?**

As with any procedure of this nature, the Interleague Play Committee (formed from among personnel in the leagues involved before the start of the season) should decide this. The procedure for counting pitches should be agreed upon between all leagues involved in an interleague arrangement before the first game is played.

## **5. What is meant by "calendar days" in the regulation?**

The principle of "calendar days" remains the same. A calendar day is one full day as it is seen on a calendar. A calendar day begins at midnight and ends at midnight the following evening.

Example: If a pitcher in the Little League Major Division throws 70 pitches in a game on Saturday morning, that pitcher cannot pitch again until Wednesday, when he/she has had three calendar days of rest (Sunday, Monday, and Tuesday). It makes no difference what time of day the pitcher pitched on Saturday, as the rest period does not begin until midnight that night.



## 20 Questions cont...

### **6. Can the same pitcher throw in consecutive games?**

Yes, depending on the number of pitches thrown and the days of rest, the same pitcher could pitch in consecutive games (regular season).

### **7. Can the same pitcher pitch in both games of a doubleheader played on the same day? What about a partial game (such as a continuation of a suspended game) and a full game later in the day?**

No, in both cases. The regulation specifically forbids a player from pitching in two games in one day. It does not matter if one of the two games is only part of a game. (Exception: In Big League Baseball, a player may pitch in up to two games in a day.)

### **8. Why do 7 and 8 year olds have the same pitch limits as 9-10 year olds?**

The medical and expert advice Little League received shows that these age groups are essentially the same.

### **9. Could our local Little League place further restrictions on pitching in the Minor Divisions?**

Yes, a local league could further limit the number of pitches that can be thrown by a player in the Minor League.

### **10. If a pitcher is pitching a perfect game or no hitter and reaches his or her maximum pitch count, does he or she have to be removed as a pitcher, or can he/she continue until the perfect game or no hitter is lost?**

Any pitcher, without regard to his/her effectiveness, must be removed when he or she reaches the limit prescribed in the regulation. Remember, no game is more important than protecting pitchers' arms.

### **11. Is the pitch count regulation mandatory in all divisions of baseball? What about softball?**

The regulation applies to all baseball divisions of Little League. It does not apply to and cannot be used in softball.

### **12. Is there a limit to the number of 12 year olds that can pitch in a week?**

No. A manager may use as many 12-year-old pitchers in a week as he/she chooses.

### **13. Can 12 year olds pitch in the minors?**

No. The regulation prohibits 12 year olds from pitching in the Minor Division. The Minor Division must be considered an instructional division for players who, because of age or ability, are not placed in the Major Division. It should be the goal of every league to place all 12 year olds in the Major Division who are capable of playing at that level.

**Note:** A local Little League is limited to only one Major Division, but may have multiple levels of Minor Division play (player pitch, coach pitch, machine pitch, etc.).

### **14. Are warm up pitches calculated in the pitch count for a pitcher?**

No. As always, however, umpires should be mindful that the rules permit a returning pitcher to have eight preparatory pitches, or one minute, whichever comes first. (See Rule 8.04.)

## 20 Questions cont.....

**15. If a Major Division pitcher has completed six innings in a game, and the game is tied, will That pitcher be permitted to pitch in the seventh inning if he/she has not reached the limit?**

Yes. There is no limit to the number of innings a pitcher can pitch in a day. A limit is placed on the number of pitches only.

**16. Is the Tournament Pitching Rule the same as the regular season regulation?**

The Tournament Pitching Rule is similar to the regular season rule, but there are some modifications.

**17. Last year, the Pitch Count Pilot Program was optional. Is it optional in 2007?**

No. All leagues in Little League must use the new Pitch Count Regulation in all divisions of baseball.

**18. Will local leagues have the ability to continue to provide feedback to Little League International regarding the new pitch count regulation?**

Absolutely. As with any rule or regulation of Little League, local leagues and districts are encouraged To provide feedback through the regional office. This feedback is valuable in determining what, if any, changes need to be made.

**19. Does this mean a pitcher could pitch in two games in a “calendar week.”**

Yes, but the concept of the calendar week is no longer in use. Here’s why: A pitcher under the previous regulation could have pitched six innings (potentially 150 or more pitches) on a Saturday, and after three days of rest, could have pitched on Wednesday for six more innings (and potentially more than 150 pitches). That’s a potential total of 300 or more pitches in a five-day period.

Under the new regulation, the same pitcher could pitch on Tuesday (but no more than 85 pitches), and, After three days of rest, could pitch on Saturday (again, no more than 85 pitches). That’s a potential of no more than 170 pitches in a five-day period.

**20. What about breaking pitches (curve balls, sliders, etc.)?**

As of now, there is no solid medical evidence that these pitches are detrimental. However, Little League and many experts recommend they not be thrown until age 14. Little League International is currently conducting an epidemiological study on this issue to see if these pitches are harmful.

# Pitch count - COUNTS!!

## Pitch count - COUNTS!!



*After his son (pictured) sustained an injury, Jimmy Schmidt's father said, "We've got to remember that these are fourth-graders ... and they aren't developed to the point where they can be pushed. I think we've all learned a lot."  
(Submitted photo)*

### **Jimmy Schmidt, 11**

Jimmy is an 11-year-old from Western Hills, who has been pitching since he was 7. Jimmy was on a program to improve his mechanics, and was throwing flawlessly with increased velocity.

"In Jimmy's particular case, his bones weren't capable of handling that, apparently," Jimmy's father, James, said. "The doctor hasn't said it was a blessing in disguise, but he has said, 'When we are done with you, your arm will be stronger and you will be throwing better.' I've learned a lot, too. I told the other coaches, 'We've got to remember that these are fourth-graders ... and they aren't developed to the point where they can be pushed. I think

### **Josh Ingram, 10**

Josh's dad, John, had the best of intentions and for all the right reasons. He reasoned that if Josh, a pitcher, wanted to play 55 games a summer of select baseball with the Tealtown Indians, then he should get his arm in tip-top shape to avoid injury. John knew of the rash of arm injuries afflicting young pitchers nationally.

The problem was that the book the Ingrams were using didn't specify the proper thickness of the resistant rubber tubing to use for Josh's shoulder exercises and didn't make it clear that when lifting 2-pound dumbbells, the shoulder must begin in the proper position so as to avoid injury.

Josh wound up with an inflamed tendon in his elbow and had to be shut down from throwing.

"I knew what a tendon was, because we learned it in science about two weeks before," Josh said after completing a game of long-toss. "I didn't know what an inflamed tendon was, but I knew it didn't sound too good."

He said he's happy the way rehabilitation is going. He exercises six days a week.

"I'm stronger than I was before," he said. "I know what exercises to do now, and I know how to do them right."

*By John Erardi  
The Cincinnati Enquirer*

# The Pitch Count DOES Matter!!!

## What Parents Need to Know

By Larry Eldridge, Jr.  
CWK Network, Inc.



Competitive sports have become a major part of American culture. Athletes are treated like heroes, entire television networks are devoted to sports, and fans spend millions of dollars every year attending games and supporting their teams. Because of the popularity of sports, however, many young athletes may take risks or push themselves without regard to future problems. Experts at Safe USA have developed a list of preventative steps to protect your child from sports injuries:

Before your child starts a training program or enters a competition, **take him or her to the doctor for a physical exam.** The doctor can help assess any special injury risks your child may have.

Make sure your child wears all the required safety gear every time he or she plays and practices.

Know how the sports equipment should fit your child and how to use it. If you're not sure, ask the coach or a sporting goods expert for help. Set a good example – if you play a sport, wear your safety gear, too.

Insist that your child warm up and stretch before playing, paying special attention to the muscles that will get the most use during play (for example, a pitcher should focus on warming up his/her shoulder and arm).

Teach your child not to play through pain. If your child gets injured, take him/her to the doctor. Follow all the doctor's orders for recovery, and get the doctor's permission before your child returns to play.

Make sure first aid is available at all games and practices

Talk to and watch your child's coach. Coaches should enforce all the rules of the game, encourage safe play, and understand the special injury risks that young players face.

If you're not sure if it's safe for your child to perform a certain technique or move (such as heading a soccer ball or diving off the highest platform), ask your pediatrician and the coach.

Above all, **keep sports fun.** Putting too much focus on winning can make your child push too hard and risk injury.

American culture pressures our children to play as if they were adults, they are children and cannot be expected to play like adults.

## WARNING SIGNS



**If any of the following red flags persist for more than two weeks, consult a sports medicine specialist:**

- **Sharp pain to the shoulder that increases with throwing.**
- **Painful clicking, catching or popping with throwing or overhead movement.**
- **Increased, unexplained weakness in the shoulder, forearm or wrist.**
- **Increased prolonged achiness to the shoulder following throwing.**
- **A painful arc of movement when raising the arm.**
- **Numbness or tingling in the forearm and fingers.**

- Studies show that throwing a straight overhand fastball is safest for **all ages**.
- A change-up, which looks fast but you actually throw your arm down to make the ball come in slower, is OK for ages **10 and up**.
- Curveballs are OK after **age 14**
- Knuckle balls at **age 15**.
- A slider or fork ball shouldn't be thrown until **age 16**.
- A screwball until **age 17**.

Of all types of pitches, the change-up is probably the easiest on the arm, studies show.



**Warwick National Little League  
adheres to the Little League  
International requirements for pitchers!**

- ALL managers must fill out the
- “Pitching Log” after every game located in the club house.
- One representative from each team Must attend the Pitching clinic provided by Mark Cahill at the Rhode Island Baseball Institute held on March 17, 2007.
- Coaches are trained on the require pitch count and can refer to the print out on the “Pitching Log” cover.
- If the manager or coach is unsure how to do this, he/she can refer to the Little League Pitch Count Regulation Guide Provided by WNLL or may consult with the division director, coaching coordinator or any WNLL Board member for further instruction.

**Children should not be encouraged to “play through pain.” Pain is a warning sign of injury. Ignoring it can lead to greater injury.**

**The rest periods required during the 2007 regular season are listed below.**

**Pitchers league ages 7 through 16 must adhere to the following rest requirements:**

- **61 or more pitches in a day  
three (3) calendar days  
of rest must be observed**

- 
- **41 - 60 pitches in a day  
two (2) calendar days  
of rest must be observed.**

- 
- **21 - 40 pitches in a day  
one (1) calendar day**

- 
- **1-20 pitches in a day  
no calendar day of rest  
is required before pitching again.**

***The manager must remove the pitcher when said pitcher reaches the limit of their age group:***

**Pitchers ages 10 and Under ....**

**75 Pitches per day**

**Pitchers ages 11 - 12 ....**

**85 Pitches per day**



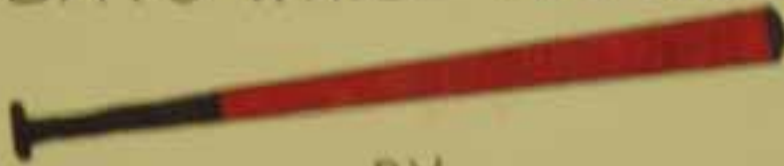


# SAFETY FIRST

AVOID THROWING  
BATS WHILE HITTING



20



06

BY

JARRED



*Age 9*

WNL

# BASEBALL

4

Bot safety



*John Cornell  
Age 10*



# SAFETY

# TECHNIQUES FOR COACHING SUCCESS

Why do some teams seem to perform well under pressure while others fall apart? What sets successful teams above the rest? Beside developing and teaching his players there are some skills the winning coach must acquire.

- Teach your players to **focus only on the things they can control**. When an athlete focuses on “uncontrollables” he is more likely to tighten up and "choke." The chart below lists things beyond a player’s control and subsequently he should block them out and focus only on things he can control.

## CAN CONTROL:

- Work Ethic.
- Practice Habits.
- Attitude.
- Developing mental toughness.
- Ability to focus developed through sound practices.
- Desire.



## NO CONTROL

- Winning the game.
- Hitters’ hits.
- Teammate’ errors.
- Umpire’s Calls.
- Crowd noise.
- Weather.
- Playing conditions.
- Play of the opponents.



**Do not coach the outcome-** When a baseball player focuses on the importance of the game, winning and losing, or anything to do with the outcome, he will not be as effective. This distracts the player from his performance and inhibits his ability to relax. Get your athletes to focus on specifically what they have to do to compete, not on winning.

That is where a sound practice routine comes into play. If you have properly prepared your players you have done your job.

Any sign from a coach to his players that the outcome of a game is vitally important to him or winning is more important than anything in the world, will have a tendency to “tighten up” his players. Just as a coach can read his players’ body language so can the players read their coach.

## Techniques for coaching success cont.....

**Teach your players HOW to relax-** Don't just tell them to relax. Show them how. Spend some time in the pre-season going over relaxation techniques; breathing exercises, visualization techniques, muscle relaxation and if you have a copy of "HEAD GAMES" have them read it.

Again, establishing and teaching routines to each player and position will help them relax. Examples are:

Teaching infielders the proper "set" and "ready" positions.

Teaching pitchers how to relax when on the mound.

Teaching hitters a good On-Deck routine and teaching them to

Focus on the situation and what they need to do.

Teaching catchers a pre-pitch glove relaxation technique.

A confident player is a more relaxed player. If a coach will focus on his players' improvement rather than the results they achieve, it will have a tendency to instill confidence. Approached correctly a coach can instill confidence in his players during his post-game and post-practice talks.

**Teach your players how adversity can work for them, not against-** Teach your players to try to find an advantage in a disadvantage; i.e. "We have practiced in this kind of hot weather before so we are prepared."

Or: (To his hitters) "That umpire's strike zone is low, so be ready to be aggressive low in the strike zone." (To his pitchers) "The umpire is calling a low strike zone. Keep the ball down and you are going to have a great day."

There is always adversity in competition; be ready for it and prepare your players to "play above" it.

A large part of this is to not allow excuses to creep into the players' conversation. To be effective through adversity players must not make an excuse for their performance. This is an on-going challenge for a coach.

**Keep games and competition in perspective-** If you make the game "bigger than life" your players' performances will not be their best.

If the game is hyped too much, or if that "must win" situation becomes too vital, then chances are good you will not get a winning performance from your team.

A baseball player that chokes may have lost his perspective and made the game too important. Helping him handle a pressure situation is an important aspect of a coach's job.

I have always felt that a coach should make his practices vital and important. "Skills are developed in practice. They are displayed in games."

If he puts pressure on his players in practice they will respond well in games. If he will provide the perspective that practices are more important, then games will become a piece of cake.

Coaches should also make players aware that baseball requires a proper decorum among opponents, umpires, coaches and teammates.





**Challenge your players; avoid threatening them-** This is where the EROC coach fails miserably. “One more error and I’m going to bring in Tommy to play your position.”

Threats will surely distract a player from a solid performance. A coach should ask himself; “Do I care about myself or my players?” By directing their focus away from the “what-ifs” of losing to a “You can do it” atmosphere the players will perform better. Challenge them to do better; in practice as well as games.

Coaches should develop an open understanding (connection -bond) with his players and a part of that understanding is that he will accept no excuses from his players. (That in my opinion is one of baseball’s great life lessons.)

**Put your players under pressure at practice-** That is where the pressure should be; practice and not games. Constantly challenge your players to practice at 100% effort. Teach and “Never Give In.”

**Separate self-worth from performance-** “I didn’t play well so I am not a good person.” Do not make the mistake of equating their performance with how you feel about them as people. And do not let them fall into that trap on their own.

If your practice routines are sound and if you teach the game, your players will give you everything they have. They will know you care about them. And they will respond to you.

**Allow your players to fail-** Baseball is designed around failure. No one gets a hit every time and no team wins every game. Failure is inevitable so teach your players how to deal with this fact.

Encourage your players to let their mistakes go immediately and to focus on what they want to have happen, not what they are afraid will happen. You want your players to “go for it” and not be afraid of failure.

Praise good swings at a pitch even if it’s missed. Praise a great fielding attempt. Praise a player’s effort, not the result.



## Evaluate your players on their progress, not their statistics.

If your players can put the idea of failure aside and focus on the effort they produce, they will be able to learn and gain positive feedback from failure itself. When athletes are not concerned about making mistakes they perform their best.

Players who react negatively to failure exhibit the worst kind of immaturity on the baseball diamond. It is a coach's job to help his players put this distraction behind them.

*"Play like you expect to win: not like you're afraid to lose."*

**Use Humor-** Humor is a wonderful tool for putting things in perspective, helping players relax and taking their mind away from failure.

Nothing is more boring than a coach who takes himself too seriously. This kind of coach will have his players taking the game too seriously as well.

A quick wit and a wry outlook can be effective if it is not used to ridicule the players. It can break up a stern demeanor and make the coach more accessible and human.

It can make the players more comfortable. And it can ease tension. A light touch of humor can drive home a point to a player.

If you are a good coach your kids will be really playing hard for you. Since the game often includes failure a little humor can ease a player's misery sometimes.

Humor is a stress reliever. You have to be relaxed to play baseball effectively.

Don't be afraid to use it. A laugh once in a while can lighten things up.

Kids have a way of testing adults. They want to see how far they can go. A sardonic statement can sometimes keep them in line and let them know who is in control.

*"Billy, you've got more alibis than Jesse James. No excuses, son"*

Humor can have a way of telling a player his job performance is not quite up to par.

If you decide to use your "rapier-like wit" as a coaching tool, use it sparingly and at opportune times. It may surprise you how effective humor can be.

Teach your players to enjoy themselves.

Teach them to find satisfaction in the way they play; not the outcome of the game. Teach them to take pleasure in their environment; the beautiful field, the green grass, the baseball smells. Any player who takes pleasure in the way he performs will perform at a higher level.



# HALLOWEEN SAFETY

**Timothy Beattie**  
Age 8

**Be Safe & Have Fun!**

**TIPS!!**

Tricks, Treats, Costumes & Safety

**S**

**T**

**I**

**P**

**S**

- Walk, don't run, and avoid car accidents, stairs, and water
- Look both ways before crossing streets to avoid car accidents
- Look for cars when you are in a yard, driveway, and between trees
- If you see a car, don't run into it, and if you see a car, don't run into it
- If you see a car, don't run into it, and if you see a car, don't run into it
- If you see a car, don't run into it, and if you see a car, don't run into it
- If you see a car, don't run into it, and if you see a car, don't run into it
- If you see a car, don't run into it, and if you see a car, don't run into it

**BOO!**

Don't forget to look both ways

**Tyler Francis**  
Age 11

# GOOD SPORTSMANSHIP

*Tim Hopkins*

It's knowing that the best team doesn't always win, but the team that plays the best that day, always does.

It's knowing that it's OK to lose, strike out, make an error or get shelled (as long as you learn from it).

It's putting your arm around a teammate that had a bad game (or didn't get in) and sharing a similar past experience.

It's leading by effort.

It's dodging the credit and limelight occasionally.

It's other people talking about how good you are.

It's when you beat another team and they still talk highly of you.

It's when umpires and other teams are happy to see you succeed.

It's respecting everyone.

It's delivering a hard, clean hit on a running back and then helping him up.

It's calling a two shot penalty on yourself.

It's sincerely shaking hands with the umpires after the game that they cost you.

It's keeping your composure when you are pitching a no hitter.

It's keeping your composure when you are getting shelled and walking batters.

It's reminding yourself to stay positive when you realize your team is about to lose.

It's showing class regardless of the outcome of the game.

It's business as usual after making another great play.

It's a conscious effort not to show someone up.

It's never making excuses or blaming coaches, teammates, the mound, umpires, the ball, fans, etc, even if it's their fault.

It's the joy of competing, not just winning.

It's just after the Army Navy football game.

It's a youth coach that provides his discipline in a fair and consistent manner.

It's a youth coach that provides constructive criticism through positive reinforcement.

It's never criticizing, complaining or condemning.

It's an attitude of "I will just have to give a little bit more" since my teammate committed a costly error.

It's feeling great after playing well and beating a better team 2-1.

It's feeling great after playing well and losing to a better team 2-1.

It's what you can give to your team, not what your team can give to you.

It's NOT John Rocker, Randy Moss, Dennis Rodman, Mike Tyson, or WWF Smack Down Wrestling.

*More ...  
All about Safety*



# Batting Cage Guidelines



- A. Children are NOT allowed in Batting Cages unless supervised by an Adult NO EXCEPTIONS.
- B. Bats are not allowed in the batting cage area unless supervised by an adult..
- C. There will be only ONE batter inside the batting cage at one time.
- D. The batter will wear a helmet at all times while in the batting cage. NO EXCEPTIONS
- E. Any balls on overhead netting will be retrieved by an ADULT only.  
Climbing on the fence is NOT Allowed.
- F. When retrieving balls in the batting cage all bats must be placed on the ground.
- G. The pitching machine comes apart at the top of the tripod. We have found that the best way to transport the machine is in two parts, the tripod, and the pitching motor. When storing the machine in the shed, please make sure the motor is mounted back on top of the tri-pod.
- H. The tri-pod should be positioned for pitching with the red mark on the neck of the tri-pod pointing straight to the left. The pitching motor then mounts with the fastening screw straight above the mark.
- I. The machine should be placed in the center of the cage and in the middle of the last section of chain link fence (field side) behind the pitching screen. This will put it at approximate Little League distance to the plate. A plate has been installed inside the batting cage for the kids to position themselves.
- J. A good speed setting for Majors is 70. Once you set the speed, you will have to make minor adjustments to the machine to level the pitches. You will have to play with speed settings and level settings for the lower age groups.
- K. There is a crate with 36 dimpled balls. These are the only balls that should be used inside of the cage. Please make sure all balls are accounted for before and after you use the cage. The balls should be stored with the pitching machine at all times.
- L. The machine should never be used inside the cage without the pitching screen. When properly set up, the machine will pitch over the lower portion of the pitching screen.
- M. The batting cage should be locked at all times when it is not in use. This is to prevent any possible vandalism, which might occur. While there is not much inside the cage when the pitching machine and screen are locked up, there is still the potential for vandalism with respect to the electrical outlet and the overhead netting.



# Snack Bar



- No person under the age of eighteen will be allowed behind the counter in the concession stand.
- **Volunteers** working in the concession stands will be trained in safe food preparation. Training will cover safe use of the equipment; including Lightning Detector training and procedures. Team Mom's and Team Parents will be provided with a copy of safe food preparation with-in the team packets.
- Cooking equipment will be inspected periodically and repaired or replaced if need be.
- Food that is not purchased by WNLL to sell within the snack bar will not be cooked, prepared, or sold.

Cooking grease will be stored safely in containers away from open flames.

- Cleaning chemicals must be stored in a locked container.
- A certified Fire Extinguisher suitable for grease fires must be placed in plain sight at all times.
- All concession stand workers are to be instructed on the use of fire extinguishers.
- A fully stocked First Aid Kit will be placed in the Concession stand.
- The C inside.



# Make league's barbecues safe

## Keep food safe from bacteria, check grill for problems

### Barbecue Safety

Safely transporting food, precooking and preventing cross-contamination are the major ingredients of barbecue safety.

### Chill Foods to Stop Bacteria

When transporting food, either from the grocery store or to a picnic area, keep it cool to minimize bacterial growth. Pack meat, poultry, salads and other perishables in an insulated cooler with ice.

Marinade is a savory acidic sauce in which a food is soaked to tenderize and add flavor. Always marinate meats in the refrigerator, not on the counter. Reserve a portion of the marinade that hasn't touched raw meat for a dip or basting sauce. Don't reuse marinade used on raw meat or poultry unless it has been boiled first to destroy any bacteria.

### Take Care With Meat Items

Meats and poultry may be precooked on the stove, microwave or oven to reduce grilling times. If foods are partially precooked, place immediately on the grill to finish cooking. Never partially cook meats and poultry and wait to finish cooking later. If meats and poultry are completely cooked ahead of time and chilled, they may be reheated on the grill to provide a barbecued flavor.

If take-out foods such as fried chicken or barbecued beef will be reheated on the grill, and they won't be reheated/eaten within two hours of purchase, buy them ahead of time and chill thoroughly.

### Keep Foods Separate, Clean Up Often

Don't use the same platter and utensils for raw and cooked meats and poultry. Be sure there are plenty of clean utensils and platters to allow separate handling of raw foods and cooked foods. Pack clean, soapy sponges, clothes and wet towelettes for cleaning surfaces and hands. There is an antibacterial soap on the market now that does not need water and would be ideal to carry on a picnic for cleaning platters and utensils.

### Cook Foods Thoroughly

Cook everything thoroughly. Rare or medium meat or poultry can harbor harmful bacteria. Fish should always be

"Can you give us some advice on barbecue safety? Every Saturday we have a barbecue during the ball games. Are there guidelines for sanitizing utensils between each use, maintaining food (such as hamburger beef and tomatoes) to ensure we keep PHFs out of the temperature danger zones, using and storing propane tanks, and any other barbecue safety info?"

Douglas Polgar, safety officer  
Sierra Little League,  
Sunnyvale, Calif.

fully cooked. For greatest safety, ground meat should reach 160° F on a meat thermometer, and poultry should reach 180° F for doneness. Since grilled food often browns very fast on the outside, make a "sample cut" to visually check for doneness. The juices should run clear and meat should not be pink, although meat color is not accurate (check Page 3).

Based on current research findings, eating moderate amounts of grilled meats, fish, and poultry, cooked thoroughly without charring, does not pose a health problem.

### Resources:

- USDA Consumer Information Publication.1996. "Barbecue Food Safety".
  - Food Safety and Inspection Service, USDA Food Safety Publications.1996.  
<http://www.fsis.usda.gov/OA/pubs/barbecue.pdf>
  - USDA Meat and Poultry Hotline: 1-800-535-4555  
Material written by Mary Abgrall and Scottie Misner, May 1998. Part of Food Safety Tips, College of Agriculture, University of Arizona. Document located at <http://ag.arizona.edu/pubs/health/foodsafety/az1069.html>
- ### Grilling Safety

According to the Insurance Information Institute, backyard barbecues result in more than 2,000 fires and even three deaths each year. Most problems happen when you fire up a grill that hasn't been used for several months.

**Gas grill:** check it over thoroughly before using it. Check for leaks, cracking or brittleness, and clean out the tubes that lead into the burner — look for blockages from spiders or food waste.

Make sure the grill is at least 10 feet from *any* buildings or trees. And never leave the grill unattended.

**Charcoal grill:** use starter fluid sparingly and never put it on an open flame. And it's always best to have a fire extinguisher nearby... it can stop a fire before it spreads.

Also, be careful if you pick up gas canisters... never leave them in a hot car. The heat could cause some of the gas to leak out.

*(Also, see the April, 2000 ASAP News for more food tips.)*

# FIGHT BAC!

Keep Food Safe From Bacteria

**CLEAN**  
Wash hands  
and surfaces  
often.

**SEPARATE**  
Don't cross-  
contaminate.

**CHILL**  
Refrigerate  
promptly.

**COOK**  
Cook to proper  
temperatures.



**T**hermy™ says:

"It's Safe to Bite  
When The Temperature Is Right!"

Food Safety and Inspection Service, USDA



## CONCESSION STAND

### FOOD SAFETY

#### Clean - Wash Hands and Surfaces Often!

- WASH HANDS WITH HOT SOAPY WATER BEFORE HANDLING FOOD.
- WASH CUTTING BOARDS, DISHES, UTENSILS AND COUNTERS WITH HOT SOAPY WATER AFTER PREPARING EACH FOOD ITEM.
- ALL WIPING CLOTHS MUST BE STORED IN A SANITIZING SOLUTION MADE UP OF BLEACH AND WATER AT APPROXIMATELY 1 CAPFUL OF BLEACH PER 1 GALLON OF WATER.
- A SUPPLY OF DISPOSABLE TOWELS AND HAND SOAP MUST BE AVAILABLE.

#### Separate - Don't Contaminate

- USE A CLEAN PLATE FOR COOKED FOODS. NEVER PLACE COOKED FOOD ON A PLATE THAT PREVIOUSLY HELD RAW FOOD.
- ALL FOOD ITEMS SHOULD BE COVERED WHENEVER POSSIBLE.
- STORE FOOD AT LEAST SIX INCHES OFF THE FLOOR TO MINIMIZE THE CONTAMINATION OF FOOD AND ALLOW PROPER FLOOR CLEANING.
- WASH HANDS FREQUENTLY!

#### Cook



#### Cook Food To Proper Temperatures

- WHEN COOKING IN A MICROWAVE OVEN, COVER FOOD, STIR AND ROTATE FOR EVEN COOKING.
- KEEP HOT FOODS HOT, AND COLD FOODS COLD! HOT FOODS MUST BE KEPT AT 140°F OR ABOVE, AND COLD FOODS MUST BE KEPT AT 41°F OR BELOW.
- USE A CLEAN METAL STEMMED THERMOMETER TO MEASURE THE INTERNAL TEMPERATURE OF COOKED FOOD TO MAKE SURE IT IS THOROUGHLY DONE.

#### Chill - Refrigerate Promptly

- REFRIGERATE FOODS QUICKLY. COLD TEMPERATURES KEEP HARMFUL BACTERIA FROM GROWING AND MULTIPLYING.
- REFRIGERATOR TEMPERATURE MUST BE SET AT 40°F OR LOWER, AND FREEZER AND 00°F OR LOWER. CHECK THESE TEMPERATURES OFTEN.
- THAW FOOD IN THE REFRIGERATOR.
- DIVIDE LARGE AMOUNTS OF FOOD INTO SMALL, SHALLOW CONTAINERS FOR QUICK COOLING.
- DON'T OVER-PACK THE REFRIGERATOR.
- KEEP THE FREEZER AND REFRIGERATOR CLOSED WHEN NOT IN USE. THIS KEEPS THE COLD AIR INSIDE.





Think **PASS!**

1. **P**ull Ring

2. **A**im at Base of Fire

3. **S**queeze Lever

4. **S**weep Side to Side

# Clean Hands for Clean Jobs

Warwick National Little League has wonderful volunteers who help support our league by volunteering in the concession stand!

It is vitally important for the volunteers to be aware and instructed how to properly wash their hands.

The following information may serve as a useful guide:

- Use soap and warm water.
- Rub your hands vigorously as you wash them.
- Wash all surfaces including the backs of hands, wrists, between fingers and under fingernails. .
- The time it takes to sing “Happy Birthday” is about the amount of time you should wash your hands.
- Rinse your hands well.
- Dry hands with a paper towel.
- Turn off the water using a paper towel, instead of your bare hands.



***Wash your hands in this fashion before you begin work and frequently during the day, especially after performing any of these activities:***

After touching bare human body parts other than clean hands and clean, exposed portions of your arms, after using the Restroom, After coughing, sneezing, using a handkerchief or disposable tissue. After handling soiled surfaces, equipment or utensils. . After drinking, using tobacco, or eating. During food preparation, as often as necessary to remove soil and contamination and to prevent cross-contamination when changing tasks, when switching between working with raw food and working with ready-to-eat food, directly before touching ready-to-eat food or food- contact surfaces, after engaging in activities that contaminate hands. There may be times when you have to handle food and money; A ALWAYS wash your hands after handling money. Warwick National Little League provides our volunteers with \**latex gloves*. If you have handled any of the preceding while using gloves you must re-wash your hands and replace your gloves with a new pair.

### ***For your Information:***

From past experience, the US Centers for Disease Control and Prevention (COG) list these circumstances as the most likely to lead to illness. Check this list to make sure your concession stand has covered these common causes of food born illness. Inadequate cooling and cold holding. Preparing food too far in advance for service. Poor personal hygiene and infected personnel. . Inadequate reheating and Inadequate hot holding.

\*If you have a know Latex Allergy, please contact the safety officer for alternative uses.

# Volunteers Must Wash Hands

## HOW

**Wet**  
warm water



**Wash**

20 seconds  
Use soap



**Rinse**



**Dry**

Use single service  
paper towels



**Gloves**



## WHEN

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

**Wash after you:**

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

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

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

**Wear gloves.**

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

**If you wear gloves:**

- ▶ wash your hands before you put on new gloves

**Change them:**

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

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



**UMASS  
EXTENSION**

# Equipment Machinery

## Equipment Storage Procedures

All individuals with keys to the clubhouse and/or equipment room must be aware of their responsibilities for the orderly and safe storage of all equipment including, but not limited to, rakes, shovels, bases, etc.

Individuals should locate, read, and understand the written operating instructions or seek training before using any electrical, power, or mechanical equipment.

All chemicals and/or organic materials stored at the Bend Street Complex shall be properly marked and labeled as to its contents.

All chemicals or organic materials (i.e. lime, fertilizer, speedy-dry etc.) that is stored will be separated from the areas used to store machinery and equipment to minimize the risk of damage, spillage, etc.

Any witnessed “loose” chemicals or organic materials within these storage areas shall be cleaned up and properly disposed of as soon as possible to prevent accidental poisoning and reported to the safety officer as soon as possible, safety officer’s phone number is located in the club house next to the phone or you may fill out an injury report with full explanation and phone number to be contacted.

## Machinery

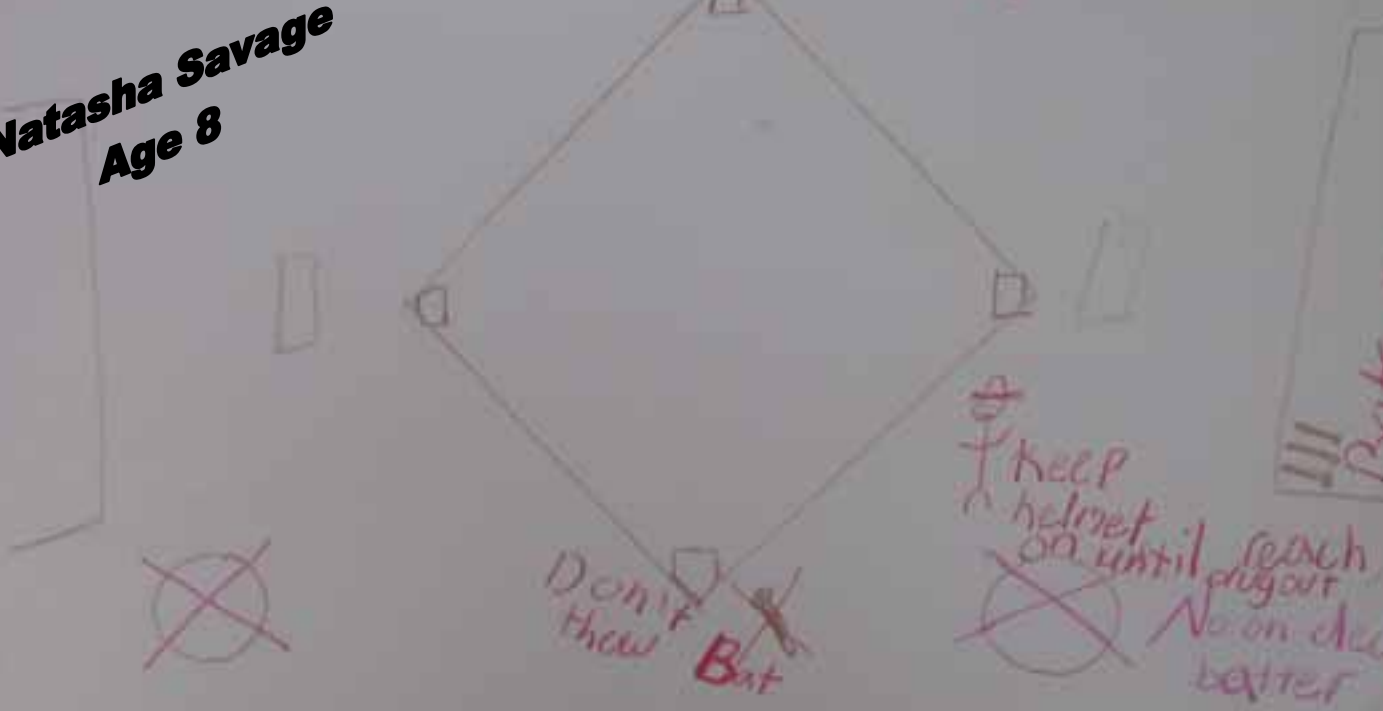
Tractors, mowers and any other heavy machinery will:

- \* Be operated by appointed staff only.
- \* Never be operated under the influence of alcohol or drugs (including medication)
- \* Not be operated by any person under the age of 16.
- \* Never be operated in a reckless or careless manner.
- \* Be stored appropriately when not in use.
- \* Never be operated in a precarious or dangerous way.
- \* Never left outside if not in use.



**Natasha Savage**  
**Age 8**

SAFETY ON



THE FIELD

4



SAFETY FIRST

NO SLIDING AT ANY  
BASE HEAD FIRST



20



BY



06

JASON CIPRIANO

WNLL

**Age 6**





# First Aid



# In Case of an Emergency

## Administering First Aid

**First-Aid** is the **first care** given to a victim. It is usually performed by the **first person** on the scene and continued until professional medical help arrives, (paramedics).

A representative ie. Managers/ Coaches from each team and board members are CPR and First Aid Certified. No-One should ever administer First-Aid beyond their capabilities. **Always know your Limits.**

The average response time on **9-1-1** calls is 5-7 minutes. En-route Paramedics are in constant communication with the local hospital at all times preparing them for whatever emergency action that may need to be taken. You cannot do this. Therefore, NEVER attempt to transport a victim. **First Aid you can and wait for the paramedics to arrive.**




## **First Aid-Kits**

First Aid Kits will be furnished to each team at the beginning of the season. The WNLL Safety Officer's *name and phone number* has been placed inside of all the First-Aid Kits. Keep at least *two quarters* inside the First-Aid Kit for emergency telephone calls and if you do not have a cell phone identify at least two people who are a part of your team before the practice or game begins.

The First Aid Kit will become part of the Team's equipment package and ALWAYS should be taken to all practices, batting cage practices, games (whether season or post-season) and any other Warwick National Little League event where children's safety is at risk.

To replenish materials in the Team First Aid Kit, the Manager or Coach must contact the Warwick National Little League Safety Officer. (Please see contact information)

\*\*To ensure the continuous improvements to your leagues safety, report any near miss incident to the safety officer as soon as possible.



### The Secret of RICE

RICE is a way of remembering how to treat a sports injury. Take these steps to keep down the swelling, feel less pain, and speed healing:

- Rest whatever body part is hurt.
- Ice - Use it where it hurts.
- Compression - Wrap the body part with a bandage.
- Elevate the injured part. In other words, raise it up on a pillow.

# First aid



## *HYDRATION*

Good *nutrition* is important for children. Sometimes, the most important nutrient children need is *water* –

Especially when they're physically active. When children are physically active, their muscles generate *heat*

Thereby increasing their *body temperature*. As their body temperature rises, their cooling mechanism - sweat –Kicks in. When sweat evaporates, the body is cooled.

Unfortunately, children get hotter than adults during physical activity and their body's cooling mechanism is not as efficient as adults. If fluids aren't replaced, children can become *overheated*.

Allow water breaks every 15 – 30 minutes and allow players to obtain a drink when they feel it is needed if before the scheduled breaks!!



# First aid

We usually think about **dehydration** in the summer months when hot temperatures shorten the time it takes for children to become overheated. But keeping children well hydrated is just as important in the winter months. Additional clothing worn in the colder weather makes it difficult for sweat to evaporate, so the body does not cool as quickly. It does not matter if it's January or July, thirst is not an indicator of fluid needs. Therefore, ***children must be encouraged to drink fluids even when they don't feel thirsty.***

Managers and coaches should schedule drink breaks every 15 to 30 minutes during practices on hot days.

Always encourage players to drink between every inning. During any activity water is an excellent fluid to keep the body well hydrated.

It's economical too! Offering flavored fluids like sport drinks or fruit juice can help

Encourage children to drink. Sports drinks should contain between 6 and 8 percent carbohydrates (15 to 18 grams of carbohydrates per cup) or less. If the carbohydrate levels are higher, the sports drink should be diluted with water. Fruit juice should also be diluted (1 cup juice to 1 cup water).

Beverages high in carbohydrates like undiluted fruit juice may cause stomach cramps, nausea and diarrhea when the child becomes active. ***Caffeine (tea, coffee, Colas) should be avoided*** because they are diuretics and can dehydrate the body further. ***Avoid carbonated drinks***, which can cause gastrointestinal distress and may decrease fluid volume.

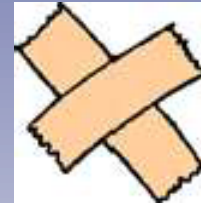
# First Aid

## *Treatment At Site -*

### Do . . .

- . **Access** the injury. If the victim is conscious, find out what happened, where it hurts, watch for shock.
- . **Know** your limitations.
- . **Call** 9-1-1 immediately if person is unconscious or seriously injured.
- . **Look** for signs of *injury (blood, black-and-blue, deformity of joint etc.)*
- . **Listen** to the injured player describe what happened and what hurts if conscious. Before question you may have to calm and soothe an excited child.
- . **Feel** gently and carefully the injured area for signs of swelling or grating of broken bone.
- . **Talk** to your team afterwards about the situation if it involves them. Often players are upset and worried when another player is injured.

They need to feel safe and understand why the injury occurred.



### Don't . . .

Administer any medications.

Provide any food or beverages (other than water).

Hesitate in giving aid when needed.

Be afraid to ask for help if you're not sure of the proper Procedure, (i.e., CPR, etc.) Do Not Transport injured individual except in extreme emergencies.

## **9-1-1 EMERGENCY NUMBER**

The most important help that 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 four steps.

\*First Dial **9-1-1**.

\*Give the dispatcher the necessary information. Answer any questions that he or she might ask.

\*\* Do not hang up until the dispatcher hangs up. The EMS dispatcher may be able to tell you how to best care for the victim. Continue to care for the victim till professional help arrives. Appoint

somebody to go to the street and look for the **ambulance** and **fire engine** and flag them down if necessary. This saves valuable time. Remember, every minute counts.

### **When to call -**

\*\*If the injured person is unconscious, call **9-1-1** immediately.

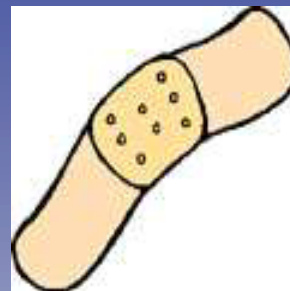
\*\*Sometimes a conscious victim will tell you not to call an ambulance, and you may not be sure what to do.



# First Aid

Call **9-1-1** anyway and request paramedics if the victim

- \*\*Is or becomes unconscious.
  - \*\*Has trouble breathing or is breathing in a strange way.
  - \*\*Has chest pain or pressure.
  - \*\*Is bleeding severely.
  - \*\*Has pressure or pain in the abdomen that does not go away.
  - \*\*Is vomiting or passing blood.
  - \*\*Has seizures, a severe headache, or slurred speech.
  - \*\*Appears to have been poisoned.
  - \*\*Has injuries to the head, neck or back.
  - \*\*Has possible broken bones.
- If you have any doubt at all, call 9-1-1- and requests paramedics.



## **Also Call 9-1-1 for any of these situations:**

- \*\*Fire or explosion
- \*\*Downed electrical wires
- \*\*Presence of poisonous gas
- \*\*Vehicle Collisions
- \*\*Vehicle/Bicycle Collisions
- \*\*Victims who cannot be moved easily

## ***Checking the Victim***

### **Conscious Victims:**

If the victim is conscious, ask what happened. Look for other life-threatening conditions and conditions that need care or might become life threatening.

The victim may be able to tell you what happened and how he or she feels.

This information helps determine what care may be needed. This check has two steps:

- 1) Talk to the victim and to any people standing by who saw the accident take place.
- 2) Check the victim from head to toe, so you do not overlook any problems.
- 3) Do not ask the victim to move, and do not move the victim yourself.

# First Aid

- 4) Examine the scalp, face, ears, nose, and mouth.
- 5) Look for cuts, bruises, bumps, or depressions.
- 6) Watch for changes in consciousness.
- 7) Notice if the victim is drowsy, not alert, or confused.
- 8) Look for changes in the victim's breathing. A healthy person breathes regularly, quietly, and easily. Breathing that is not normal includes noisy breathing such as gasping for air; making rasping, gurgling, or whistling sounds; breathing unusually fast or slow; and breathing that is painful.
- 9) Notice how the skin looks and feels. Note if the skin is reddish, bluish, pale or gray.
- 10) Feel with the back of your hand on the forehead to see if the skin feels unusually damp, dry, cool, or hot.
- 11) Ask the victim again about the areas that hurt.
- 12) Ask the victim to move each part of the body that doesn't hurt.
- 13) Check the shoulders by asking the victim to shrug them.
- 14) Check the chest and abdomen by asking the victim to take a deep breath.
- 15) Ask the victim if he or she can move the fingers, hands, and arms.
- 16) Check the hips and legs in the same way.
- 17) Watch the victim's face for signs of pain and listen for sounds of pain such as gasps, moans or cries.
- 18) Look for odd bumps or depressions.
- 19) Think of how the body usually looks. If you are not sure if something is out of shape, check it against the other side of the body.
- 20) Look for a medical alert tag on the victim's wrist or neck. A tag will give you medical information about the victim, care to give for that problem, and who to call for help.
- 21) When you have finished checking, if the victim can move his or her body without any pain and there are no other signs of injury, have the victim rest sitting up.
- 22) When the victim feels ready, help him or her stand up.



# First Aid

## Unconscious Victims

If the victim does not respond to you in any way, assume the victim is unconscious. Call 9-1-1 and report the emergency immediately.

### Checking An Unconscious Victim:

- 1) Tap and shout to see if the person responds. If no response -
- 2) Look, listen and feel for breathing for about 5 seconds.
- 3) If there is no response, position victim on back, while supporting head and neck.
- 4) Tilt head back, lift chin and pinch nose shut. (See breathing section to follow)

*Finger sweep maneuver administered to an unconscious victim of foreign body airway obstruction*

- 5) Look, listen, and feel for breathing for about 5 seconds.
- 6) If the victim is not breathing, give 2 slow breaths into the
- 7) Check pulse for 5 to 10 seconds.
- 8) Check for severe bleeding.



When treating an injury, remember:

- Protection**
- Rest**
- Ice**
- Compression**
- Elevation**
- Support**

# First Aid



## *Muscle, Bone, or Joint Injuries*

### **Symptoms of Serious Muscle, Bone, or Joint Injuries:**

Always suspect a serious injury when the following signals are present:

- \*Significant deformity
- \*Bruising and swelling
- \*Inability to use the affected part normally
- \*Bone fragments sticking out of a wound
- \*Victim feels bones grating; victim felt or heard a snap or pop at the time of injury
- \*The injured area is cold and numb
- \*Cause of the injury suggests that the injury may be severe.

If any of these conditions exists, call **9-1-1** immediately and administer care to the victim until the paramedics arrive.

### **Treatment for muscle or joint injuries:**

- \* If ankle or knee is affected, do not allow victim to walk. Loosen or remove shoe; elevate leg.
- \* Protect skin with thin towel or cloth. Then apply cold, wet compresses or cold packs to affected area. Never pack a joint in ice or immerse in icy water.
- \*If a twisted ankle, do not remove the shoe -- this will limit swelling.
- \*Consult professional medical assistance for further treatment if necessary.

### **Treatment for fractures:**

Fractures need to be splinted in the position found and no pressure is to be put on the area. Splints can be made from almost anything; rolled up magazines, twigs, bats, etc...

### **Treatment for broken bones:**

Once you have established that the victim has a broken bone, and you have called **9-1-1**, all you can do is comfort the victim, keep him/her warm and still and treat for shock if necessary.

What's the difference between a strain and a sprain? Strains involve a partial tear of muscle. Sprains involve a partial tear of ligaments (which connect two bones) or tendons (which connect muscle to bone).

## What to Expect:

- pain
- difficulty moving the injured part
- decreased strength
- swelling



## What to Do:

1. Stop activity right away.
2. Think R.I.C.E. for the first 48 hours after the injury:

**Rest:** Rest the injured part until it's less painful.

**Ice:** Wrap an ice pack or cold compress in a towel and place over the injury immediately. Continue for 15 minutes at a time, six to eight times a day.

**Compression:** Support the injury with an elastic compression bandage for at least 2 days.

**Elevation:** Raise the injured part above heart level to decrease swelling.

3. Give the child ibuprofen for pain and to reduce swelling.
4. After 48 hours, apply a heating pad or moist heat three to four times a day.

## Seek emergency medical care if the child has:

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

## Think Prevention!

Teach children to warm up properly and stretch before participating in any sports activity, and make sure they always wear appropriate protective equipment.

Note: All information is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult a doctor. Review this with a doctor prior to use.





# Broken Bones

Broken bones are not uncommon in children – especially after a fall. A broken bone requires emergency medical care.

## The child may have a broken a bone if:



- you or the child heard a “snap” or a grinding noise during the injury
- there is swelling, bruising, tenderness, or a feeling of “pins and needles”
- it’s painful to bear weight on the injured area or to move it



## What to Do:

1. Remove clothing from the injured part.
2. Apply a cold compress or ice pack wrapped in cloth.
3. Place a splint on the injured part by:
  - keeping the injured limb in the position you find it
  - placing soft padding around the injured part
  - placing something firm (like a board or rolled-up newspapers) next to the injured part, making sure it’s long enough to go past the joints above and below the injury
  - keeping the splint in place with first-aid tape
4. Seek medical care, and don’t allow the child to eat, in case surgery is needed.

### Do not move the child – and call for emergency medical care – if:

- the child may have seriously injured the head, neck, or back
- a broken bone comes through the skin (apply constant pressure with a clean gauze pad or thick cloth, and keep the child lying down until help arrives; do not wash the wound or push in any part of the bone that is sticking out)

## Think Prevention!

Prevent injuries as children grow: use safety gates at bedroom doors and at the top and bottom of any stairs for toddlers, make sure children playing sports always wear helmets and safety gear, and use car seats or seatbelts at all ages.

Note: All information is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult a doctor. Review this with a doctor prior to use.

Reviewed by: John Bernardi, DO Date reviewed: May 2003

# First Aid

## *Head And Spine Injuries*

### When to suspect head and spine injuries:

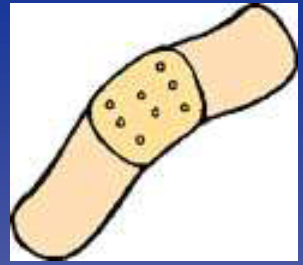
- \*A fall from a height greater than the victim's height.
- \*Any bicycle, skateboarding, roller blade mishap.
- \*A person found unconscious for unknown reasons.
- \*Any injury involving severe blunt force to the head or trunk, such as from a bat or line drive baseball.
- \*Any injury that penetrates the head or trunk, such as an impalement.
- \*A motor vehicle crash involving a driver or passengers not wearing safety belts.
- \*Any person thrown from a motor vehicle.
- \*Any person struck by a motor vehicle.
- \*Any injury in which a victim's helmet is broken, including a motorcycle, batting helmet, industrial helmet.
- \*Any incident involving a lightning strike.



# First Aid

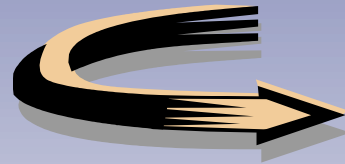
## Signals of Head and Spine Injuries

- \*Changes in consciousness
- \*Severe pain or pressure in the head, neck, or back
- \*Tingling or loss of sensation in the hands, fingers, feet, and toes
- \*Partial or complete loss of movement of any body part
- \*Unusual bumps or depressions on the head or over the spine
- \*Blood or other fluids in the ears or nose
- \*Heavy external bleeding of the head, neck, or back
- \*Seizures
- \*Impaired breathing or vision as a result of injury
- \*Nausea or vomiting
- \*Persistent headache
- \*Loss of balance
- \*Bruising of the head, especially around the eyes and behind the ears



## General Care for Head and Spine Injuries

- 1) Call 9-1-1 immediately.
- 2) Minimize movement of the head and spine.
- 3) Maintain an open airway.
- 4) Check consciousness and breathing.
- 5) Control any external bleeding.
- 6) Keep the victim from getting chilled or overheated till paramedics arrive and take over care.



### ***Concussion:***

Concussions are defined as any blow to the head. They can be fatal if the proper precautions are not taken.

- 1) If a player, remove player from the game.
- 2) See that victim gets adequate rest.
- 3) Note any symptoms and see if they change within a short period of time.
- 4) If the victim is a child, tell parents about the injury and have them monitor the child after the game.
- 5) Urge parents to take the child to doctor for further examination.
- 6) If the victim is unconscious after the blow to the head, diagnose head and neck injury. DO NOT MOVE the victim. Call 9-1-1 immediately.

# First Aid

## *Contusion to Sternum:*

Contusions to the Sternum are usually the result of a line drive that hits a player in the chest. These injuries can be very dangerous because if the blow is hard enough, the heart can become bruised and start filling up with fluid. Eventually the heart is compressed and the victim dies. Do not downplay the seriousness of this injury.

- 1) If a player is hit in the chest and appears to be all right, urge the parents to take their child to the hospital for further examination.
- 2) If a player complains of pain in his chest after being struck, immediately call 9-1-1 and treat the player until professional medical help arrives.



## *Sudden Illness*

When a victim becomes suddenly ill, he or she often looks and feels sick.

### **Symptoms of sudden illness include:**

- \*Feeling light-headed, dizzy, confused, or weak
- \*Changes in skin color (pale or flushed skin), sweating
- \*Nausea or vomiting
- \*Diarrhea
- \*Changes in consciousness
- \*Seizures
- \*Paralysis or inability to move
- \*Slurred speech
- \*Impaired vision
- \*Severe headache
- \*Breathing difficulty
- \*Persistent pressure or pain.

# First Aid

## Care For Sudden Illness

- 1) Call 9-1-1
- 2) Help the victim rest comfortably.
- 3) Keep the victim from getting chilled or overheated.
- 4) Reassure the victim.
- 5) Watch for changes in consciousness and breathing.
- 6) Do not give anything to eat or drink unless the victim is fully conscious.

If the victim:

**Vomits** -- Place the victim on his or her side.

**Faints** -- Position him or her on the back and elevate the legs 8 to 10 inches if you do not suspect a head or back injury.

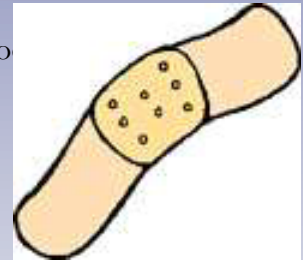
**Has a diabetic emergency** -- Give the victim some form of sugar.

**Has a seizure** -- Do not hold or restrain the person or place anything between the victim's teeth. Remove any nearby objects that might cause injury. Cushion the victim's head using folded clothing or a small pillow.

## *Caring for Shock*

Shock is likely to develop in any serious injury or illness. Signals of shock

- \*Restlessness or irritability
- \*Altered consciousness
- \*Pale, cool, moist skin
- \*Rapid breathing
- \*Rapid pulse.



Caring for shock involves the following simple steps:

- 1) Have the victim lie down. Helping the victim rest comfortably is important because pain can intensify the body's stress and accelerate the progression of shock.
- 2) Control any external bleeding.
- 3) Help the victim maintain normal body temperature. If the victim is cool, try to cover him or her to avoid chilling.
- 4) Try to reassure the victim.
- 5) Elevate the legs about 12 inches unless you suspect head, neck, or back injuries or possible broken bones involving the hips or legs. If you are unsure of the victim's condition, leave him or her lying flat.
- 6) Do not give the victim anything to eat or drink, even though he or she is likely to be thirsty.
- 7) Call 9-1-1 immediately. Shock can't be managed effectively by first aid alone. A victim of shock requires advanced medical care as soon as possible.



# First Aid

## *Bleeding in General*

Before initiating any First Aid to control bleeding, be sure to wear the **\*latex gloves** to avoid contact of the victim's blood with your skin. If a victim is bleeding, **Act quickly**. Have the victim lie down. Elevate the injured limb higher than the victim's heart unless you suspect a broken bone.

- 2) **Control bleeding** by applying direct pressure on the wound with a sterile pad or clean cloth.
- 3) If bleeding is controlled by direct pressure, **bandage firmly** to protect wound. Check pulse to be sure bandage is not too tight.
- 4) If bleeding is not controlled by use of direct pressure, **apply a tourniquet** only as a last resort and call **9-1-1** immediately.

## *Nose Bleed*

To control a nosebleed, have the victim lean forward and pinch the nostrils together until bleeding stops.

## *Bleeding On The Inside and Outside of the Mouth*

To control bleeding inside the cheek, place folded dressings inside the mouth against the wound. To control bleeding on the outside, use dressings to apply pressure directly to the wound and bandage so as not to restrict.

## *Infection*

To prevent infection when treating open wounds you must:

**CLEANSE...** the wound and surrounding area gently with mild soap and water or an antiseptic pad; rinse and blot dry with a sterile pad or clean dressing.

**TREAT...** to protect against contamination with ointment.

**COVER...** to absorb fluids and protect wound from further contamination with Band-Aids, gauze, or sterile pads. (Handle only the edges of sterile pads or dressings)

**TAPE...** to secure with First-Aid tape help keep out dirt and germs.

## *Deep Cuts*

If the cut is deep, stop bleeding, bandage, and encourage the victim to get to a hospital so he/she can be stitched up. **Stitches prevent scars.**

## *Splinters*

Splinters are defined as slender pieces of wood, bone, glass or metal objects that lodge in or under the skin. If splinter is in eye, **DO NOT** remove it.

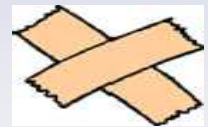
## **Symptoms:**

*May include:* Pain, redness and/or swelling.

## **Treatment:**

- 1) First wash your hands thoroughly, then gently wash affected area with mild soap and water.
- 2) Sterilize needle or tweezers by boiling for 10 minutes or heating tips in a flame; wipe off carbon (black discoloration) with a sterile pad before use.
- 3) Loosen skin around splinter with needle; use tweezers to remove splinter. If splinter breaks or is deeply lodged, consult professional medical help.
- 4) Cover with adhesive bandage or sterile pad, if necessary.


\*All safety kits are provided with latex gloves.



# Cuts

.....  
 Most cuts can be safely treated at home.  
 Deeper cuts – or any wounds that won't stop  
 bleeding – need emergency medical treatment.  
 .....

## Vein or Artery?



Bleeding from an artery flows quickly and in spurts, and the blood is bright red. Bleeding from a vein flows evenly, and the blood is dark red.



## What to Do:

If the cut is severe and you can't get the child to a hospital right away or must wait for an ambulance, begin this treatment:

1. Rinse the wound and apply pressure to the cut with sterile gauze, a bandage, or a clean cloth.
2. If blood soaks through, place another bandage over the first and continue applying pressure.
3. Raise the injured body part to slow bleeding, but don't apply a tourniquet. When bleeding stops, cover the wound with a new, clean bandage.
4. To minimize scarring, apply sunblock daily once the wound has fully healed.

## Contact a doctor if the cut:

- seems deep or the edges of the cut are widely separated
- is on the lip and crosses the pink border onto the face
- continues to ooze and bleed even after applying pressure
- is from a bite (animal or human)

## Seek emergency medical care if the child:

- has a body part that is partially or fully amputated
- has a cut and the blood is spurting out and difficult to control
- is bleeding so much that bandages are becoming soaked with blood

## Think Prevention!

Childproof so that infants and toddlers are less likely to become injured on table corners, windows, or doors that may slam shut. Place safety gates at the tops and bottoms of stairs or at bedroom doors.

Note: All information is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult a doctor. Review this with a doctor prior to use.

Reviewed by: John Bernardi, DO, and Kate Cronan, MD Date reviewed: August 2003

# Nosebleeds

Although they can be scary, nosebleeds are common in children ages 3 to 10 years and usually aren't serious. In fact, most nosebleeds stop on their own and can be treated safely at home.

## Did You Know?



If a child's bed is near a heater – in the wintertime, especially – the membranes inside the nose can become dried and itchy, causing the child to pick at his or her nose and further irritate the nasal tissue.



## What to Do:

1. Have the child sit up with his or her head tilted slightly forward. Do not have the child lean back (this may cause gagging, coughing, or vomiting).
2. Pinch the soft part of the nose (just below the bony part) for at least 10 minutes.

### Call a doctor if the child:

- has frequent nosebleeds
- may have put something in his or her nose
- tends to bruise easily, or has heavy bleeding from minor wounds
- recently started a new medication

### Seek emergency medical care or call the child's doctor if bleeding:

- is heavy, or is accompanied by dizziness or weakness
- continues after two attempts of applying pressure for 10 minutes each
- is the result of a blow to the head or a fall

## Think Prevention!

Most childhood nosebleeds are caused by dryness and nose picking. To help combat dryness, use saline (salt water) nasal spray or drops (or put petroleum jelly on the inside edges of the child's nostrils) and use a humidifier in the child's room. To help prevent damage from nose picking, keep the child's fingernails short.

Note: All information is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult a doctor. Review this with a doctor prior to use.

Reviewed by: Kate Cronan, MD and Mary Mondozzi, MSN, RN, CPNP Date reviewed: November 2003



# Tick Bites



## Did You Know?

Lyme disease is carried by the deer tick or western black-legged tick. These ticks are harder to detect than dog ticks because they're much smaller (an adult tick is about the size of a sesame seed).

It's not uncommon to find a tick on a child. While most tick bites are harmless and don't require medical treatment, some ticks do carry harmful germs.



## What to Do:

1. If the tick is still attached to the child's skin, remove it:
  - Using fine-tipped tweezers, grasp the head of the tick close to the skin.
  - Firmly and steadily pull the tick straight out of the skin. **Do not** twist the tick, or rock it from side to side while removing it.
2. Put the tick in alcohol to kill it.
3. Wash your hands and the site of the bite with soap and water.
4. Swab the bite with alcohol.

## Call the child's doctor if:

- the tick may have been on the skin for more than 24 hours
- part of the tick remains in the skin after attempted removal
- the child develops a rash of any kind (especially a red-ringed bull's-eye rash)
- the area looks infected (increasing redness, warmth, swelling, pain, or oozing pus)
- the child develops symptoms like fever, headache, fatigue, chills, stiff neck or back, or muscle or joint aches

## Think Prevention!

When playing in wooded areas, children should wear long-sleeved shirts and pants. Spray insect repellent (containing no more than 10% to 30% DEET) on exposed skin and clothing. After kids play outside, check their skin – especially the scalp, behind the ears, the neck, under the arms, and the groin.

Note: All information is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult your child's doctor. Review this with a doctor prior to use.

# First Aid

## *Emergency Treatment of Dental Injuries*

### **AVULSION (Entire Tooth Knocked Out)**

If a tooth is knocked out, place a sterile dressing directly in the space left by the tooth. Tell the victim to bite down. Dentists can successfully replant a knocked-out tooth if they can do so quickly and if the tooth has been cared for properly.

- 1) Avoid additional trauma to tooth while handling. **Do Not** handle tooth by the root. **Do Not** brush or scrub tooth. **Do Not** sterilize tooth.
- 2) If debris is on tooth, gently rinse with water.
- 3) If possible, re-implant and stabilize by biting down gently on a towel or handkerchief. **Do only** if athlete is alert and conscious.
- 4) If unable to re-implant:
  - \* Best - Place tooth in Hank's Balanced Saline Solution, i.e. "Save-a-tooth."
  - \* 2nd best - Place tooth in milk. Cold whole milk is best, followed by cold 2 % milk.
  - \* 3rd best - Wrap tooth in saline soaked gauze.
  - \* 4th best - Place tooth under victim's tongue. **Do only** if athlete is conscious and alert.
  - \* 5th best - Place tooth in cup of water.

**Time is very important.** Re-implantation within 30 minutes has the highest degree of success rate. **TRANSPORT IMMEDIATELY TO DENTIST.**

### **LUXATION (Tooth in Socket, but Wrong Position)**

**EXTRUDED TOOTH** - Upper tooth hangs down and/or lower tooth raised up.

- 1) Reposition tooth in socket using firm finger pressure.
- 2) Stabilize tooth by gently biting on towel or handkerchief.
- 3) **TRANSPORT IMMEDIATELY TO DENTIST.**

**LATERAL DISPLACEMENT** - Tooth pushed back or pulled forward.

- 1) Try to reposition tooth using finger pressure.
- 2) Victim may require local anesthetic to reposition tooth; if so, stabilize tooth by gently biting on towel or handkerchief.
- 3) **TRANSPORT IMMEDIATELY TO DENTIST.**

**INTRUDED TOOTH** - Tooth pushed into gum - looks short.

- 1) Do nothing - avoid any repositioning of tooth.
- 2) **TRANSPORT IMMEDIATELY TO DENTIST.**

### **FRACTURE (Broken Tooth)**

If tooth is totally broken in half, save the broken portion and bring to the dental office as described under Avulsion, Item 4. Stabilize portion of tooth left in mouth by gently biting on a towel or handkerchief to control bleeding.

- 2) Should extreme pain occur, limit contact with other teeth, air or tongue. Pulp nerve may be exposed, which is extremely painful to athlete.

3) Save all fragments of fractured tooth as described under Avulsion, Item 4.

- 4) **IMMEDIATELY TRANSPORT PATIENT AND TOOTH FRAGMENT TO DENTIST**





# Knocked-Out Tooth

A knocked-out permanent tooth is a dental emergency. Baby teeth do not need to be put back in, but quickly putting a permanent tooth back in its socket is key to preserving the tooth.

## WATCH THE CLOCK!



Every minute a tooth is out of its socket means the less chance that it will survive. A tooth has the best chance of survival if replaced within 30 minutes.



## What to Do:

1. Find the knocked-out permanent tooth. If you're not sure whether it's a baby or permanent tooth (a baby tooth has a smooth edge), call a dentist or doctor or your local emergency room immediately.
2. Handle the tooth only by its crown (the top part), never by the root.
3. Gently rinse (don't scrub) the tooth under running water. Put a stopper in the sink drain so you don't lose the tooth.
4. Keep the tooth from drying out until you see the dentist by:
  - preserving the tooth in a store-bought tooth kit
  - inserting the tooth back into its socket in the child's mouth if he or she is old enough to hold it in place
  - storing the tooth in milk (not water), or
  - placing the tooth under your own tongue or between your cheek and lower gum
5. See the child's dentist or go to your local emergency room right away.

## Think Prevention!

Children often lose teeth from playing contact sports such as football or ice hockey, from riding bikes, or from being in a motor vehicle crash. Children should wear mouth guards and protective gear when playing a contact sport. They should also always be buckled up in an age-appropriate car seat, booster seat, or seatbelt when in a motor vehicle.

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# First Aid

## *Heat Exhaustion*

**Symptoms** may include: fatigue; irritability; headache; faintness; weak, rapid pulse; shallow breathing; cold, clammy skin; profuse perspiration.

### **Treatment:**

- 1) Instruct victim to lie down in a cool, shaded area or an air-conditioned room. Elevate feet.
- 2) Massage legs toward heart.
- 3) Only if victim is conscious, give cool water or electrolyte solution every 15 minutes.
- 4) Use caution when letting victim first sit up, even after feeling recovered.

## *Sunstroke (Heat Stroke)*

**Symptoms** may include: extremely high body temperature (106-F or higher); hot, red, dry skin; absence of sweating; rapid pulse; convulsions; unconsciousness.

### **Treatment:**

- 1) Call **9-1-1** immediately.
- 2) Lower body temperature quickly by placing victim in partially filled tub of cool, not cold, water (avoid over-cooling). Briskly sponge victim's body until body temperature is reduced then towel dry. If tub is not available, wrap victim in cold, wet sheets or towels in well ventilated room or use fans and air conditioners until body temperature is reduced.
- 3) **DO NOT** give stimulating beverages (caffeine beverages), such as coffee, tea or soda.

## *Transporting an Injured Person*

**If injury involves neck or back, DO NOT** move victim unless absolutely necessary. Wait for paramedics.

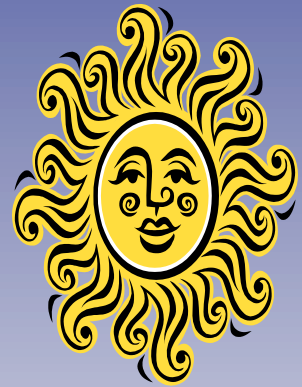
**If victim must be pulled to safety**, move body lengthwise, not sideways. If possible, slide a coat or blanket under the victim:

- a) Carefully turn victim toward you and slip a half-rolled blanket under back.
- b) Turn victim on side over blanket, unroll, and return victim onto back.
- c) Drag victim head first, keeping back as straight as possible.

### **If victim must be lifted:**

Support each part of the body. Position a person at victim's head to provide additional stability.

Use a board, shutter, tabletop or other firm surface to keep body as level as possible.





# Heat Exhaustion and Heatstroke




## Signs and Symptoms:

### Heat Exhaustion:

- severe thirst
- muscle weakness
- nausea, sometimes vomiting
- fast, shallow breathing
- irritability
- headache
- increased sweating
- cool, clammy skin
- elevation of body temperature to less than 104 degrees Fahrenheit (40 degrees Celsius)

### Heatstroke:

- severe, throbbing headache
- weakness, dizziness, or confusion
- difficulty breathing
- decreased responsiveness or loss of consciousness
- little or no sweating
- flushed, hot, dry skin
- elevation of body temperature to 104 degrees Fahrenheit (40 degrees Celsius) or higher



During hot, humid weather, the body's internal temperature can rise and can result in heat exhaustion and heatstroke. If not quickly treated, heat exhaustion can progress to heatstroke, which requires immediate emergency medical care and can be fatal.



## What to Do:

If the child has a temperature of 104 degrees Fahrenheit (40 degrees Celsius) or more, or shows any symptoms of heatstroke, seek emergency medical care immediately. In cases of heat exhaustion and while awaiting help for a child with possible heatstroke:

1. Bring the child indoors or into the shade immediately.
2. Undress the child.
3. Have the child lie down; elevate feet slightly.
4. If the child is alert, place in cool (not cold) bath water, or sponge bathe the child repeatedly. If outside, spray the child with a garden hose.
5. If the child is alert, give frequent sips of cool, clear fluids (clear juices or sports drinks are best).
6. If the child is vomiting, turn his or her body to the side to prevent choking.
7. Monitor the child's temperature.

## Think Prevention!

Teach children to always drink plenty of fluids before and during any activity in hot, sunny weather - even if they aren't thirsty. Make sure kids wear light-colored loose clothing and only participate in heavy activity outdoors before noon or after 6 PM. Teach children to come indoors immediately whenever they feel overheated.

Note: All information is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult a doctor. Review this with a doctor prior to use.

Reviewed by: Kate Cronan, MD Date reviewed: November 2003

# First Aid

## *Burns*

### **Care for Burns:**

The care for burns involves the following 3 basic steps.

**Stop** the Burning -- Put out flames or remove the victim from the source of the burn.

**Cool** the Burn -- Use large amounts of cool water to cool the burned area. Do not use ice or ice water other than on small superficial burns. Ice causes body heat loss. Use whatever resources are available-tub, shower, or garden hose, for example. You can apply soaked towels, sheets or other wet cloths to a burned face or other areas that cannot be immersed. Be sure to keep the cloths cool by adding more water.

**Cover** the Burn -- Use dry, sterile dressings or a clean cloth. Loosely bandage them in place.

Covering the burn helps keep out air and reduces pain. Covering the burn also helps prevent infection. If the burn covers a large area of the body, cover it with clean, dry sheets or other cloth.

### **Chemical Burns:**

If a chemical burn,

- 1) Remove contaminated clothing.
- 2) Flush burned area with cool water for at least 5 minutes.
- 3) Treat as you would any major burn.

If an eye has been burned:

- 1) Immediately flood face, inside of eyelid and eye with cool running water for at least 15 minutes.  
Turn head so water does not drain into uninjured eye. Lift eyelid away from eye so the inside of the lid can also be washed.
- 2) If eye has been burned by a dry chemical, lift any loose particles off the eye with the corner of a sterile pad or clean cloth.
- 3) Cover both eyes with dry sterile pads, clean cloths, or eye pads; bandage in place.

### **Sunburn:**

If victim has been sunburned,

- 1) Treat as you would any major burn (see above).
- 2) Treat for shock if necessary
- 3) Cool victim as rapidly as possible by applying cool, damp cloths or immersing in cool, not cold water.
- 4) Give victim fluids to drink.
- 5) Get professional medical help immediately for severe cases.



# BURNS

Burns from fire or other sources of heat range from mild to life-threatening. Some burns can be treated at home; others need emergency medical care.

## Types of Burns



- First-degree burns, usually caused by brief contact with heat, can cause redness, pain, and some swelling.
- Second-degree burns are more severe and usually result in blisters and more intense redness.
- Third-degree burns are the deepest and may be painless due to nerve damage.



## What to Do:

If you can't get the child to a hospital right away or must wait for an ambulance, begin this treatment:

1. Remove clothing from the burned areas, except clothing stuck to the skin.
2. Run cool (not cold) water over the burn until the pain lessens.
3. Lightly apply a gauze bandage if it's a small first-degree burn.

## Seek emergency medical care if:

- it's a second- or third-degree burn
- the burned area is large (cover the area with a clean, soft cloth or towel)
- the burn came from a fire, an electrical wire or socket, or chemicals
- the burn is on the face, scalp, hands, or genitals
- the burn looks infected (with swelling, pus, or increasing redness or red streaking of the skin near the wound)

## Think Prevention!

You can help prevent burn injuries by being careful when using candles, space heaters, and curling irons, and by not allowing young children to play in the kitchen while someone is cooking.

Note: All information is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult a doctor. Review this with a doctor prior to use.

Reviewed by: John Bernardi, DO, and Mary Mondozi, MSN, RN, CPNP Date reviewed: May 2003



# First Aid

## *Prescription Medication*

**Do not, at any time, administer any kind of prescription medicine.** This is the parent's responsibility and Warwick National Little League does not want to be held liable, nor do you, in case the child has an adverse reaction to the medication.

## *Asthma and Allergies*

Many children suffer from asthma and/or allergies (allergies especially in the springtime). Allergy symptoms can manifest themselves to look like the child has a cold or flu while children with asthma usually have a difficult time breathing when they become active. Allergies are usually treated with prescription medication. If a child is allergic to insect stings/bites or certain types of food, you must know about it because these allergic reactions can become life threatening. Encourage parents to fill out the medical history forms. Study their comments and know which children on your team need to be watched. Likewise, a child with asthma needs to be watched. If a child starts to have an asthma attack, have him stop playing immediately and calm him down till he/she is able to breathe normally. If the asthma attack persists, dial **9-1-1** and request emergency service.

## *Colds and Flu*

The baseball season usually coincides with the cold and flu season. There is nothing you can do to help a child with a cold or flu except to recognize that the child is sick and should be at home recovering and not on the field passing his cold or flu on to all your other players. **Prevention** is the solution here. Don't be afraid to tell parents to keep their child at home.

## *Insect Stings*

In highly sensitive persons, do not wait for allergic symptoms to appear. Get professional medical help immediately. Call **9-1-1**. If breathing difficulties occur, start rescue breathing techniques; if pulse is absent, begin CPR.

### **Symptoms:**

Signs of allergic reaction may include: nausea; severe swelling; breathing difficulties; bluish face, lips and fingernails; shock or unconsciousness.

### **Treatment:**

- 1) For mild or moderate symptoms, wash with soap and cold water.
- 2) Remove stinger or venom sac by gently scraping with fingernail or business card. Do not remove stinger with tweezers as more toxins from the stinger could be released into the victim's body.
- 3) For multiple stings, soak affected area in cool water. Add one tablespoon of baking soda per quart of water.
- 4) If victim has gone into shock, treat accordingly

# Insect Stings



Although insect stings can be irritating, symptoms usually begin to disappear by the next day and don't require treatment by a doctor. However, kids who are highly allergic to insect stings may have life-threatening symptoms and may require emergency treatment.

## Signs of a Severe Allergic Reaction:

- swelling of the face or mouth
- difficulty swallowing or speaking
- chest tightness, wheezing, or difficulty breathing
- dizziness or fainting
- abdominal pain, nausea, or vomiting



## What to Do:

1. Remove the child from the area where he or she was stung.
2. If the child was stung by a honeybee, wasp, hornet, or yellow jacket, and the stinger is visible, remove it by gently scraping the skin horizontally with the edge of a credit card or your fingernail.
3. Wash the area with soap and water.
4. Apply ice or a cool wet cloth to the area to relieve pain and swelling.
5. If the area is itchy, apply a paste of baking soda and water, or calamine lotion (do not apply calamine to the child's face or genitals).

### Call the child's doctor if:

- there's swelling or redness beyond the sting site
- the site looks infected (increasing redness, warmth, swelling, pain, or pus occurring several hours or longer after the sting)

### Seek emergency medical care if:

- the child shows symptoms of a severe allergic reaction
- the sting is anywhere in the mouth
- the child has a known severe allergy to a stinging insect
- injectable epinephrine was used

## Think Prevention!

Try to have the child avoid: walking barefoot while on grass; using scented soaps, perfumes, or hair spray; dressing in bright colors or flowery prints; areas where insects nest or congregate; and drinking from soda cans. Also make sure that: outside garbage cans have tight-fitting lids; there are no stagnant pools of water (in rain gutters, flower pots, birdbaths, etc.); and food is covered when eating outside.

Note: All information is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult a doctor. Review this with a doctor prior to use.

# Allergic Reactions

Allergic reactions can be triggered by foods, medications, insect stings, pollen, or other substances. Although most allergic reactions aren't serious, severe reactions can be life-threatening and can require immediate medical attention.

## Signs and Symptoms:

### Mild Reaction

- itchiness
- mild skin redness or swelling
- stuffy, runny nose
- sneezing
- itchy, watery eyes
- red bumps (hives) that occur anywhere on the body



### Severe Reaction

- swelling of the face or mouth
- difficulty swallowing or speaking
- wheezing or difficulty breathing
- abdominal pain, nausea, or vomiting
- dizziness or fainting

## What to Do:



1. Contact a doctor if a child has an allergic reaction that is more than mild or the reaction concerns you.
2. If the child has symptoms of a mild reaction, give an oral antihistamine such as diphenhydramine.
3. If the child has symptoms of a severe allergic reaction and you have injectable epinephrine, immediately use it as directed and call for emergency help.

## Seek emergency medical care if the child:

- has any symptoms of a severe allergic reaction
- was exposed to a food or substance that has triggered a severe reaction in the past
- was given injectable epinephrine

## Think Prevention!

Avoid substances that are known to trigger an allergic reaction in the child. Keep an oral antihistamine such as diphenhydramine available. If the child has a severe allergy, be sure that doctor-prescribed injectable epinephrine is kept with or near the child at all times, and that you, caretakers, and the child (if old enough) know how to use it.

Note: All information is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult a doctor. Review this with a doctor prior to use.



# C.P.R





# CPR

## Legal Considerations

### LEGAL CONSIDERATIONS AND GOOD SAMARITAN LAWS

#### Are You Concerned About Legal Considerations?

Lawsuits brought against those who provide care at the scene of an emergency are highly unusual and rarely successful. However, you should be aware of some basic legal considerations.

Most states have enacted Good Samaritan laws. These laws will generally protect you from liability if you act in good faith, are neither reckless nor negligent, act as a prudent person would, and only provide care that is within the scope of your training. You must not abandon a victim once you have begun care, and you cannot accept anything in return for your services. These laws vary from state to state. Therefore, you should check with a legal service or with your local library to determine the extent to which these laws protect you.

#### Who Has a Duty to Act?

Depending on case law, statute or job description, most professional rescuers have a duty to act where they are work assigned.

This applies to licensed or certified professionals, public safety officers, medically-trained government employees and para-professionals while on duty.<sup>11</sup> When off-duty, response by the same people would be considered a "Good Samaritan" act (i.e., elective).

If you are taking CPR and AED at the basic level for personal enrichment purposes, you must make the decision whether to help or to decline assistance to a victim. Remember, if you choose to help:

- Avoid being reckless or negligent.
- Act as a prudent person would.
- Only provide care that is within the scope of your training.
- Once you have committed to providing care, you must continue until advanced medical help arrives and takes over.
- Do not accept *anything* in return for your services.

#### Is Consent Needed To Provide Assistance?

Before you can provide care for a conscious victim, you must first obtain consent. To obtain consent, you must:

1. Identify yourself.
2. Tell the victim that you have been trained to assist.
3. Ask the victim if he/she wants help. (A parent or legal guardian who is present must grant consent for a minor before you can provide care.)

#### What Is Meant By Implied Consent?

A person who is unconscious, seriously ill or confused may not be able to grant consent. In this case, the law assumes the person would give consent if able to do so. Implied consent also applies to a minor when a parent or guardian is not present.



# CPR

## Standard Precautions

### STANDARD PRECAUTIONS

The original guidelines issued by the Centers for Disease Control (CDC) identified a practice called **standard precautions** as the means that should be employed to prevent infection via bloodborne pathogens, such as HIV and HBV, as well as other known bloodborne pathogens.<sup>28</sup>

Simply stated, **standard precautions mean:**

- All blood and certain body fluids that may contain blood should be considered potentially infectious.
- You should take precautions to protect yourself against them.



### To reduce the risk of infection, keep in mind the following guidelines:

- Always place a barrier between you and another individual's body fluids. Examples of barriers include latex or vinyl gloves, eye wear, a face shield and a rescue-breathing mask.
- Cover all cuts, scrapes, hangnails, rashes, etc.
- Minimize the splashing of body fluids.
- Handle any sharp object with caution.
- Do not handle food, cigarettes or make-up when around body fluids.
- Ensure that body fluid spills are cleaned, and the area is properly disinfected.
- Wash your hands or any exposed areas immediately and thoroughly with warm water and nonabrasive soap after you provide care or clean a spill.
- If an occupational exposure occurs, stop, wash and report exposure to the supervisor on your shift.

# CPR

## Frequently Asked Questions

### FREQUENTLY ASKED CPR QUESTIONS

#### When Should I Start CPR?

The following conditions support the decision to begin CPR:

- Victim is unresponsive.
- Victim is not breathing or not breathing normally.
- Victim has no signs of circulation (no breathing, no coughing, no movement, pale or ashen skin or no pulse).



#### How Do I Know If My CPR Administration Is Effective?

- The chest will rise and fall with each ventilation.
- Obvious signs of circulation return.
- Color may improve.
- Have a second rescuer check the carotid pulse while you are compressing the chest. The second rescuer should be able to feel a pulse if you are delivering adequate compressions.

#### When Should I Stop CPR?

- If an AED is being used, only provide CPR if AED prompts you to do so.
- Obvious signs of circulation reoccur.
- Qualified help arrives and takes over. (For example, you are replaced by another trained responder.)
- You are simply too exhausted to continue.
- A physician instructs you to stop.

#### How Can I Tell if CPR Should Not Be Performed?

CPR should not be started whenever positive signs of death are *obvious* to you.

#### What Are Positive Signs Of Death?

- Rigor mortis (the body is extremely stiff and rigid)
- Tissue decomposition
- Severe mutilation
- Lividity (over time, the lack of circulation results in the pooling of blood on the down side of body; usually reddish-purple in color)
- Cold, lifeless body in warm environment

#### What If The Victim Vomits?

1. Roll the victim onto his or her side until vomiting stops.
2. Clear the victim's mouth by wiping the vomit out with your gloved fingers or a cloth. Check the mouth to be sure it is clear.
3. Resume CPR/rescue breathing if needed.

#### NOTE:

Vomiting often occurs during resuscitation efforts because responders deliver breaths too fast and too forcefully. This pushes air into the stomach and causes it to swell (distend), then deflate. This condition is called **gastric distention** and occurs in victims of all ages but is particularly common in children.



# CPR

## QUICK REFERENCE GUIDE

### CPR Quick Reference Guide

Determine unresponsiveness (ask the person if he or she is okay, gently tap the shoulders). If no response, yell for help. If no one responds to your call for help and the victim is an adult, you must call EMS (911) NOW. If the victim is a child or infant and no one responds to your call for help, provide 1 minute of care, then call EMS (911). If another bystander is present, have him or her call EMS (911) and provide care until EMS takes over.

#### A = Open the airway.

- Look at the chest (up/down movement).
- Listen for breaths.
- Feel with your cheek for breaths.

#### B = Breathe (2 times).

#### C = Check circulation.

**Table 2. Guidelines for Chest Compressions**

	INFANT Ages 0 - 1	CHILD Ages 1 - 8	ADULT Over 8 years old
Compress with	2 fingers	Heel of 1 hand	Heel of 2 hands
Depth of compressions	½ to 1 inch	1 to 1½ inches	1½ to 2 inches
Compression rate	At least 100/min.	Approximately 100/min.	Approximately 100/min.
Ratio compressions to ventilations	5:1	5:1	15:2
Count	1, 2, 3, 4, 5	*1 & 2 & 3 & 4 & 5	*1 & 2 & 3 & 4 & 5... 10,11,12,13,14,15

\*Any mnemonic that meets the approximate rate of 100 compressions per minute is acceptable. This cadence for adult drops the "and" between numbers at 10.

# CPR

## Heart Attack Signs & Symptoms

### Signs/Symptoms of a Heart Attack

- Chest discomfort with light-headedness, fainting, sweating, nausea or shortness of breath
- Uncomfortable pressure, squeezing, fullness or pain in the center of the chest that lasts more than a few minutes
- Pain that may spread to the shoulders, neck, back, jaw or arms
- Pale or ashen skin

**REMEMBER, VICTIMS WILL OFTEN DENY SYMPTOMS!**

*\*NOTE: Not all of these signs and symptoms occur in every heart attack.*

### First Aid for a Heart Attack



- The victim should stop any physical activity.
- The victim should sit or lie down, slightly elevating the upper body.
- Loosen any constricting clothing.
- If heart attack signs persist, call the local emergency response number (911 in most areas).
- Ask the conscious victim if he/she has medication for chest pain, such as nitroglycerin. Assist with administration if necessary.
- Provide supplemental oxygen if available.

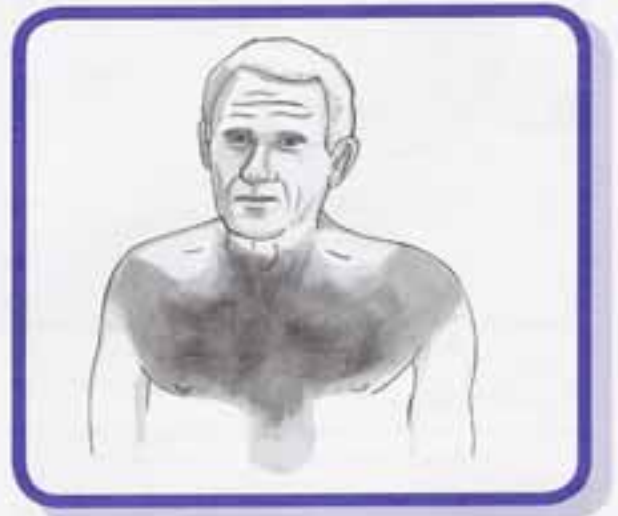
Damage to the heart can be greatly reduced and even eliminated if treatment is given early enough to open the affected coronary arteries. This includes the use of clot-dissolving drugs or emergency surgery. Time is the critical factor.<sup>14,15</sup>

The key to survival and recovery is the prompt recognition of heart attack signs and rapid activation of EMS. If breathing and pulse stop, CPR must be administered to sustain blood flow to vital organs until EMS arrives and takes over with more advanced care.<sup>17</sup>

Assist the victim with administration of two baby aspirin or one adult aspirin and suggest the victim chew the medication. (Aspirin is not recommended for individuals who have asthma, have a known allergy to aspirin or have active bleeding. If pain is relieved by nitroglycerin, aspirin is not recommended).

*Responders should comply with local regulations or protocols to ensure no conflict exists.*

According to the Heart & Stroke Foundation of Canada Emergency Cardiac Care, ASA (aspirin) is an inexpensive, easily administered medication which has great potential for benefit and little potential for harm in individuals experiencing chest pain due to myocardial infarction.<sup>18</sup>





# CPR

## Stroke Signs & Symptoms

### What is a Stroke?

A **stroke** is a medical emergency that occurs when blood flow to an area of the brain is interrupted by 1) a blood clot in an artery that supplies the brain with blood (by far the most common) or 2) rupture of an artery in the brain that results in bleeding. Brain cells in the immediate area may die, resulting in severe disability and even death without prompt medical attention.

Medications are now available that can often be used to halt the effects of a stroke due to a blood clot ("clot-busters"). A victim whose stroke is caused by hemorrhaging (bleeding) in the brain cannot receive this medication. The signs and symptoms of a stroke must be recognized rapidly. Emergency treatment must be sought quickly because every minute lost—from the time of symptom onset to the time of emergency contact—decreases the window of opportunity for intervention.

A **transient ischemic attack (TIA)** is a temporary reduction in blood flow to an area of the brain. Signs and symptoms of a TIA (sometimes called a "mini-stroke") resemble those of a stroke. Most TIAs last only a few minutes (but can last up to 24 hours) and cause no permanent damage or disability. *TIAs must be taken seriously because they are often a warning sign of a stroke in the near future.*

Strokes are more common with increased age, but they do happen in persons of all ages.<sup>15</sup> Persons who have experienced a TIA are at a higher risk for a stroke at a later time.

### Stroke Risk Factors

#### Risk Factors That Cannot Be Changed:

- Heredity - Family history of stroke or transient ischemic attacks (TIAs)
- Male gender
- Increasing age
- Race - African Americans have a higher stroke risk than other racial groups

#### Risk Factors That Can Be Changed or Controlled:

- Cigarette smoking
- High blood cholesterol levels
- Lack of physical activity
- High blood pressure
- Diabetes
- Obesity
- Stress
- Heart disease

*Proper attention to controllable risk factors can significantly reduce the impact of those that are uncontrollable.<sup>16</sup>*

### Signs/Symptoms of a Stroke

- Sudden numbness or weakness of the face, an arm or leg, especially on one side of the body.
- Sudden difficulty walking, dizziness, unsteadiness or loss of balance or coordination (especially when combined with other stroke symptoms).
- Sudden confusion, trouble speaking or understanding simple statements.
- Sudden inability to speak or slurred or incoherent speech.
- A sudden dimness or loss of vision, usually in one eye.
- Loss of consciousness.
- A sudden and intense headache. Frequently described by the victim as the worst headache he/she has ever experienced.



*Recognizing the early warning signs of stroke is important so that advanced emergency care can be started promptly.*

### First Aid for a Stroke



#### Check for responsiveness. If no response:

- Call EMS.
- Assess for breathing and circulation. Provide necessary care.

#### If breathing and circulation are present:

- Place victim on his/her affected side.
- Make sure EMS is activated.
- Comfort and reassure victim.
- Continue to monitor breathing and circulation.



# CPR

## Sequence of Survival (SOS)

### SEQUENCE OF SURVIVAL (SOS)



The **Sequence of Survival**<sup>®</sup> (SOS) concept represents the ideal sequence of events that should take place immediately following the recognition of an injury or the onset of sudden illness. The survival and recovery of the victim may very well depend upon this sequence of events. The basic idea is to bring rapid medical care to the victim while the bystander provides life-saving basic first aid before transporting the victim to a medical care facility. The first person(s) to respond typically make up the first three to four components of the sequence.

**If the sequence of survival is implemented after the onset of the emergency, the victim's chances for recovery are improved.**

### SEQUENCE OF SURVIVAL

- 1. Recognition of an emergency.**
  - Citizen responder recognizes an emergency.
- 2. Rapid activation of Emergency Medical Services (EMS) (In most areas, call 911 or another designated emergency number).**
  - Citizen responder calls 911 or delegates the task to call to another concerned bystander.
- 3. Citizen responder provides life-sustaining care (CPR, rescue breathing and/or first aid).**
  - Citizen responder attends to the needs of the victim.
- 4. Automated External Defibrillation (AED) and supplemental oxygen should be provided if available and/or necessary.**
- 5. EMS arrives and provides advanced care (early defibrillation or other care as necessary).**
  - EMS arrives and takes over care.
- 6. Hospital care.**
  - Emergency room staff takes over care upon the arrival of the victim at the hospital.

# CPR

## Basic/CPR Classifications

### BASIC CPR

#### CPR INFORMATION

During your assessment, you may establish that the victim is unconscious, not breathing and has no signs of circulation. This person is in cardiac arrest and needs CPR.

CPR stands for cardiopulmonary resuscitation. CPR should be administered when a person's breathing and circulation stop. Whenever breathing and circulation stop, sudden death has occurred. Sudden death most commonly occurs because of sudden cardiac arrest (see "Signs/Symptoms of a Heart Attack" on page 6), but may also occur because of drowning, electrocution, poisoning, choking, smoke inhalation and severe injury.

In some cases, sudden death may be reversed. Rapid activation of EMS, immediate delivery of CPR, proper application of an **automated external defibrillator (AED)** and correct administration of emergency oxygen can help a victim survive long enough to receive treatment with advanced cardiac life support (ACLS).

In most cases, CPR alone is not enough to save a victim in cardiac arrest. However, it is an important and necessary step in the Sequence of Survival. Remember *Assess-Alert-Attend*.<sup>(1)</sup> By alerting EMS and beginning CPR as soon as possible, you are working to prolong the victim's opportunity to be brought back from "sudden death." Ideally, EMS should arrive and provide advanced care within 10 minutes. Time is critical once you recognize this emergency. Every second counts!

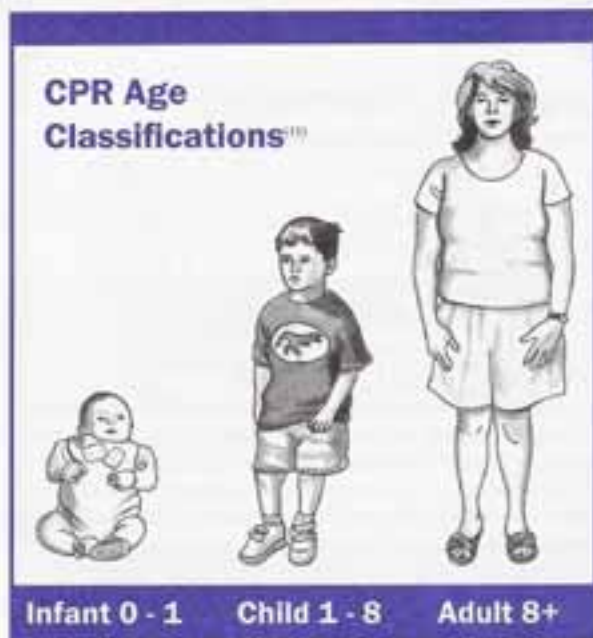
#### HOW DOES CPR WORK?

Once the heart pumps blood to the lungs, the blood picks up oxygen and travels back to the heart. The heart then pumps the blood to the rest of the body to deliver that oxygen. Without breathing or a heartbeat (no circulation/pulse), the body's vital organs will not receive oxygen. After a short time without oxygen, the vital organs begin to die.<sup>(10)</sup>

The normal heartbeat is triggered by natural electrical impulses that occur approximately 60 to 100 times per minute. Therefore, when the heart stops (cardiac arrest), a responder must imitate the heart's normal function through chest compressions and provide breaths through ventilations. By compressing the chest, you are squeezing the heart between the breastbone (sternum) and backbone (spine), thereby forcing oxygen-rich blood through the arteries to the vital organs. Effective chest compressions provide only minimal blood flow. Therefore, CPR is only effective in sustaining life for a short period.

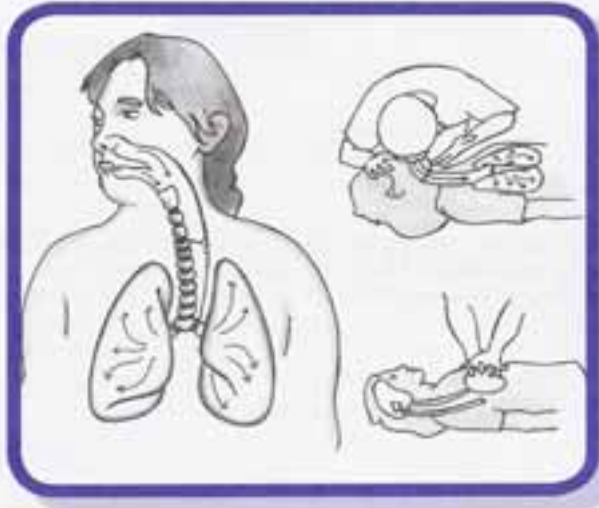
As mentioned earlier, CPR alone is not enough to save lives in most cardiac arrests. However, it is a vital step in the Sequence of Survival that *must* be started to support and prolong brain, heart and other organ functions until more advanced help arrives and takes over care.

Before we go to the CPR skill guide, it is important to know the age classifications for skill application purposes.



# CPR

## Assess Alert Attend (AAA)



### CPR SKILL COMPONENTS

These are the skill components necessary for learning CPR:

- Assess/Alert/Attend
- Positioning the Victim
- Airway and Breathing
- Special Considerations for Rescue Breathing
- Signs of Circulation/Chest Compressions

### Assess ⇔ Alert ⇔ Attend <sup>(1)</sup>

An **emergency** is an unforeseen event or condition that requires a prompt response. In the event of an injury or a medical emergency, a victim's health and/or life may depend upon your ability to react promptly, make a quick decision and render an appropriate level of first aid care until emergency medical assistance arrives on the scene and takes over.

When you recognize an emergency, you must be prepared to take immediate action, preferably with an overall plan in mind. This plan must be one that occurs automatically. It should consist of basic steps that will help establish control of the emergency scene. Experience has led to the development of a three-step model for emergency response:

1. Assess
2. Alert
3. Attend

### 1. Assess

Whenever you recognize an emergency, you should:

1. **Assess** the scene for safety. Is it safe to approach the victim(s)? If the scene is not safe, alert EMS for help and make sure other bystanders are aware of existing danger.
2. **Assess** the victim(s) for life-threatening conditions and yell for help if necessary. For example, "I need help here!"
3. **Assess** and make a quick determination regarding the nature of the emergency and the approximate age of the victim (adult, child or infant).



### 2. Alert

**Alert** EMS for medical assistance if necessary. If you are alone, call EMS immediately as soon as you determine that an adult is unconscious. Assist a child for one minute, and then call EMS.



### 3. Attend

**Attend** to the victim(s) and provide necessary care until advanced medical help (EMS) arrives and takes over.





# CPR

## AAA Cont...

How is a victim assessment performed? Gently tap the victim's shoulders and ask loudly, "Are you OK?"



EMS should be called if victim:

- Has been submerged/near drowned.
- Has altered consciousness.
- Is or becomes unconscious.
- Has chest pain or pressure.
- Has difficulty breathing.\*
- Is bleeding severely.
- Has pain or pressure in the abdomen.
- Is passing blood or vomiting blood.
- Has slurred speech, a severe headache or seizures.
- Has a head, neck or back injury.
- Has possible broken bones.
- Has been poisoned.
- Has overdosed on drugs.
- Has been electrocuted.
- Has any suspected serious illness or injury.

### CHECK FOR RESPONSIVENESS

**No response (unconscious):**

- Alert 911/request AED if available
- Open airway
- Check for breathing/provide 2 breaths if needed
- Check for signs of circulation
- Provide CPR until AED is available
- Control bleeding if necessary
- Care for shock

**Responsive (conscious):**

- Introduce/request for consent
- If no consent, call 911
- Control bleeding if necessary
- Complete a visual and verbal head-to-toe exam
- Provide first aid if appropriate
- Care for shock



**\*Signs of abnormal breathing:**

- Irregular breathing
- Wheezing, gurgling or high-pitched noises when breathing
- Shortness of breath, often with dizziness or light-headedness
- Flushed, bluish or pale appearance

**ACTION: Call EMS**

- Provide rescue breathing if needed.
- Provide emergency oxygen if available.

# CPR

## Positioning the victim

### What If You Are Alone?

If you are alone at the scene of an emergency, call EMS *immediately* if the victim appears to be 8 years of age or older (CALL FIRST). If the victim appears to be less than 8 years of age, provide one minute of rescue efforts *before* calling EMS (CALL FAST).<sup>114</sup>

### Positioning the Victim

Positioning a victim may be necessary for several reasons. A victim should only be moved to another location to provide necessary care or to avoid imminent danger. You may have to change victim's position for the following reasons:

- You find an unconscious victim lying face down.
- The victim is breathing but unconscious.
- You have to momentarily leave an unconscious breathing victim unattended.
- The victim is vomiting or has debris in his or her mouth.
- The victim's life is in immediate danger in his or her current location.

The following techniques are suggested for repositioning or moving a victim.

*Remember, do no further harm!*

### Log Roll

#### If you are alone:

1. Kneel down at the waistline area of the victim.
2. Attempt to roll the victim as a single unit.
3. Grasp the victim's opposite shoulder and opposite hip and roll the victim toward you. As soon as movement begins, remove your hand from the victim's shoulder and support his or her head and neck until the victim is flat on his or her back.

#### If you have assistance:

One person should stabilize the head and neck as the other responder rolls the victim's body. Remember to roll the victim's body as a single unit. Communicate commands.



### Clothes Drag

Move the victim in a manner that does not move the head and neck unnecessarily. Support the victim's head and neck with your arms while dragging. Always communicate with your assistant. For example, you may say, "One, two, three – move!"

### Recovery Position

These steps should be used for a breathing victim with no suspected spinal injury.

1. Kneel at the victim's waist.
2. Place the arm of the victim that is closest to you up and out, away from the victim's side.
3. Bend the leg of the victim that is opposite of you upward.
4. Grasp the victim's hip and shoulder and roll him or her toward you, resting the victim's head on his or her extended arm. The victim's bent leg should help keep the victim from rolling.

If the victim is to be left in this position for an extended period, alternate the victim's position to the opposite side every 30 minutes. Continue to monitor ABCs.





# CPR

## Airway & Breathing

### Airway and Breathing

#### Open Airway

If the victim is unconscious, kneel alongside the victim and open his or her airway. Place one hand on the victim's forehead. Place the fingers of your other hand on the bony part of the victim's chin. Tilt the victim's head back and lift the chin to open the airway. This technique is called the **head tilt-chin lift maneuver**.



Jaw thrust

If you suspect the victim may have injured his/her neck or spine, **do not** tilt the head back. Instead, attempt a **jaw thrust**. To do this, place one hand on each side of the victim's head. Grasp the angles of the victim's lower jaw and lift with your finger tips while pushing against the cheek bones with your thumbs.<sup>(19)</sup>

#### Check for Breathing

To determine if the victim has normal breathing or is breathing effectively, place the side of your face (your ear) directly over the victim's mouth and nose. **LOOK**



(at the victim's chest for movement), **LISTEN** (at the victim's mouth for sounds of breathing), and **FEEEL** (for air on your cheek.). This should take no more than 10 seconds. Abnormal or inadequate respirations require rapid intervention of rescue breathing. **If there is any doubt about a victim's adequacy of breathing, provide rescue breaths!** If normal breathing is present and no signs of trauma are evident, place the victim in the recovery position.<sup>(19)</sup>

#### Rescue Breathing

If normal breathing is absent, you will need to provide oxygen to the victim. To do this, you must inflate the victim's lungs by blowing the air that you breathe out (exhaled air) into the victim. Pinch the soft part of the victim's nostrils closed. Take a breath and place your mouth over the victim's mouth. Watch the victim's chest and blow slowly into his or her mouth, **just enough to make the chest rise**.

For an infant, place your mouth over the infant's mouth and nose. Remove your mouth from the victim's mouth and watch for the victim's chest to fall. Take a breath and deliver the next breath. If the victim is not breathing, give two slow breaths. Each breath should take approximately 2 seconds to deliver.<sup>(19)</sup>



Table 1. Rescue Breathing <sup>(19)</sup>

	Age 0 - 1	Age 1 - 8	Age 8 +
Rescue breathing	1 every 3 seconds	1 every 3 seconds	1 every 5 seconds
Normal breathing (approximate)	20 per minute	20 per minute	12 per minute

You should use a barrier device (face shield or mask) to protect yourself and the victim when providing rescue breaths. However, you should learn how to provide mouth-to-mouth inflations. Additional practice using a barrier device may be necessary depending on your profession and/or barrier of choice.

**REMEMBER** - While delivering breaths, watch the victim's chest and blow slowly, just enough to make the chest rise.

# CPR

## Special Considerations For Rescue Breathing

### Special Considerations for Rescue Breathing <sup>116</sup>

#### Mouth-to-Nose

Mouth-to-nose ventilation may be necessary when the victim's mouth cannot be opened, if the victim's mouth or jaw is seriously injured or when a tight seal cannot be achieved with mouth-to-mouth ventilation.

1. Open the airway.
2. Close the victim's mouth.
3. Take a deep breath, seal your mouth or mask around the victim's nose and breathe.
4. If possible, open the victim's mouth between breaths to let air escape.

#### Dentures

Well-fitting dentures help support the victim's mouth and cheeks during rescue breathing.

Do not remove dentures unless they are blocking the victim's airway or are so loose that it makes it difficult to administer breaths.

#### Stoma (Due to operation that removes the upper end of windpipe)

A temporary or permanent opening in the neck of an individual who has had the upper end of his or her windpipe surgically removed is called a **stoma**. The stoma connects the windpipe directly to the front base of the neck.

1. If present, remove any coverings (such as a scarf or tie) from the stoma.
2. Keep the victim's head straight (rather than tilted back), and look, listen and feel for breathing over the stoma.



### Special Considerations for Rescue Breathing <sup>116</sup>

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1. If present, remove any coverings (such as a scarf or tie) from the stoma.
2. Keep the victim's head straight (rather than tilted back), and look, listen and feel for breathing over the stoma.

# CPR

## Special Considerations for Rescue Breathing cont..

Section 2: Basic CPR

3. If the airway is not obstructed, seal stoma and perform mouth (barrier)-to-stoma ventilation. Use just enough force to cause the victim's chest to rise.
4. After the victim's chest rises, remove your mouth from the stoma to allow the chest to fall.<sup>179</sup>



### Suspected Head or Spine Injury (Due to violent force to head, neck or spine)

- Try to open victim's airway by lifting the chin without tilting the head back.
- If necessary, use the fingers of both hands under the angles of the jaw to lift the jaw upward.
- Place your mouth or a mask over the victim's mouth and provide breaths. You may need to block the victim's nose with your cheek while delivering mouth-to-mouth breaths, since both hands are needed to maintain an open airway using this technique.

### Signs of Circulation/Chest Compressions

The pulse check has been the method used for many years to determine whether or not the heart was beating. Recent studies, based on the ability of people to accurately locate and assess for a pulse, have indicated that this diagnostic tool should only be used at the professional level.

The studies showed that typically rescuers require too much time to make an accurate assessment. Those of us who do not work in a healthcare-related field should not rely on the pulse check alone for determining cardiac arrest. In most cases, we do not perform or practice the pulse check tech-



nique enough to ensure adequacy. Therefore, the American Safety & Health Institute has decided to de-emphasize the pulse check and to place more emphasis on **signs of circulation**.

The circulation of oxygenated blood is required for survival. Without circulation, brain death occurs within minutes. To create artificial circulation for a victim that has no **signs of circulation**, chest compressions are necessary. Rescue breaths in unison with chest compressions are the steps for CPR.

The responder must determine whether or not the victim has signs of circulation. The responder must not take longer than 10 seconds to make this determination.<sup>180,181,182</sup>

What are considered to be obvious **signs of circulation**?

### Signs of Circulation

- Breathing
- Movement
- Coughing
- Normal skin appearance
- Pulse

Does not need CPR

### No Signs of Circulation

- No breathing
- No coughing
- No movement (limp)
- Pale or ashen skin
- No pulse

Needs CPR

*If no obvious signs of circulation are present, begin chest compressions and perform CPR until AED arrives and is ready for use.*

*If you have been trained to check the pulse in a previous CPR class, you may continue to do so. However, you should not rely on the pulse check alone. Look for signs of circulation while checking pulse – and most importantly – take no longer than 5 to 10 seconds to make your determination. When in doubt, provide CPR. Every second counts!*

15



# CPR

## Skill Guide

### CPR SKILL GUIDE

#### Adult CPR

LE1346

Responder should:  
Assess ⇔ Alert ⇔ Attend

#### Step 1. A = Airway (Open Airway)

#### Step 3. C = Circulation

##### (Check for Circulation for 5 to 10 seconds)

Is circulation present?

1. If obvious signs of circulation are present, but no breathing, give rescue breaths at a rate of 1 breath every 5 seconds (a rate of 12 per minute).
2. If no response to initial rescue breaths occurs and the victim is not moving, appears to be limp, pale or ashen, circulation is probably not present.
3. If no signs of circulation are present, begin chest compressions and perform CPR until AED arrives and is ready for use.
  - a. Find the lower half (not bottom) of the breastbone (sternum) and place the heel of one hand there. Place your other hand on top of the first.
  - b. Interlock the fingers of both hands and position yourself directly above the victim's chest.
  - c. With your arms straight and your elbows locked, press down on the breastbone and deliver 15 compressions (refer to illustration below). Apply firm pressure, depressing the breastbone 1½ to 2 inches. Do not apply pressure over the bottom tip of the breastbone or over the upper abdomen.
  - d. Count, "one and two and three and four and five... and fifteen." (One = push down, and = let up, two = push down, and = let up, etc.)
  - e. After 15 compressions, tilt the head, lift the chin and deliver 2 slow breaths.
4. Continue compressions and breaths at a ratio of 15 to 2 until.
  - the victim shows obvious signs of circulation;
  - AED is available and ready for use;
  - EMS arrives and takes over;
  - you are too exhausted to continue; or
  - a physician instructs you to stop.



#### Step 1. A = Airway (Open Airway)

Is the airway open?

1. Kneel alongside the victim.
2. Place one hand on the victim's forehead. Place the fingers of your other hand on the bony part of the victim's chin.
3. Tilt the victim's head back and open the mouth.



If you suspect a neck or spinal injury, lift the victim's jaw without tilting the head (refer to jaw thrust on page 13).

#### Step 2. B = Breathing

##### (Check for Breathing for 5 to 10 seconds)

Is breathing present?

1. Place the side of your face directly over the victim's mouth and nose.
2. **LOOK** at the victim's chest for movement.
3. **LISTEN** at the victim's mouth for sounds of breathing.
4. **FEEL** for air on your cheek.



If the victim is not breathing normally:

1. Look in mouth. If a foreign object is visible, carefully remove it with a finger sweep (hooking motion).
2. Inflate the lungs with two slow breaths. Each breath should last approximately 2 seconds.



# CPR

## Child & Infant

Section 2: Basic CPR

### Child & Infant CPR

#### Causes of Sudden Death in Children and Infants

Cardiac arrest in children and infants is usually the result of a progressive lack of oxygen caused by respiratory difficulty or arrest. Cardiac arrest in children or infants is rarely due to coronary heart disease.

CPR for children and infants is most often required when an injury, an airway obstruction by a foreign object (for example, toys, food or plastic parts), near drowning, electrocution, stroke, inhalation, sudden infant death syndrome (SIDS) and/or infection has occurred.

If you are alone at the scene of an emergency and the victim appears to be 1 to 8 years of age and shows no obvious signs of circulation, provide one minute of CPR before calling EMS or initiating an AED.

#### Prevention

It is critical to learn what to do in the event of a child or infant-related emergency. Of greater importance is the time spent preventing conditions that can cause cardiorespiratory difficulty or any other injury to children and/or infants.

Remember the old adage, "An ounce of prevention is worth a pound of cure."

#### Adults Are Responsible For:<sup>(1)</sup>

1. The provision of constant adult supervision.
2. Automobile safety. **HUCK-LE UP!** Assure proper use of child safety seats and other safety devices.
3. Providing additional layers of protection with regard to all water hazards.
4. Providing proper safeguards for all firearms.
5. The installation and maintenance of smoke detectors and carbon monoxide detectors.
6. The installation of water temperature control devices.
7. Burn safety with stoves, fireplaces, matches and cigarettes (stop smoking).
8. Tool, lawn and other household equipment safety.
9. Requiring that children wear bike safety helmets.
10. The inspection of toys (hazardous vs. safe).
11. Poison prevention (lock it up or move it out of reach).
12. Teaching and role-modeling safe behaviors.
13. Teaching and role-modeling a healthy lifestyle.



**Remember** – Children emulate their parents. If you want children to grow up to be safe, **YOU** have to provide the example! Contact your local Safe Kids Chapter ([www.safekids.org](http://www.safekids.org)), or ask your instructor where to get more information.

#### Child CPR Skill Steps<sup>(2)</sup>

Responder should:

Assess ⇨ Alert ⇨ Attend

#### Step 1. A = Airway (Open Airway)

Is the airway open?

1. Kneel alongside the victim.
2. Place one hand on the victim's forehead. Place the fingers of your other hand on the bony part of the victim's chin.
3. Tilt the victim's head back and open the mouth.
4. If you suspect a neck or spinal injury, lift the victim's jaw without tilting the head (refer to illustration above).



#### Step 2. B = Breathing

(Check for Breathing for 5 to 10 seconds)

Is breathing present?

1. Place the side of your face directly over the victim's mouth and nose.
2. **LOOK** at the victim's chest for movement.
3. **LISTEN** at the victim's mouth for sounds of breathing.
4. **FEEL** for air on your cheek.





# CPR

## Child & Infant Cont...

### Child CPR Skill Steps (Cont'd.)

*If the victim is not breathing normally:*

1. If necessary, clear the mouth of any debris. If a foreign object is visible, carefully remove it by use of a finger sweep (hooking motion).
2. Inflate the lungs with two slow breaths. Each breath should last approximately 1 to 1½ seconds.



### Step 3. C = Circulation (Check for Circulation)

Is circulation present?

1. If obvious signs of circulation are present, but no breathing is occurring, give rescue breaths at a rate of 1 breath every 3 seconds (a rate of 20 per minute).
2. If no response to initial rescue breaths occurs and the victim is not moving, appears to be limp, pale or ashen, circulation is probably not happening.
3. If no signs of circulation are present, begin chest compressions and perform CPR until AED (with age-appropriate electrode pads) arrives and is ready for use.
  - a. Find the lower half of the breastbone (sternum) and place the heel of one hand between the nipples. Keep the other hand on victim's forehead to maintain open airway.
  - b. Position yourself directly above the victim's chest.
  - c. With your arm straight and your elbows locked, press down on the breastbone and deliver 5 compressions (refer to illustration). Apply firm pressure, depressing the breastbone 1 to 1½ inches. Do not apply pressure over the bottom tip of the breastbone or over the upper abdomen.
  - d. After 5 compressions, tilt the head, lift the chin and deliver one breath.
  - e. Count, "one and two and three and four and five and breathe" (One = push down, and = let up, two = push down, and = let up, etc.).
4. Continue compressions and breaths in a ratio of 5 to 1 until the victim shows obvious signs of circulation, EMS arrives and takes over, you are too exhausted to continue or a physician instructs you to stop.



### Infant CPR Skill Steps<sup>TM</sup>

Responder should:

Assess ⇨ Alert ⇨ Attend

### Step 1. A = Airway (Open Airway)

Is the airway open?

1. Kneel alongside the victim.
2. Place one hand on the victim's forehead. Place the fingers of your other hand on the bony part of the victim's chin.
3. Gently tilt the victim's head back, and open the mouth. Do not overextend.
4. If you suspect a neck or spinal injury, lift the victim's jaw without tilting the head (refer to illustration above).



### Step 2. B = Breathing (Check for Breathing)

Is breathing present?

1. Place the side of your face directly over the victim's mouth and nose.
2. **LOOK** at the victim's chest for movement.
3. **LISTEN** at the victim's mouth for sounds of breathing.
4. **FEEL** for air on your cheek.



*If the victim is not breathing normally:*

1. Look in mouth. Clear mouth of any debris.
2. Place your mouth or mask over the nose and mouth of the infant.
3. Inflate the lungs with two slow breaths. Each breath should last approximately 1 to 1½ seconds.



# CPR

## Child & Infant Cont...

### Step 3. C = Circulation (Check for Circulation)

Is circulation present?

1. If obvious signs of circulation are present, but no breathing is occurring, give rescue breaths at a rate of 1 breath every 3 seconds (a rate of 20 per minute).
2. If no response to initial rescue breaths happens and the victim is not moving, appears to be limp, pale or ashen, circulation is probably not occurring.
3. If no signs of circulation are present, *begin chest compressions as follows:*
  - a. Imagine a line between the nipples. Place the flat part of your middle and ring fingers about one finger-width below this imaginary line.
  - b. Press down on the breastbone and deliver 5 compressions (refer to illustration). Apply firm pressure, depressing the breastbone approximately  $\frac{1}{2}$  to 1 inch. Do not apply pressure over the bottom tip of the breastbone or over the upper abdomen.

- c. After 5 compressions, tilt the head, lift the chin, and deliver one breath.
  - d. Count, "one, two, three, four, five, breathe."
4. Continue compressions and breaths in a ratio of 5 to 1 until the victim shows obvious signs of circulation, EMS arrives and takes over, you are too exhausted to continue or a physician instructs you to stop.



# CPR

## Compression Only CPR / Choking

### What is Compression-Only CPR?

Compression-Only CPR refers to chest compressions without mouth-to-mouth rescue breathing. Although mouth-to-mouth has saved many lives, both citizens and professionals are often unwilling to perform it on victims of cardiac arrest—especially strangers. This reluctance is usually related to fear of infectious disease transmission (though the risk of disease transmission from mouth-to-mouth is small).

If you do not have a barrier device (such as a face shield or mask) immediately available and are uncomfortable, unwilling or unable to provide mouth-to-mouth rescue breathing, the current consensus is that it is better to do chest compressions only, rather than to do nothing.<sup>(9)</sup> The compression technique is the same as with regular CPR.

### FOREIGN BODY AIRWAY OBSTRUCTION (CHOKING)



**Choking** (also referred to as a *Foreign Body Airway Obstruction* or *FBAO*) is a situation that most of us will either witness or experience at one time or another during our lifetime.

A **partially** obstructed airway typically stimulates a cough. A cough is the body's way of expelling a foreign object in the airway. In a conscious choking situation, coughing must be encouraged. A good cough could save a life in a choking situation, especially if you are alone, and it is *you* who is choking.

A victim who cannot cough or speak and appears to be in distress is exhibiting signs of a **complete** airway obstruction. You must take immediate action (see skill steps for conscious choking beginning on page 22).<sup>(10)</sup>

If you encounter an **unconscious** victim who is not breathing, follow the CPR Quick Reference Guide on page 19. You should attempt to give the victim rescue breaths and provide chest compressions until EMS arrives and takes over care.

Table 3. Airway Obstruction

	Partial Airway Obstruction	Complete Airway Obstruction
<b>Description</b>	Victim can move air into and out of the lungs.	No air movement
<b>Signs and Symptoms</b>	Good air exchange - victim conscious, forceful cough; usually can speak; wheezing may be heard between coughs. Poor air exchange - weak, ineffective cough; high-pitched noises when taking a breath in; increasing breathing difficulty; bluish skin color.	Inability to cough Inability to speak Inability to breathe
<b>Emergency Care - Adult and Child</b>	Good air exchange - encourage victim to cough. Do NOT leave victim alone. Poor air exchange - treat as complete airway obstruction.	If victim is conscious, perform abdominal thrusts. If unconscious, begin CPR.



# CPR

## Obstruction Skill Steps

### FOREIGN BODY AIRWAY OBSTRUCTION SKILL STEPS

#### Skill Steps for a Conscious Choking Adult and Child <sup>(A, B)</sup>

##### 1. Assess the victim's ability to speak or cough.

- Ask, "Are you choking?"
- If the victim can cough or speak, watch him or her closely to ensure the object is expelled.
- If the victim cannot cough or speak, ask if you can help. The victim may hold his or her neck with the thumb and fingers. This sign is called the **universal distress signal** (refer to Fig. 2-1) for a choking emergency. Explain that you have been trained in CPR. Remember that a conscious adult must give consent. A child's parent or guardian, if present, must give consent. If not present, consent is implied.
  - A victim with a partial airway obstruction with poor air exchange should be treated as if he or she has a complete airway obstruction.



Fig. 2-1



Fig. 2-2

*d. If consent is granted, continue with guidelines.*

##### 2. Abdominal thrusts

- Stand behind the victim and wrap your arms around the victim's waist. Abdominal thrusts should be delivered two finger's width above the navel. Make a fist with one hand. Place the fist thumb side in on the thrust site. Place your other hand on top of the fist (refer to Fig. 2-2). Perform a quick inward and upward thrust (refer to Fig. 2-3). Continue performing abdominal thrusts until the foreign body is expelled or the victim becomes unconscious.



Fig. 2-3

#### Skill Steps for an Unconscious Choking Adult and Child <sup>(A)</sup>

Lower the victim to the floor, being sure to protect the head, neck and spine.

##### Assess ⇔ Alert ⇔ Attend

**A = Airway (Open Airway)**

**B = Breathing (Check for Breathing)**

If the victim is not breathing normally:

##### STEP 1

- Look in mouth for object.
- If object is seen, clear with finger sweep.

##### STEP 2

- Attempt to ventilate—chest does not rise.
- Retilt and reattempt to ventilate—chest still does not rise.

##### STEP 1



##### STEP 2



# CPR

## Obstruction Skills Steps cont..

Section 2: Basic CPR

### STEP 3

- Perform chest compressions

Repeat steps 1, 2 and 3 until airway is clear or EMS takes over victim's care.

*If object is removed and airway is clear, give 2 ventilations that produce a visible chest rise and go to C.*

### C = Circulation (Check for Circulation)

- If the 2 breaths go in, check for signs of circulation, normal breathing, coughing and movement.
- If no signs of circulation are present and AED is readily available, attach and follow skill steps beginning on page 27 for adult. If age-appropriate electrode pads are available, follow pediatric skill steps beginning on page 29 for child. If AED is not available, provide CPR.

### STEP 3



ADULT  
15 compressions



CHILD  
5 compressions

### Skill Steps for a Conscious Choking Infant <sup>29-30</sup>

#### 1. Assess the victim

2. Observe the infant. If the infant can cough or cry, watch him or her closely to ensure the object is expelled. If the infant is unable to cough or cry, provide care.

#### 2. Back blows

- While supporting the infant's head and neck, place the infant face down over one arm.
- Position the infant's head lower than the rest of the body.
- Deliver up to 5 back blows between the infant's shoulder blades using the heel of one hand.
- If the foreign body is not expelled, deliver chest thrusts.



- Imagine a line between the nipples. Place the flat part of your middle and ring fingers about one finger-width below this imaginary line. Deliver up to 5 quick downward chest thrusts at a slower rate than chest compressions (approximately 1 per second).



#### 3. Chest thrusts

- Support the infant's head and neck.
- Sandwich the infant between your hands and arms and turn infant onto his or her back (face up). The infant's head must be lower than the rest of the body.





# CPR

## Obstruction Skills Steps Cont..

### Skill Steps for an Unconscious Choking Infant<sup>TM</sup>

**Asses** ⇒ **Alert** ⇒ **Attend**

**A = Airway (Open Airway)**

**B = Breathing (Check for Breathing)**

If the victim is not breathing normally:

#### STEP 1

- Look in mouth for object.
- If object is seen, clear with finger sweep.

#### STEP 2

- Attempt to ventilate—chest does not rise.
- Retilt and reattempt to ventilate—chest still does not rise.

#### STEP 3

- Perform chest compressions.

Repeat steps 1, 2 and 3 until airway is clear or EMS takes over victim's care.

*If object is removed, give 2 ventilations that produce a visible chest rise.*

**C = Circulation (Check for Circulation)**

- If the 2 breaths go in, check for signs of circulation, normal breathing, coughing and movement.
- If no circulation, provide CPR.

STEP 1



STEP 2



STEP 3



### Skill Steps for Conscious Choking Pregnant or Obese Victims<sup>TM</sup>

If the victim of a complete airway obstruction is pregnant or obese, use chest thrusts to relieve the obstruction. Place your arms under the victim's armpits to encircle the chest. Perform a quick inward thrust. Continue performing the thrust until the foreign body is expelled or the victim becomes unconscious.



# POWERHEART

## AED G3 AUTOMATIC EXTERNAL DEFIBRILLATOR

(A.E.D.)



# **POWERHEART AED G3 AUTOMATIC EXTERNAL DEFIBRILLATOR (A.E.D.)**

Warwick National Little League Purchased a Powerheart External Defibrillator (AED)

One representative from each team has been trained in CPR/First aid/AED

If you are interested in an AED training, WNLL will offer another training to all members

During the weekly training sessions.

## **If Defibrillator is needed:**

**The Defibrillator located in the Major League Club House –**

**Identify someone to call 911**

**Identify someone to retrieve Defibrillator**

**Administer CPR**

**When defibrillator is removed the alarm will sound.**

**PowerHeart AED is automated --- Follow Prompts**

**Review the following Instruction's  
that is specifically for the device that  
WNLL has purchased:**

**Warwick National Little League  
2007 Safety Plan**

# **POWERHEART**

## **AED G3 AUTOMATIC EXTERNAL DEFIBRILLATOR (A.E.D.)**

### **STEP 1: ASSESSMENT AND PAD PLACEMENT**

#### **PREPARATION**

Determine that the patient is over **8 years of age or weighs more than 55 pounds** (25 kg) and exhibits the following:

The patient is unresponsive, and  
the patient is not breathing.

Remove clothing from the patient's chest. Ensure the skin site is clean and dry. Dry the patient's chest and shave excessive hair if necessary.

Open the AED lid and wait until the LEDs are lit.

Note: When the patient is a child under 8 years of age or weighs less than 55 lbs (25kg), the AED should be used with the Model 9730 Pediatric Attenuated Defibrillation Pads. Therapy should not be delayed to determine the patient's exact age or weight. See the directions for use accompanying pediatric pads for procedure on changing adult pads to pediatric.

**NOTE: PEDIATRIC PADS ARE LOCATED IN FROM  
ZIPPER POCKET OF AED CARRYING CASE**

#### **PLACE PADS**

The AED will issue the prompt "Tear Open Package and Remove Pads." Keep the pads connected to the AED, tear the pad package along the dotted line and remove the pads from the package. Leave the package attached to the pad wires.

After the prompt "Peel One Pad From Plastic Liner," with a firm, steady pull, carefully peel one pad away from the plastic liner.

Then, after the prompt "Place One Pad on Bare Upper Chest," place the pad with the sticky side of on the patient's skin on the upper right chest, placing the top of the pad on the collarbone. Avoid placing the pad directly over the sternum.

Finally, after the prompt "Peel Second Pad and Place on Bare Lower Chest As Shown," pull the second pad from the plastic liner and place it on the lower left chest, below and left of the breast.

Note: Cardiac Science's defibrillation pads are non-polarized and can be placed in either position as shown on the pad package.

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**Warwick National Little League**

# POWERHEART

## AED G3 AUTOMATIC EXTENERAL DEFIBRILLATOR (A.E.D.)

When the pads are placed, the voice prompt will say “Do not touch patient. Analyzing Rhythm.” If the pads are not properly placed or become disconnected at any time during the rescue, the voice prompt “Check Pads” will be heard. When this occurs, ensure that: Pads are firmly placed on clean, dry skin Pad cable is securely plugged into the AED

### **STEP 2: ECG ANALYSIS**

As soon as the AED detects proper pad placement, the voice prompt “Do Not Touch Patient. Analyzing Rhythm” will be heard. The AED will begin to analyze the cardiac rhythm of the patient. If a shock is advised, the voice prompt will say, “Shock Advised. Charging.”

#### **For the Powerheart AED G3 Automatic:**

The voice prompt, “Stand Clear! Shock will be delivered in 3, 2, 1.” will be heard. When the AED is charged, it continues to analyze the patient’s heart rhythm. If the rhythm changes and a shock is no longer needed, the AED will issue the prompt “Rhythm Changed. Shock Cancelled,” disarm and initiate CPR.

If no shock is advised, the AED will prompt to start CPR.

If noise is detected during analysis, the AED will warn you with the prompt “Analysis Interrupted. Stop Patient Motion” and restart the analysis. This usually occurs if the patient is excessively jostled or there is a strong electromagnetic emitting electronic device nearby (within 5 meters). Remove the electronic device or stop the excessive motion when you hear this prompt.



# **POWERHEART**

## **AED G3 AUTOMATIC EXTERNAL DEFIBRILLATOR (A.E.D.)**

### **STEP 3: SHOCK DELIVERY AND CPR MODE**

When the AED is ready to deliver a defibrillation shock,

#### **For the Powerheart AED G3 Automatic:**

When the AED is ready to deliver a shock, the voice prompt,

“Stand Clear! Shock will be delivered in 3, 2, 1.” will be heard then the AED will deliver a shock. After the AED delivers a defibrillation shock, the voice prompt will say “Shock Delivered.” The AED will then prompt you to start CPR.

Note: During a rescue, the text screen displays voice prompts, elapsed time of rescue and number of shocks delivered.

#### **CPR MODE**

After shock delivery or detection of a non-shockable rhythm, the AED automatically enters CPR mode. The voice prompt will say,

“It is now safe to touch the patient. Start CPR.”

During the CPR time-out period. The AED will not interrupt the CPR

mode if the patient’s condition changes and the AED detects a shockable rhythm.

After the CPR time-out period has expired, the voice prompt “Do Not Touch Patient. Analyzing Rhythm.” will be heard.

Note: During CPR mode, the text screen displays a countdown timer.

If the patient is conscious and breathing normally, leave the pads on the patient’s chest connected

Make the patient as comfortable as possible and wait for Advanced Life Support [ALS]

Continue to follow the voice prompts until the ALS personnel arrive, or proceed as recommended Medical Director.

# **POWERHEART AED G3 AUTOMATIC EXTERNAL DEFIBRILLATOR (A.E.D.)**

## **STEP 4:**

**Fill out an accident report**

**Contact the Safety Officer and or President**

**AS SOON THE EMERGENCY IS COMPLETED**

**POST RESCUE Will be performed by WNLL President or Safety Officer**

After transferring the patient to ALS personnel, prepare the AED for the next rescue:

1. Retrieve the rescue data stored in the internal memory of the AED RescueLink software installed on a PC (see detailed procedure in Management section).
2. Connect a new pair of pads to the AED.
3. Close the lid.
4. Verify that the **STATUS INDICATOR** on the handle is **GREEN**

# Weather

## WEATHER

Unsafe Weather Conditions:

### *Rain:*

If it begins to rain:

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



### *Lightning:*

The average lightning stroke is 5-6 miles long with up to 30 million volts at 100,000 amps flow in less than a tenth of a second. The average thunderstorm is 6-10 miles wide and moves at a rate of 25 miles per hour. Once the leading edge of a Thunderstorm approaches to within 10 miles, you are at immediate risk due to the possibility of lightning strokes coming from the storm's overhanging anvil cloud.

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

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

1. ***Suspend all games and practices immediately.***
2. Stay away from metal including fencing and bleachers.
3. Do not hold metal bats.
4. Get players to walk, not run to their parent's or designated driver's cars and wait for your decision on whether or not to continue the game or practice.
5. Warwick National has purchased a **lightning detector** which is housed within the concession stand, workers in the concession stand if alarmed will contact umpires to cease game play until the storm is in safe distance.

Go inside when

it's lightning



Scott Reynolds  
Age 7



## What to do if someone is struck by lightning

- ▶ **Lightning victims do not carry an electrical charge, are safe to handle, and need immediate medical attention.**
- ▶ **Call for help.** Have someone call 9-1-1 or your local ambulance service. Medical attention is needed as quickly as possible.
- ▶ **Give first aid.** Cardiac arrest is the immediate cause of death in lightning fatalities. However, some deaths can be prevented if the victim receives the proper first aid immediately. Check the victim to see that they are breathing and have a pulse and continue to monitor the victim until help arrives. Begin CPR if necessary.
- ▶ **If possible, move the victim to a safer place.** An active thunderstorm is still dangerous. Don't let the rescuers become victims. Lightning CAN strike the same place twice.



NOAA

## STAY INFORMED

Listen to NOAA Weather Radio for the latest forecast and for any severe thunderstorm WATCHES or WARNINGS. Severe thunderstorms produce winds of 58 mph or greater, or hail 3/4 of an inch or larger in diameter.

**A severe thunderstorm WATCH is issued** when conditions are favorable for severe weather to develop.

**A severe thunderstorm WARNING is issued** when severe weather is imminent. National Weather Service personnel use information from weather radar, satellite, lightning detection, spotters, and other sources to issue these warnings.

NOAA WEATHER RADIO IS  
THE BEST WAY TO RECEIVE  
FORECASTS AND WARNINGS  
FROM THE NATIONAL  
WEATHER SERVICE.



**Remember that all thunderstorms produce lightning and all lightning can be deadly to those outside.**

Lightning Safety Awareness Week is the last full week of June. For additional information on lightning or lightning safety, visit NOAA's lightning safety web site.

<http://www.lightningsafety.noaa.gov>

or contact us at

National Weather Service  
P.O. Box 1208  
Gray, Maine 04039

GYX 0301 (August 2003) - Revised

# Coach's and Sports Official's Guide to Lightning Safety...



NOAA

## LIGHTNING... the underrated killer!

A SAFETY GUIDE

U.S. DEPARTMENT OF COMMERCE  
NATIONAL OCEANIC AND  
ATMOSPHERIC ADMINISTRATION



NATIONAL WEATHER  
SERVICE

Gray, Maine

This safety guide has been prepared to help coaches and sports officials recognize the dangers of lightning and take appropriate safety precautions.



# LIGHTNING KILLS

## Play It Safe!

Each year in the United States, more than four hundred people are struck by lightning. On average, about 70 people are killed and many others suffer permanent neurological disabilities. Most of these tragedies can be avoided if proper precautions are taken. When thunderstorms threaten, coaches and sports officials must not let the desire to start or complete an athletic activity hinder their judgment when the safety of participants and spectators is in jeopardy.

### *It is important for coaches and officials to know some basic facts about lightning and its dangers*

- ▶ **All thunderstorms produce lightning and are dangerous.** In an average year, lightning kills more people in the U.S. than either tornadoes or hurricanes.
- ▶ **Lightning often strikes outside the area of heavy rain and may strike as far as 10 miles from any rainfall.** Many deaths from lightning occur ahead of storms because people wait too long before seeking shelter, or after storms because people return outside too soon.
- ▶ **If you hear thunder, you are in danger.** Anytime thunder is heard, the thunderstorm is close enough to pose an immediate lightning threat to your location.
- ▶ **Lightning leaves many victims with permanent disabilities.** While only a small percentage of lightning strike victims die, many survivors must learn to live with very serious, life-long disabilities.

### *To avoid exposing athletes and spectators to the risk of lightning take the following precautions*

- ▶ **Postpone activities if thunderstorms are imminent.** Prior to an event, check the latest forecast and, when necessary, postpone activities early to avoid being caught in a dangerous situation. Stormy weather can endanger the lives of participants, staff, and spectators.
- ▶ **Plan ahead.** Have a lightning safety plan. Know where people will go for safety, and know how much time it will take for them to get there. Have specific guidelines for suspending the event or activity so that everyone has time to reach safety before the threat becomes significant. Follow the plan without exception.
- ▶ **Keep an eye on the sky.** Pay attention to weather clues that may warn of imminent danger. Look for darkening skies, flashes of lightning, or increasing wind, which may be signs of an approaching thunderstorm.
- ▶ **Listen for thunder.** If you hear thunder, immediately suspend your event and instruct everyone to get to a safe place. Substantial buildings provide the best protection. Once inside, stay off corded phones, and stay away from any wiring or plumbing. Avoid sheds, small or open shelters, dugouts, bleachers, or grandstands. If a sturdy building is not nearby, a hard-topped metal vehicle with the windows closed will offer good protection, but avoid touching any metal.

- ▶ **Avoid open areas.** Stay away from trees, towers, and utility poles. Lightning tends to strike the taller objects.
- ▶ **Stay away from metal bleachers, backstops and fences.** Lightning can travel long distances through metal.
- ▶ **Do not resume activities until 30 minutes after the last thunder was heard.**
- ▶ **As a further safety measure, officials at outdoor events may want to have a tone-alert NOAA Weather Radio.** The radio will allow you to monitor any short-term forecasts for changing weather conditions, and the tone-alert feature can automatically alert you in case a severe thunderstorm watch or warning is issued. To find your nearest NOAA weather radio transmitter, go to <http://www.nws.noaa.gov/nwr/>, and click on "Station Listing and Coverage."

### *If you feel your hair stand on end (indicating lightning is about to strike)*

- ▶ **Crouch down on the balls of your feet, put your hands over your ears, and bend your head down.** Make yourself as small a target as possible and minimize your contact with the ground.
- ▶ **Do not lie flat on the ground.**



NOAA

## ***Hot Weather:***



Precautions must be taken in order to make sure the players on your team do not *dehydrate* or *hyperventilate*.

Suggest players take drinks of water when coming on and going off the field between innings. If a player looks distressed while standing in the hot sun, substitute that player and get him/her into the shade of the dugout A.S.A.P.

If a player should collapse as a result of heat exhaustion, call 9-1-1 immediately. Get the player to drink water and use the instant ice bags supplied in your First-Aid Kit to cool him/her down until the emergency medical team arrives.

-



## ***Ultra- Violet Ray Exposure:***

This kind of exposure increases and athlete's risk of developing a specific type of skin cancer known as *melanoma*. The American Academy of Dermatology estimates that children receive 80% of their lifetime sun exposure by the time that they are 18 years old.

Therefore, WNLL will recommend the use of sunscreen with a SPF (sun protection factor) of at least 15 as a means of protection from damaging ultra-violet light.

# *Parents.....*

# Your Role as a Little League Parent

## Your Role as a Little League Parent

Local Little Leagues are entirely volunteer organizations. Each league depends on adults like you to organize and conduct every aspect. Not only do adults serve as administrators, volunteer coaches, and umpires they also help with field maintenance, fund-raising, concessions, and numerous other special projects.

Your willingness to exchange time and effort for your child's benefit and enjoyment is very important to the functioning of your local Little League. Cheering your daughter or son on from the stands is one important way to be involved, but we invite you to do even more by volunteering to help run your local Little League program.

Without a doubt, Little League is a family affair that gives parents and children a common ground for spending time together. Whether you are coaching the players, selling popcorn to the fans, or bringing soda for the team after the game, your family will enjoy being a part of Little League in your community. Most of all, you will appreciate the benefits of your enthusiasm and involvement in his or her activities.

When winning is kept in perspective, there is room for fun in the pursuit of victory or more accurately, the pursuit of victory is fun. With your leadership Little League can help your child learn to accept responsibilities, accept others and most of all, accept her - or himself.

## Keeping Winning in Perspective

Are you able to keep winning in perspective? You might answer with a confident yes, but will you be able to do so when it is your child who is winning or losing, when your child is treated a bit roughly by someone on the other team, or when the umpire makes a judgment against your child? Parents are sometimes unprepared for the powerful emotions they experience when watching their sons and daughters compete.

One reason that parents' emotions run to high is that they want their children to do well; it reflects on them. They also may believe that their children's failures are their own. Parents need to realize that dreams of glory they have for their youngsters are not completely unselfish, but they are completely human. Parents who are aware of their own pride, who are even capable of being amused by their imperfections, can keep themselves well under control.

## Being a Model of Good Sportsmanship

Flying off the handle at games or straining relations with the coach or other parents creates a difficult situation for your child. Just as you don't want your daughter or son to embarrass you, don't embarrass your Little Leaguer.

It's no secret that kids imitate their parents. In addition, they absorb the attitudes they think lie behind their parents' actions. As you go through the Little League season with your child, be a positive role model. How can you expect your child to develop a healthy perspective about competing and winning if you display an unhealthy one? Remember Little league is supposed to be a fun experience for your child, and one in which he or she will learn some sport skills. Winning will take care of itself.

Some parents seem to abandon good principles of child rearing when their child is participating in sports. However, just as your child's home, school, and religious environment affect the type of person he or she will be, so does the sport environment especially when your child is young. Remember this:

If children live with criticism, they learn to condemn.

If children live with hostility, they learn to fight.

If children live with fear, they learn to be apprehensive.

If children live with praise, they learn to like themselves.

If children live with approval, they learn to like themselves.

If children live with recognition, they have to have a goal.

If children live with honesty, they learn what trust is.

*Note: From "Great Projects Report," Baltimore Bulletin of Education, 1965-1966, 42 (3).*

# Parent's Checklist for Success

## Parents' Checklist for Success

Here is a list of questions you should consider when your child begins playing Little league. If you can honestly answer yes to each one, you will find little trouble ahead.

*Can you share your son or daughter?*

This means trusting the coach to guide your child's Little League experiences. It means accepting the coach's authority and the fact that he or she may gain some of your child's admiration that once was directed toward you.

*Can you admit your shortcomings?*

Sometimes we slip up as parents, our emotions causing us to speak before we think. We judge our child too hastily, perhaps only to learn later the child's actions were justified. It takes character for parents to admit they made a mistake and to discuss it with their child.

*Can you accept your child's disappointments?*

Sometimes being a parent means being a target for a child's anger and frustration. Accepting your child's disappointment also means watching your play poorly during a game when all of his or her friends succeed, or not being embarrassed into anger when your 10-year-old breaks into tears after a failure. Keeping your frustration in check will help you guide your son or daughter through disappointments.

*Can you accept your child's triumphs?*

This sound much easier than it often is. Some parents, not realizing it, may become competitive with their daughter or son, especially if the youngster receives considerable recognition. When a child plays well in a game, parents may dwell on minor mistakes, describe how an older brother or sister did even better, or boast about how they played better many years ago.

*Can you give your child some time?*

Some parents are very busy, even though they are interested in their child's participation and want to encourage it. Probably the best solution is never to promise more than you can deliver. Ask about your child's Little league experiences, and make every effort to watch at least some games during the season.

*Can you let your child make her or his own decisions?*

Decisions making is an essential part of young person's development, and it is a real challenge to parents. It means offering suggestions and guidance but finally, within reasonable limits, letting the child go his or her own way. All parents have ambitions for their children, but parents must accept the fact that they cannot mold their children's lives. Little League offers parents a minor initiation into the major process of letting go.



# Little League Parent Responsibilities

## Parents Responsibilities

- ✦ Let your child choose to play Little League and to quit if he or she dose not enjoy baseball. Encourage participation, but don't pressure.
- ✦ Understand what your child wants from participating in Little League and provide a supportive atmosphere for achieving these goals.
- ✦ Set limits on your child's participation in baseball. You need to determine when she or he is physically and emotionally ready to play and to insure that the conditions for playing are safe.
- ✦ Make certain your child's coach is qualified to guide your child through the Little League experience.
- ✦ Keep winning in perspective by remembering Athletes First, Winning Second. Instill this perspective in your child.
- ✦ Help your child set realistic goals about his or her own performance so success is guaranteed.
- ✦ Help your child understand the experiences associated with competitive sports so she or he can learn the valuable lessons sports can teach.
- ✦ Turn your child over to the coach at practices and games, and avoid meddling or becoming a nuisance.

**Shawn Holland**  
**Age 6**



Don't SWING BATS  
people.

Around

SHAWN AGE 6  
Holland



**Josh Valladolid**  
**Age 13**

## **PARENTAL CONCERNS ABOUT SAFETY**

The following are some of the most common concerns and questions asked by parents regarding the safety of their children when it comes to playing baseball. We have also included appropriate answers

***I'm worried that my child is too small or too big to play on the team/division he has been assigned to.***

Little League has rules concerning the ages of players on T-Ball, Minor and Major teams. Warwick National Little League observes these rules and then places children on teams according to their skills and abilities based on their try-out ratings at the beginning of the season. If for some reason you do not think your child belongs in a particular division, please contact the WNLL Safety Officer share your concerns with him or her. At that point, the Safety Officer will contact the appropriate board members in order to make an informed decision.

***Should my child be pitching as many innings per game?***

Little League has rules regarding pitching which all managers and coaches must follow. The rules are different depending on the division of play but the rules are there to protect children. Warwick National Little League has implemented pitching regulations set forth by Little League Inc. these regulations can be found within the safety manual and each team's coach has been educated on pitch counts and how many days rest a pitcher needs.

For more information on the pitch count regulations for your child's age, please contact your coach or any board member.

***How do I know that I can trust the volunteer managers and coaches?***

Warwick National Little League performs a comprehensive background check approved by Little League Inc. on all board members, managers and designated coaches before appointing them. Volunteers are required to fill out applications which gives Warwick National Little League the information and permission it needs to complete a thorough investigation. Once the background check has been cleared the safety officer will have an identification system in place for each volunteer. The volunteer can only participate in WNLL activities while they are in possession of their photo ID and Hat. WNLL has decided to add the "Volunteer Hat" for easy recognition for our players and parents. This identification is to be worn during all league activities and clearly visible. If the League receives inappropriate information on a volunteer, that volunteer will be immediately removed from his/her position and banned from the facility.

***What do I do if I have a complaint about my child's coach or other volunteer?***

You can directly contact the Director of the Division your child plays in or any WNLL board member. You can find the names and telephone numbers posted in the snack bar by the telephone and listed in the 2007 Safety Manual. We encourage open communication with all league manager's and coaches however, if a complaint is filed it will be brought to the WNLL President's attention immediately and investigated.

### **How can I tell if my child is developing an overuse injury?**

An overuse injury may be developing when musculoskeletal symptoms are occurring more frequently and lasting longer. Overuse injuries generally progress as follows:

Soreness lasting several hours or less only after activity

Soreness or pain during and after activity, not resolved by the next morning.

Soreness or pain during activities of daily living as well as during sports.

Symptoms showing this progression should be evaluated by a health care provider for overuse injury. WNLL will be providing an orthopedic training –date TBA please feel free to attend to learn more.

### **What is the best way to prevent dehydration? Should my child drink a sports drink?**

#### **Does my child need extra salt?**

In most situations, water is an adequate fluid to prevent dehydration. It should be readily available during exercise. Sports drinks, which usually contain 6-8% carbohydrate, are beneficial only for exercise activities lasting longer than 90 minutes. However, children may drink a flavored drink if they prefer the taste. Children should be encouraged to drink before they feel thirsty, because mild dehydration occurs before one feels thirsty. Approximately one cup of fluid is required for every 15 to 20 minutes of strenuous exercise to prevent dehydration. Young athletes should understand that even mild dehydration impairs performance and leads to fatigue. Salt tablets should be avoided; they can cause dangerous side effects and are unnecessary, because salt loss is adequately replaced through a normal diet.

### **What should a parent do to treat a sports injury initially? How can I tell if the injury needs to be evaluated by a doctor?**

First, all injuries should be reported right away to the coach or manager. All injuries should be treated initially with rest, icing, compression and elevation (R.I.C.E.). Rest from any activity causing pain. Ice the injured part twenty minutes at a time, protecting the skin with a thin towel. Compress swelling with an ice wrap applied firmly but not too tightly. Elevate the injured part above the level of the heart. Any injury in which there is significant swelling, deformity or limitation of function does that does not improve quickly should be evaluated by a doctor.

### **Should my child be stretching and warming up before exercising? What is the best way to do this?**

Stretching and warming up are most important during periods of rapid growth, such as during the adolescent growth spurt. Stretching and warming up have not been proven to prevent injury, but they seem prudent. In general, activity sessions should be structures to include:

Limbering up (5 minutes) , Stretching (5-10 minutes), Warm-up (5 minutes)

Primary activity and Cool down and stretching (5-15 minutes)

Stretching should involve the major muscle groups and be done slowly and steadily, holding each stretch 15-20 seconds and repeating the stretch several times.

***Is it safe for my child to slide into the bases?***

Sliding is part of baseball. Managers and coaches teach children to slide safely in the pre-season. WNLL uses break-away bases on both the Minor and Major League Fields this is to prevent injuries while sliding into the bases.

***My child has been diagnosed with ADD or ADHD - is it safe for him to play?***

Warwick National Little League has addressed ADD and ADHD in the Safety Manual. Managers and Coaches have access to more information and tips to better understand ADD and ADHD.

Our goal is for Managers and Coaches to gain the knowledge they need to help them coach children who have been diagnosed **effectively and confidentially**.

The primary concern is, of course, safety. Children must be aware of where the ball is at all times. Managers and coaches must work together with parents in order help children who are diagnosed with ADD/ADHD focus on safety issues and to put a plan into place. WNLL are committed to partnering with parents to assist our coaches – **you are the expert** of your child and your knowledge will be vital in assisting in ways for your child to be successful.

***Why can't I smoke at the field?***

You can smoke but not within 50 feet of the dugouts, bleachers and concession stands. There are posted signs throughout the park that stipulate this. Please obey the rules as they are there for the safety of our children.





# SAFETY TIPS

1. WEAR HELMET  
WHILE RIDING YOUR BIKE
2. LOOK BOTH WAYS  
BEFORE CROSSING STREET
3. WEAR PROTECTED GEAR  
WHILE ROLLER BLADEING
4. PICK UP EQUIPMENT  
AFTER USE SO NO ONE  
GETS HURT
5. DON'T GET TOO CLOSE  
TO SOMEONE SWINGING  
A BAT

Nicholas Shoemith  
Age 11

b

# Information on Child Abuse

Keeping our  
children Safe!

Some concerns about child abuse.....

### **Volunteers**

*Volunteers* are the greatest resource Little League has in aiding children's development into leaders of tomorrow. But some potential volunteers may be attracted to Little League to be near children for *abusive reasons*. Big Brothers/Big Sisters of America defines *child sexual abuse* as "the exploitation of a child by an older child, teen or adult for the personal gratification of the abusive individual." So abusing a child can take many forms, from touching to non-touching offenses. Child victims are usually made to feel as if they have brought the abuse upon themselves; they are made to feel guilty. For this reason, sexual abuse victims seldom disclose the victimization.

Consider this:

Big Brothers/Big Sisters of America contend that for every child abuse case reported, *ten more go unreported*. Children need to understand that *it is never their fault*, and both children and adults need to know what they can do to keep it from happening. *Anyone* can be an *abuser* and it could happen *anywhere*. By educating parents, volunteers and children, you can help reduce the risk it will happen at Warwick National Little League. Like all safety issues, **prevention** is the key. Warwick National Little League performs background checks on ALL volunteers.

**\*\*During the 2006 Season field, health and safety day the Rhode Island Free Masons made a video library of each child. This video included a small interview with our children including any identifying information i.e.. Birthmarks or scars... The video taping and interviewing was a great way to have a "real time" picture of our children for the caregivers to keep to provide information to law enforcement agencies to help locate a missing or lost child. We also had the Warwick Police Department to offer free fingerprinting and picture of our children.**

**Volunteer Application:** To include *residence information, employment* and three *personal references* from non-relatives. All potential volunteers must fill out the application that clearly asks for information about *prior criminal convictions*. The form also points out that all positions are conditional based on the information received back from a background check.

**\*\*Interview: All coaches and managers must be appointed by the Board.**

### **Reporting**

In the unfortunate case that child abuse in ANY form is suspected, you should immediately contact the WNLL President or a Warwick National Little League Board Member to **report** the abuse. WNLL along with district administrators will contact the proper *law enforcement agencies*.

Here are a few facts you should know about child sexual abuse:

- ↪ Child sexual abuse occurs to as many as 25 percent of girls and 14 percent of boys before they reach 18 years of age.
- ↪ Boys and girls could be sexually abused at any age; however, most sexual abuse occurs between the ages of 7 and 13.
- ↪ Children are most likely to be molested by someone they know and trust.
- ↪ Eighty to 90 percent of sexually abused boys are molested by acquaintances who are non-family members.
- ↪ Females perform 20 percent of the sexual abuse of boys under age 14.
- ↪ Few sexually abused children tell anyone that they have been abused. Children are usually told to keep the abuse secret. This could involve threats, bribes, or physical force.
- ↪ Children might feel responsible for the abuse and fear an angry reaction from their parents.

Preteen and teenage boys are especially at risk for sexual abuse. The physical and hormonal changes caused by puberty, and their natural curiosity about their new emotions and feelings, make these youth likely targets for child molesters. The normal desire of boys this age to show their independence from their parents' control adds to the risk. This combination might keep boys this age from asking their parents for help when faced with sexual abuse.

# How to protect our children

The following information should help you and your child talk about sexual abuse prevention:

- ↪ *If you feel uncomfortable discussing sexual abuse with your child, let him know.* When you feel uncomfortable discussing sexual abuse with your children and try to hide your uneasiness, your children might misinterpret the anxiety and be less likely to approach you when they need help. You can use a simple statement like, "I wish we did not have to talk about this. I am uncomfortable because I don't like to think that this could happen to you. I want you to know that it's important and you can come to me whenever you have a question or if anybody ever tries to hurt you."
  
- ↪ *Children at this age are developing an awareness of their own sexuality and need parental help to sort out what is and is not exploitive.* Children at this age need specific permission to ask questions about relationships and feelings. Nonspecific "good touch, bad touch" warnings are insufficient, since most of the touching they experience might be "confusing touch." Adolescents also need parental help to set boundaries for their relationships with others—an awareness of when they are being controlling or abusive.
  
- ↪ *Many children at this age feel it is more important to be "cool" than it is to ask questions or seek parental assistance.* Your son might resist discussing the material in this booklet with you. He might be giggly, unfocused, or restless. He might tell you that he already knows about sexual abuse. That's all right. The point of discussing sexual abuse with him is to let him know that if and when he has questions or problems he can't handle by himself, you will help him. If he tells you he already knows about sexual abuse, you can ask him to tell you what he knows.

Today's teenagers and preteens receive a lot of misinformation about sexuality, relationships, and sexual abuse. Their role models are likely to be rock stars and other media personalities. As influential as these are, surveys of young people indicate that parents continue to be a strong influence in their lives.



## Personal Protection Rules for Computer On-line Services

When you're on-line, you are in a public place, among thousands of people who are on-line at the same time.

Be safe by following these personal protection rules and you will have fun:

- ↪ Keep on-line conversations with strangers to public places, not in e-mail.
- ↪ Do not give anyone on-line your real last name, phone numbers at home or school, your parents' workplaces, or the name or location of your school or home address unless you have your parent's permission first. Never give your password to anyone but a parent or other adult in your family.
- ↪ If someone shows you e-mail with sayings that make you feel uncomfortable, trust your instincts. You are probably right to be wary. Do not respond. Tell a parent what happened.
- ↪ If somebody tells you to keep what's going on between the two of you secret, tell a parent.
- ↪ Be careful whom you talk to. Anyone who starts talking about subjects that make you feel uncomfortable is probably an adult posing as a kid.
- ↪ Pay attention if someone tells you things that don't fit together. One time an on-line friend will say he or she is 12, and another time will say he or she is 14. That is a warning that this person is lying and may be an adult posing as a kid.
- ↪ Unless you talk to a parent about it first, never talk to anybody by phone if you know that person only on-line. If someone asks you to call—even if it's collect or a toll-free, 800 number—that's a warning. That person can get your phone number this way, either from a phone bill or from caller ID.
- ↪ Never agree to meet someone you have met only on-line any place off-line, in the real world.
- ↪ Promise your parent or an adult family member and yourself that you will honor any rules about how much time you are allowed to spend on-line and what you do and where you go while you are on-line.

### Child's Bill of Rights

When feeling threatened, you have the right to

- ↪ Trust your instincts or feelings.
- ↪ Expect privacy.
- ↪ Say no to unwanted touching or affection.
- ↪ Say no to an adult's inappropriate demands and requests.
- ↪ Withhold information that could jeopardize your safety.
- ↪ Refuse gifts.
- ↪ Be rude or unhelpful if the situation warrants.
- ↪ Run, scream, and make a scene.
- ↪ Physically fight off unwanted advances.
- ↪ Ask for help.

# Warwick National Little League's Position on Abuse

## Suspending/Termination

When an allegation of abuse is made against a Little League volunteer, it is our duty to protect the children from any possible further abuse by keeping the alleged abuser away from children in the program. If the allegations are substantiated, the next step is clear -- assuring that the individual will not have any further contact with the children in the League.

## Immunity From Liability

According to Boys & Girls Clubs of America, "Concern is often Expressed over the potential for criminal or civil liability if a report of abuse is subsequently found to be unsubstantiated." However, we want adults and Little Leaguers to understand that they shouldn't be afraid to come forward in these cases, even if it isn't required and even if there is a possibility of being wrong. All states provide *immunity from liability* to those who report suspected child abuse in "good faith." At the same time, there are also rules in place to protect adults who prove to have been inappropriately accused.

For more information:

U.S. Department of Health and Human Services  
P.O. Box 1182  
Washington, DC 20013  
800-394-3366

National Committee to Prevent Child Abuse  
332 South Michigan Avenue, Suite 1600  
Chicago, IL 60604-4537  
312-663-3520

## Make Our Position Clear

Make adults and kids aware *that Little League Baseball and Warwick National Little League will not tolerate child abuse, in any form.*

# How to help protect your children

## *The Buddy System*

It is an old maxim, but it is true: There is safety in numbers. Encourage kids to move about in a *group* of two or more children of similar age, whether an adult is present or not. This includes travel, leaving the field, or using the restroom areas. It is far more difficult to victimize a child if they are not alone.

## *Access*

Controlling access to areas where children are present -- such as the dugout or restrooms -- protects them from harm by outsiders. It's not easy to control the access of large outdoor facilities, but visitors could be directed to a central point within the facility. Individuals should not be allowed to wander through the area without the knowledge of the Managers, Coaches, Board Directors or any other Volunteer.

## *Lighting*

Child sexual abuse is more likely to happen in the dark. The lighting of fields, parking lots and any and all indoor facilities where Little League functions are held should be bright enough so that participants can identify individuals as they approach, and observers can recognize abnormal situations.

## *Toilet Facilities*

Generally speaking, Little Leaguers are capable of using toilet facilities on their own, so there should be no need for an adult to accompany a child into rest room areas. There can sometimes be circumstances under which a child requires assistance to toilet facilities, for instance a T-Ball player, but there should still be adequate privacy for that child. Again, we can utilize the "*buddy system*" here.

# Submit ideas on safety

Your safety ideas are welcome at Warwick National Little League. Please submit any safety ideas in written form and place them in the Safety Officers Box located in the clubhouse. The WNLL Safety Officer will retrieve safety suggestion daily and review them on a weekly basis.

If your safety idea warrants further investigation, you will be contacted.

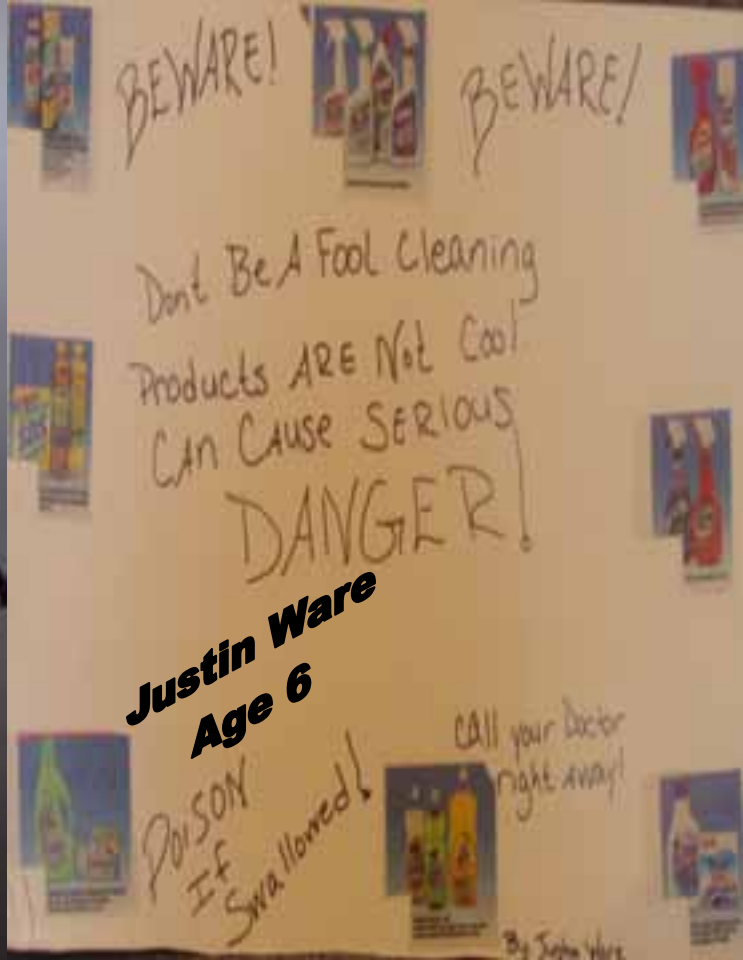
Safety ideas which are implemented at our ball park will appear in next year's Safety Manual under Safety Contributions and the contributor will receive credit for his or her suggestion.

If a **child** should submit a safety idea which is then implemented at our ball park, then in addition to being credited in next year's Safety Manual, he or she will receive a **\$10 gift certificate** for the Concession stand. So talk to your team. Let them know about this fabulous prize!





**Joseph Shatanawi**  
Age 7



**Justin Ware**  
Age 6



Safety 1st

**Nicholas D**  
Age 6



Safety 1st

nicholas d. 1



# **Accidents and Injuries**

# Accident Reports

## Accident Reporting Procedures

*What should be reported? -*

An incident that causes any player, manager, coach, umpire, or volunteer to receive medical treatment and/or first aid must be reported to the Safety Director. This includes even passive treatments such as evaluation and diagnosis as to the extent of an injury, application of an ice pack, or the need for extra periods of rest.

**Near Misses should also be reported.**

*When should this be reported? -*

All such incidents described above *must* be reported to the Safety Officer *within 24 hours* of the incident. (Please see contact information)

*How is this information reported? -*

All accident reports are to be reported on the “injury reporting form” Located in a folder marked “Injury Reports” located in the club house. In some cases you may contact the safety officer directly. At a minimum, the following information must be provided.

- The name and phone number of the individual(s) involved.
  - The date, time, and location of the incident.
  - As detailed a description of the incident as possible.
  - A preliminary estimate of the extent of the injury.
  - A description of any treatments given.
  - The name and phone number of the person reporting the incident.
  - Place completed Injury Report in the Safety Officers box located in the club house.
- The Safety Officer will check injury reports daily.

When you encounter a “near miss” please fill out the injury reporting form and identify at the top of the page that a near miss occurred.

You may contact the safety officer at anytime to discuss any injuries. (Please see contact information)

# Insurance

## INSURANCE POLICIES

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

Warwick National Little League Majors, Minor League and Tee Ball participants shall not participate as a Little League (Majors), Minor League and Tee Ball team in games with other teams of other programs or in tournaments except those authorized by Little League Baseball, Incorporated. Warwick National Little League (Majors), Minor League and Tee Ball participants may participate in other programs during the Little League (Majors), Minor League and Tee Ball regular season and tournament provided such participation does not disrupt the Little League (Majors), Minor League and Tee Ball season or tournament team. Unless expressly authorized by the Board of Directors of WNLL, games played for any purpose other than to establish a League champion or as part of the International Tournament are prohibited. (See IX - Special Games, pg. 15 in the Rule Book for further clarification)

### **Explanation of Coverage:**

The *CNA Little League's insurance policy* (see in Appendix) is designed to afford protection to all participants at the most economical cost to WNLL. It can be used to supplement other insurance carried under a family policy or insurance provided by a parent's employer. If there is no other coverage, CNA Little League insurance - which is purchased by the WNLL, not the parent - takes over and provides benefits, after a *\$50 deductible* per claim, for all covered injury treatment costs up to the maximum stated benefits. This plan makes it possible to offer exceptional, low-cost protection with assurance to parents that adequate coverage is in force at all times during the season.

**Warwick National League Insurance Policy is designed to supplement a parent's existing family policy.**

### ***How the insurance works:***

1. First have the child's parents file a claim under their insurance policy; Blue Cross, Blue Shield or any other insurance protection available.
2. Should the family's insurance plan not fully cover the injury treatment, the Little League CNA Policy will help pay the difference, after a *\$50 deductible* per claim, up to the maximum stated benefits.
3. If the child is not covered by any family insurance, the Little League CNA Policy becomes primary and will provide benefits for all covered injury treatment costs, after a *\$50 deductible* per claim, up to the maximum benefits of the policy.
4. Treatment of *dental injuries* can extend beyond the normal fifty-two week period if dental work must be delayed due to physiological changes of a growing child. Benefits will be paid at the time treatment is given, even though it may be some years later. Maximum dollar benefit is \$500 for eligible dental treatment after the normal fifty-two week period, subject to the \$50 deductible per claim.

## Insurance Policy Cont.

### Filing a Claim:

When filing a claim, all medical costs should be fully itemized. If no other insurance is in effect, a letter from the parent's/guardian's or claimant's employer explaining the lack of Group or Employer insurance must accompany a claim form. On *dental claims*, it will be necessary to fill out a Major Medical Form, as well as a Dental Form; then submit them to the insurance company of the claimant, or parent(s)/guardian(s), if claimant is a minor. "Accident damage to whole, sound, normal teeth as a direct result of an accident" must be stated on the form and bills. Forward a copy of the insurance company's response to Little League Headquarters. Include the claimant's name, League ID, and year of the injury on the form. Claims must be filed with the WNLL Safety Officer. He/she forwards them to:

Little League Baseball, Incorporated,  
PO Box 3485,  
Williamsport, PA, 17701

Claim officers can be contacted at:

(717) 327-1674

(717)326-1074. Fax

*Contact the WNLL Safety Officer for more information.*

*Protective  
equipment  
cannot prevent  
all injuries a  
player might  
receive while  
participating in  
Baseball*

# **Injury Reporting Data**



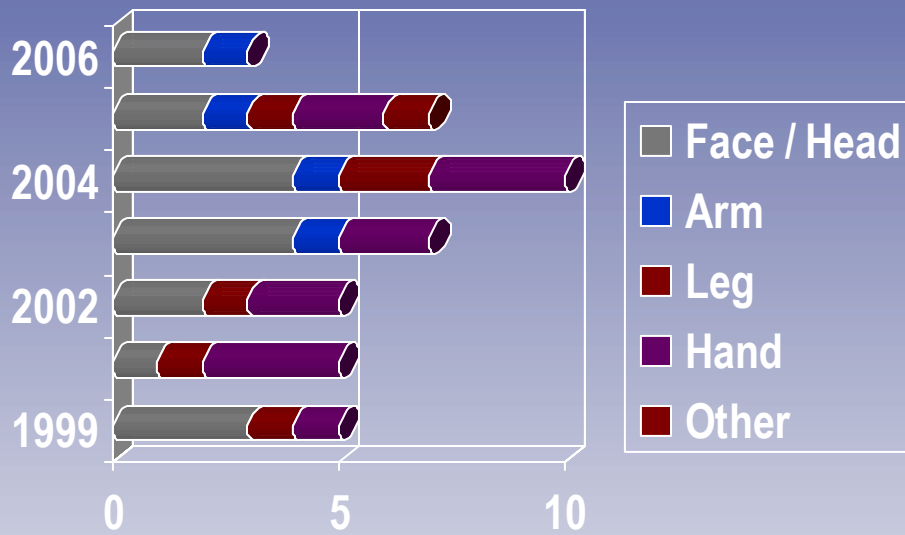
Warwick National Little League is dedicated to improving Near Miss Incidents and injury Incidents

Beginning 2003 Warwick National Little League has implemented and closely monitored Injury reporting data.

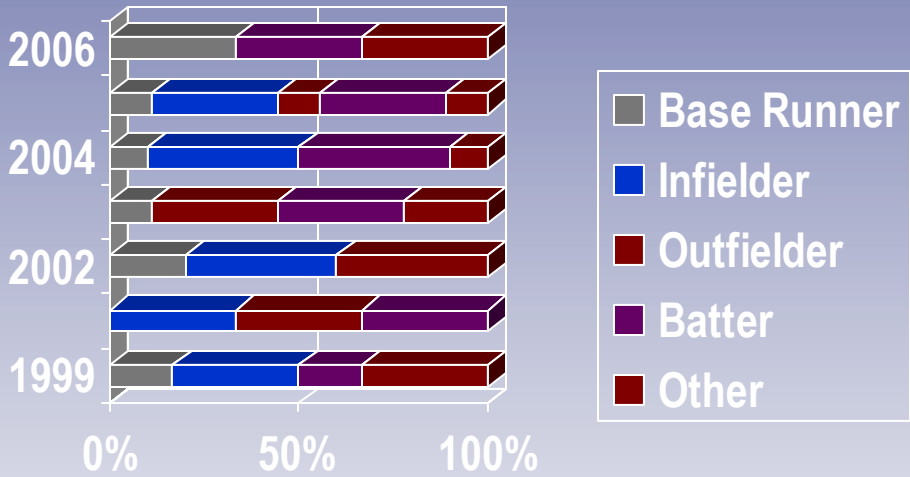
Managers and Coaches were held responsible for completing all data and overseen by the Safety officer.

The Safety Officer's responsibility is to conduct a thorough investigation regarding any near misses or injuries in addition to implementing changes to prevent such incidents.

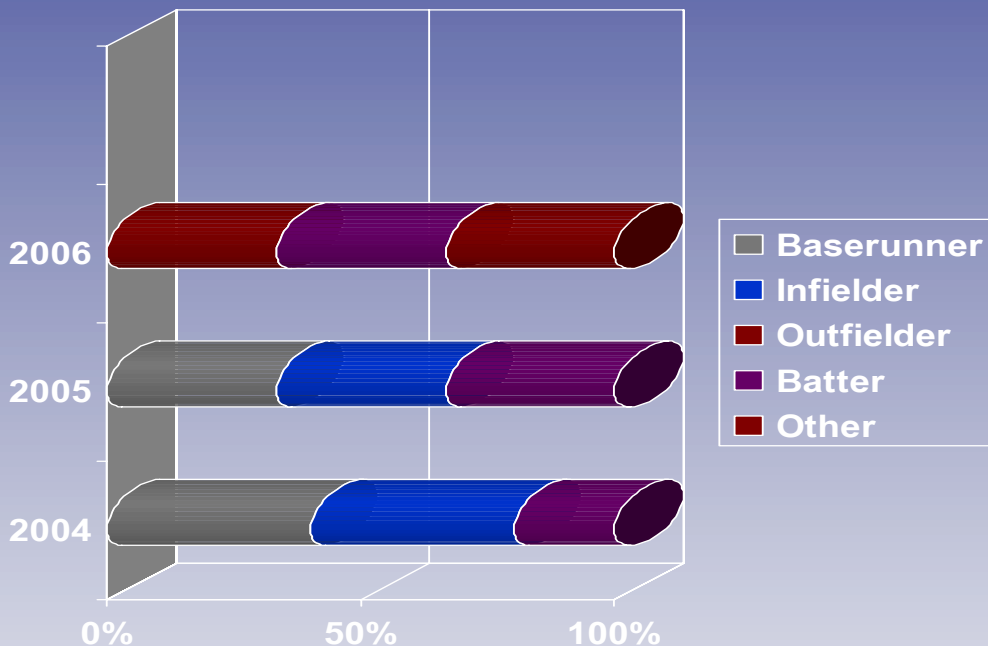
# Injury Reporting Data



# Injury Reporting Data



# Near Miss Reporting Data



WNLL implemented the Near Miss data in order to implement changes after reviewing the compiled data. ie...practice with the infielders when and how to announce they have a fly ball so other players can hear and see them to avoid a possible collision.

# FORMS





AIG Companies

LITTLE LEAGUE BASEBALL®
ACCIDENT NOTIFICATION FORM
INSTRUCTIONS

For claims occurring after January 1, 2005

Send Completed Form To:
Little League Baseball, Incorporated
539 US Route 15 Hwy, PO Box 3485
Williamsport PA 17701-0485
Accident Claim Contact Numbers:
Phone: 570-327-1674 Fax: 570-326-2951

- 1. 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.
2. 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.
3. When other insurance is present, parents or claimant must forward copies of the Explanation of Benefits or Notice/Letter of Denial for each charge directly to Little League Headquarters, even if the charges do not exceed the deductible of the primary insurance program.
4. Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan.
5. Limited deferred medical/dental benefits may be available for necessary treatment incurred after 52 weeks.

League Name League I.D.
PART 1
Name of Injured Person/Claimant Date of Birth (MM/DD/YY) Age Sex
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 [ ] Yes [ ] No Individual Plan [ ] Yes [ ] No School Plan [ ] Yes [ ] No Dental Plan [ ] Yes [ ] No

Date of Accident Time of Accident Type of Injury
[ ] AM [ ] PM

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

Check all applicable responses in each column:
[ ] BASEBALL [ ] CHALLENGER (5-18) [ ] PLAYER [ ] TRYOUTS [ ] SPECIAL EVENT (NOT GAMES)
[ ] SOFTBALL [ ] T-BALL (5-8) [ ] MANAGER, COACH [ ] PRACTICE [ ] SPECIAL GAME(S) (Submit a copy of your approval from Little League Incorporated)
[ ] CHALLENGER [ ] MINOR (7-12) [ ] VOLUNTEER UMPIRE [ ] SCHEDULED GAME [ ]
[ ] TAD (2ND SEASON) [ ] LITTLE LEAGUE (9-12) [ ] PLAYER AGENT [ ] TRAVEL TO
[ ] JUNIOR (13-14) [ ] OFFICIAL SCOREKEEPER [ ] TRAVEL FROM
[ ] SENIOR (14-16) [ ] SAFETY OFFICER [ ] TOURNAMENT
[ ] BIG LEAGUE (16-18) [ ] VOLUNTEER WORKER [ ] 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., an AIG Company, or its representative, any and all such information. 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.

**PART 2 - LEAGUE STATEMENT (Other than Parent or Claimant)**

Name of League	Name of Injured Person/Claimant	League I.D. Number
Name of League Official	Position in League	
Address of League Official	Telephone Numbers (Inc. Area Codes) Residence: (    ) Business: (    ) Fax: (    )	

Were you a witness to the accident?     Yes     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.

POSITION WHEN INJURED	INJURY	PART OF BODY	CAUSE OF INJURY
<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 SPRAIN	<input type="checkbox"/> 16 LEG	<input type="checkbox"/> 16 OTHER
<input type="checkbox"/> 17 SHORTSTOP	<input type="checkbox"/> 17 SUNSTROKE	<input type="checkbox"/> 17 LIPS	<input type="checkbox"/> 17 UNKNOWN
<input type="checkbox"/> 18 TO/FROM 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 breakaway bases on:     ALL     SOME     NONE    of your fields?

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 \_\_\_\_\_

Little League® Baseball & Softball  
**CLAIM FORM INSTRUCTIONS**  
For claims occurring after January 1, 2005



**WARNING** — It is important that parents/guardians and players note that: *Protective equipment cannot prevent all injuries a player might receive while participating in baseball/softball.*

To expedite league personnel's reporting of injuries, we have prepared guidelines to use as a checklist in completing reports. It will save time -- and speed your payment of claims.

The AIG Accident Master Policy acquired through Little League contains an "Excess Coverage Provision" whereby all personal and/or group insurance shall be used first.

To help explain insurance coverage to parents/guardians refer to *What Parents Should Know* on the internet that should be reproduced on your league's letterhead and distributed to parents/guardians of all participants at registration time.

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

When filing a claim, all medical costs should be fully itemized and forwarded to Headquarters. If no other insurance is in effect, a letter from the parent's/guardian's or claimant's employer explaining the lack of group or employer insurance should accompany the claim form.

The AIG Accident Policy is acquired by leagues, not parents, and provides comprehensive coverage at an affordable cost. Accident coverage is underwritten by National Union Fire Insurance Company of Pittsburgh, Pa., with its principal place of business in New York, NY. This is a brief description of the coverage available under the policy. The policy will contain limitations, exclusions, and termination provisions.

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

#### **TREATMENT OF DENTAL INJURIES**

Deferred Dental Treatment for claims or injuries occurring in 2002 and beyond: If the insured incurs injury to sound, natural teeth and necessary treatment requires that dental treatment for that injury must be postponed to a date more than 52 weeks after the date of the injury due to, but not limited to, the physiological changes occurring to an insured who is a growing child, we will pay the lesser of the maximum benefit of \$1,500.00 or the reasonable expense incurred for the deferred dental treatment. Reasonable expenses incurred for deferred dental treatment are only covered if they are incurred on or before the insured's 23rd birthday. Reasonable Expenses incurred for deferred root canal therapy are only covered if they are incurred within 104 weeks after the date the Injury occurs.

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## CHECKLIST FOR PREPARING CLAIM FORM

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

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

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

### **PART II - LEAGUE STATEMENT**

1. This section must be filled out, signed and dated by the league official.
2. Fill out all sections, including check marks in the appropriate boxes for all categories. **Do not leave any section blank. This will cause a delay in processing your claim and a copy of the claim form will be returned to you for completion.**

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

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Send Completed form to:  
 539 US Route 15 Hwy  
 P.O. Box 3485  
 Williamsport, Pennsylvania 17701  
 ( 570 ) 326-1921 Fax ( 570 ) 326-2951

(LEXINGTON USE ONLY)

Telephone immediate notice to Little League Baseball International

CN

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Insured	Name of League		League I. D. Number (Used as location code)	
	Name of League Official (please print)		Position In League	
	Address of League Official (Street, City, State, Zip)		Phone No. (Res.)	
			Phone No. (Bus.)	

Time and Place of Accident	Date of Accident	Hour	<input type="checkbox"/> AM <input type="checkbox"/> PM	Accident occurred at (Street, City, State, Zip)
	Arising out of Operations conducted at			
	Was Police Report made? If yes, where? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Description of Accident	State cause and describe facts surrounding accident (Use reverse side if needed)			
Who owns Premises		Person In charge of Premises		

Coverage Data	Limits	Elevator:	Products:	Cont.
	BI / PD:	Yes	Yes	Yes
	Med. Pay: None			
Policy Number:		Policy Dates:		
		Begin:	End:	
Is there any other insurance applicable to this Risk? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Property Damage	Name of Owner		Description of Property	
	Address (Street, City, State, Zip)		Name of Insurance Co.	
	Nature and Extent of Damages and Estimate of Repairs			

Insured Person and Injures:	Name		Phone No. (Res)	
	Address (Street, City, State, Zip)		Occupation	Age
			<input type="checkbox"/> Married <input type="checkbox"/> Single	
Phone No. (Bus)				

Employers Name and Address				
Did you provide or authorize medical attention? <input type="checkbox"/> Yes <input type="checkbox"/> No		Attending Doctor's Name and Address		
Description of Injury				
Where was the injured taken after accident?			Probable length of Disability	

Witnesses:	Name, Address, Phone Number			
	Name, Address, Phone Number			
Name, Address, Phone Number				

Date of Report:	Signature of League Official:	Position In League:
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USE REVERSE SIDE FOR DIAGRAM AND ANY OTHER INFORMATION OF IMPORTANCE IN REPORTING THE ACCIDENT





League Name: \_\_\_\_\_ League ID: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ 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 (5-8)  Minor (7-12)  Major (9-12)  Junior (13-14)  
 Senior (14-16)  Big League (16-18)  
**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:**

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>A.) On Primary Playing Field</b></p> <p><input type="checkbox"/> Base Path: <input type="checkbox"/> Running <i>or</i> <input type="checkbox"/> Sliding</p> <p><input type="checkbox"/> Hit by Ball: <input type="checkbox"/> Pitched <i>or</i> <input type="checkbox"/> Thrown <i>or</i> <input type="checkbox"/> Batted</p> <p><input type="checkbox"/> Collision with: <input type="checkbox"/> Player <i>or</i> <input type="checkbox"/> Structure</p> <p><input type="checkbox"/> Grounds Defect</p> <p><input type="checkbox"/> Other: _____</p> | <p><b>B.) Adjacent to Playing Field</b></p> <p><input type="checkbox"/> Seating Area</p> <p><input type="checkbox"/> Parking Area</p> <p><b>C.) Concession Area</b></p> <p><input type="checkbox"/> Volunteer Worker</p> <p><input type="checkbox"/> Customer/Bystander</p> | <p><b>D.) Off Ball Field</b></p> <p><input type="checkbox"/> Travel:</p> <p><input type="checkbox"/> Car <i>or</i> <input type="checkbox"/> Bike <i>or</i></p> <p><input type="checkbox"/> Walking</p> <p><input type="checkbox"/> League Activity</p> <p><input type="checkbox"/> Other: _____</p> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

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

This form is for Little League purposes only, to report 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 claims or injuries which could become claims, please fill out and turn in the official Little League Baseball Accident Notification Form available from your league president and send to Little League Headquarters in Williamsport (Attention: Dan Kirby, Risk Management Department). Also, provide your District Safety Officer with a copy for District files. All personal injuries should be reported to Williamsport as soon as possible.

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



# Little League Baseball®



## Medical Release

NOTE: To be carried by any Regular Season or Tournament Team Manager together with team roster or eligibility affidavit.

Player: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

League Name: \_\_\_\_\_ I.D. Number: \_\_\_\_\_

Parent or Guardian Authorization:

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

In case of emergency contact:

\_\_\_\_\_  
Name Phone Relationship to Player

\_\_\_\_\_  
Name Phone Relationship to Player

Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Date of last Tetanus Toxoid Booster: \_\_\_\_\_

Mr./Mrs./Ms. \_\_\_\_\_  
Authorized Parent/Guardian Signature

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

Little League Baseball does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.

# 2007 Volunteer Form



# Little League® Volunteer Application - 2007

Use extra paper to complete if additional space is required.

## A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED AND USED TO VERIFY INFORMATION BELOW.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_ Social Security # \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Special professional training, skills, hobbies: \_\_\_\_\_

Community affiliations (Clubs, Service Organizations, etc.): \_\_\_\_\_

Previous volunteer experience (including baseball/softball and year): \_\_\_\_\_

Do you have children in the program? Yes  No

If yes, at what level? \_\_\_\_\_

Special Certification (i.e. CPR, Medical, etc.): \_\_\_\_\_

Do you have a valid driver's license? Yes  No

Driver's License#: \_\_\_\_\_ State \_\_\_\_\_

Have you ever been convicted of or plead guilty to any crime(s): Yes  No

If yes, describe each in full: \_\_\_\_\_

Have you ever been refused participation in any other youth programs? Yes  No

If yes, explain: \_\_\_\_\_

In which of the following would you like to participate? (Check one or more.)

League Official  Coach  Umpire  Field Maintenance

Manager  Scorekeeper  Concession Stand  Other

Please list three references, at least one of which has knowledge of your participation as a volunteer in a youth program:

Name \_\_\_\_\_

Phone \_\_\_\_\_

As a condition of volunteering, I give permission for the Little League organization to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the league receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the local Little League, Little League Baseball, Incorporated, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, Little League is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension by the President and removal by the Board of Directors for violation of Little League policies or principles.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Applicant Name (please print or type) \_\_\_\_\_

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

### Local League Use Only:

Background check completed by league officer \_\_\_\_\_ on \_\_\_\_\_

System(s) used for background check (minimum of one must be checked):  
 Sex Offender Registry  Criminal History Records  \*Choicepoint

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

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

# LITTLE LEAGUE

## PLEDGE

I TRUST IN GOD

I LOVE MY COUNTRY

AND WILL RESPECT IT'S LAWS

I WILL PLAY FAIR

AND STRIVE TO WIN

BUT WIN OR LOSE

I WILL ALWAYS

DO MY BEST

*PETER J. MCGOVERN*

Warwick National Little League

2007 Safety Plan



## References:

How to Coach a Kid With  
Attention Deficit Disorder

Linda Meigs

ADDitude Magazine

Kids Health.org

ASMI.ORG

<http://www.comeunity.com/disability/adhd/index.html>

<http://www.adhdrelief.com/famous.html>

Little League Museum Williamsport PA

Larry Eldridge, Jr.;CWK Network, Inc.

Little League.org

Rhode Island Baseball Institute

<http://www.geocities.com/Colosseum/Park/1138/quotes/quotes.html>

Cincinnati Enquire

ASAP reference Material

Granada Hills Safety Manual

Little League Green Book Rules

WNLL Bi-Laws

WNLL Code of Conduct

WNLL Constitution

Little League Inc.

Google image search

Baseball Excellence.com

Rhode Island Baseball Institute – Marc Cahill

Y-Coach.com

Scouting.org

Provided to the Soccer Coach Mailing List by Gary Rue, who took the following from an 1991 article in Soccer Journal that was initially printed in "Growing Parent," January 1983. Actually, it was 86 ways, but I edited a few out. Gary Rue - [grue@mail.state.ky.us](mailto:grue@mail.state.ky.us)

References continued...

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- palo alto medical foundation)