Berwyn Paoli Little League

Safety Manual

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Who Is Your Safety Officer

Berwyn Paoli Little League each year nominates a Safety Officer. A budget is set aside for supplies and documentation for safety purposes. Your Safety Officer of the 2014 season is Bob Harnish. Please report injuries or unsafe issues to him via one of the contact numbers listed below or via the Berwyn Paoli Little League website at www.bpall.com.

Refer to the section on "Accident Reporting Procedure" for specifics on filing a report.

How to Contact Bob Harnish, Safety Officer, Berwyn Paoli Little League

Day Phone: 215.674.6453
Evenings: 610.647.0789
Email: bdharnish@gmail.com
Address: 392 Hilltop Rd., Paoli, PA 19301

Emergency Phone Numbers:
9-1-1 for immediate emergencies
Paoli Hospital: 610.648.1000
T/E Police Department: 610.644.3221
Berwyn Fire/EMS Department: 610.644.6050

Address when calling for Aid:
Field of Dreams: 950 Howellville Rd. Berwyn, PA 19312
Radbill: Route 252 Berwyn PA, 19312
Teegarden Field: 762 Contention Lane Berwyn, PA 19312

Division Contact Numbers

League President: Mike Nichols 610.724.5065
VP Baseball: Buck Buchanan 610.964.8588
VP of Softball: Hank Clement 610.952.4708
Director Tee Ball: Michael Park 484.283.6623
VP Challenger: Gary Brooks 610.909.7434

Berwyn Paoli League Contacts

President: Mike Nichols 610.724.5065
Secretary: Dave Phelan 610.902.0656
Treasurer: Maureen Kingsbury 610.933.7410
Player Agent: Ramesh Raghupathi 610.647.7022
Sponsorship Director: Alix Mayock 484.686.7232
Safety Director: Bob Harnish 610.647.0789

Distribution of Safety Manual and First Aid Kits

Each team will be issued a Safety Manual and a First Aid Kit at the beginning of the season. The manager of the team will be responsible for having the items at all practices and games. We will have a safety meeting with the managers and coaches prior to the coaching clinic.

One chemical ice pack is included in the first aid kit. Additional ice packs will be available at the concession stand if you should need them.

The first aid kit includes the necessary items to treat an injured player until profession help arrives if need be.

First Aid means exactly what the term implies--it 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 arrived, (9-1-1 paramedics). At no time should anyone administering First-Aid go beyond his or her capabilities. **Know your limits!**

Automated External Defibrillator (AED) Locations

AEDs are located at two locations at the BPALL Field of Dreams Complex:

- Cappelletti Field Press Box (Ground Floor Equipment Shed)
- Haas Field Concession Stand

Treatment at Site

When to call-

If the injured person is unconscious, call 9-1-1 immediately. Sometimes a conscious victim will tell you not to call the ambulance, and you may not be sure what to do. Call 9-1-1 anyway and request paramedics if the victim-

•Is or becomes unconscious.
•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 a seizure, a severe headache, or slurred speech.
•Appears to have been poisoned.
•Has an injury to the head, neck or back.
•Has a possible broken bone

Also Call 9-1-1 for an of these situations-

•Fire or Explosion
•Downed electrical wires
•Presence of poisonous gas
•Vehicle Collisions
•Vehicle/Bicycle Collisions
•Victims who cannot be moved easily

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. Be sure that you or another call follows these steps:

☑First Dial 9-1-1
☑Give the dispatcher the necessary information. Answer any questions that he or she might ask. Be prepared with the following answers:
☑The exact location of address of the emergency. Include the name of the city or town, nearby intersections, landmarks, etc.
☑The telephone number from which the call is being make.
☑Callers name.
☑What happened-for example, a baseball related injury, bicycle injury, fire, fall etc.
☑How many people were involved
☑The condition of the injured person-for example, unconsciousness, chest pains, or severe bleeding
☑What help or first aid is being given.
☑Don 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 until professional help arrives.
☑Appoint somebody to go to the street and look for the ambulance or fire engine. He or she will be able to flag them and direct them to the correct field. This saves valuable time. Remember, every minute counts.

Do....

- ☑ **Acess** the injury. In 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 on injury(blood, black/blue, deformity of joint)
- ☑ **Listen** to the injured player describe what happened and what hurts if conscious. Before questioning, 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.

Do Not...

- ☑ **Administer** any medications
- ☑ **Provide** any food or beverages(other then water).
- ☑ **Hesitate** in giving aid when needed
- ☑ **Be afraid** to ask for help if you are not sure of the proper procedure ie. CPR
- ☑ **Transport** injured individual except in extreme emergencies

Equipment

Steve Gartner is the equipment manager. He is in charge of the equipment purchasing, distribution, and collection to/from the teams. The equipment is checked and tested when it is issued, but it is the Team Manager's responsibility to maintain it. Managers should inspect equipment before each game and each practice.

The equipment manager will promptly replace damaged and ill-fitting equipment.

Players bringing their own gear, must have it meet the requirements as outlined in this safety manual and the Official Little League Rule Book.

At the end of the season, all equipment must be returned at a date and time of the leagues choosing. First Aid kits and safety manuals must be returned with the equipment.

Concession Stand Management

All foods shall be prepared and/or cooked on-site at the concession stand.

Food items may not be prepared in private homes, except for baked goods such as cookies, cupcakes, brownies, etc.

Ready-to-eat foods shall not be touched by bare hands. Gloves, tongs, spatulas, deli tissue, aluminum foil, or other utensils are to be used. Ready-to-eat foods include foods that are unpackaged and edible without washing, cooking or additional preparation.

Food items are to be obtained from a reputable grocery or wholesale store.

Food thermometers must be provided and used appropriately.

Hand washing facilities shall be easily accessible for use by food handlers.

Food handlers shall wash their hands frequently and thoroughly.

Persons with a cold or the flu or who have cuts or sores on their hands may not handle food items.

Eating and smoking are not allowed in the food stand.

Food items may be safely held at 41°F or below, or at 135°F or above.

Disposable forks, knives, spoons, cups, plates, and napkins are to be used.

Drinking water shall be obtained from a potable source.

Food shall be stored off the ground

Cooking equipment shall be inspected and repaired or replaced as needed.

Propane tanks on the grill will be turned off after use.

Cleaning chemicals will be stored in the closet away from the food area.

A certified fire extinguisher must be in plain site at all times

A fully stocked first aid kit will be placed at the concession stand.

The door will not be locked or blocked while people are inside

Accident Reporting Procedure

What to report: An incident that causes any player, manager, coach, umpire, or volunteer to receive medical treatment and/or first aid must be reported to the Safety Officer. This includes even passive treatments such as the evaluation and diagnosis of the extent of the injury. If a player leaves a game for medical reason, a report must be filed.

When to report: All such incidents described above must be reported to the Safety Officer within 24 hours of the incident.

How to report: To file a report, check the Web Site for an accident report link. Alternatively, you can email or call the safety officer. At the minimum the following should be provided:

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

Volunteer Application Policy

It is a mandatory requirement that all coaches, managers, and members of the board of directors who provide regular service to the league and/or have repetitive access to, or contact with, the players or teams submit to an annual background check.

Background application forms can be found on the website, or at the coaches/managers meetings.

Hydration

Good nutrition is important for children. Sometimes, the most important nutrient children need is water--especially when they are 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 replace, children can become overheated.

Managers and coaches should schedule drink breaks every 15 to 30 minutes during practices on hot days, and should encourage players to drink between every inning.

During any activity water is an excellent fluid to keep the body well hydrated. It is economical too! Sports drinks often encourage children to drink, however can be high on carbs. 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. Beverages high in carbohydrates like undiluted fruit juice may cause stomach cramps, nausea, and diarrhea when the child becomes active. Caffeinated beverages (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.

Weather Policy

Most of our days are warm and sunny but there are those days when the weather turns bad and creates 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:

Suspend all games and practice immediately

Stay away from metal including fencing and bleachers.

Do not hold metal bats.

Get players to walk, not run to their parents' cars and wait for your decision on whether or not to continue the game or practice.

Wait 30 minutes after the last sign of a thunderstorm before resuming play.

Conditioning and Stretching

Warm up to thrown, don't throw to warm up.

Current research indicates that carrying out a sport-specific dynamic warm-up, will enhance overall strength and power while performing on the field. An active warm-up prepares the muscles and joints for performance by "turning-on" the neuromuscular (brain-to-muscle) connections that will be utilized during the game or practice.

Muscular stiffness and lack of joint mobility result in greater muscle damage after exercise. A dynamic warm-up increases the body's global core temperature, as well as, the localized tissue temperature for the specific muscles that will be active during sports movements. When the muscle tissue is "warm", it becomes more elastic, more flexible, and less stiff. This greater elasticity means less tissue damage and less potential for injury.

A typical warm-up can include the following:

Lunge w/ trunk twist- Lunge with a trunk twist is performed by the players stepping into a lunge position, placing the front and rear legs at a 90 degree angle. Keeping the chest up players will perform a full trunk rotation and return to the standing position. The players then takes a step, and performs the exercise with the opposite leg.

Backward lunge with back arch- Backward lunge with a back arch, is performed by the players stepping into a back lunge position, placing the front and rear legs at a 90 degree angle. Keeping the chest up, players will extend their arms above their head, and arch the back. Once the back arch is complete, the players will drive off of their front leg and return to the standing position. The player then takes a step, and performs the exercise with the opposite leg.

Knee pull to a toe touch- Knee pull to toe touch is performed by grabbing the knee and pulling it to the chest. Players then, place the heel of the foot on the ground directly under their hips. Keeping the toe up, players then reach to the toe. Players should pull the knee, working to get the heel to their hamstring. The player then takes a step and performs the exercise with the opposite leg.

Inside Ankle pulls- Inside ankle pulls are performed by grabbing the ankle with both hands, pulling the ankle to the inside, with the knee pointing out. Players will hold the stretch, and then step forward, performing the exercise with the opposite leg.

Lunge to quad stretch- Lunge to quad stretch is performed by the players stepping into a lunge position, keeping the front and rear legs at 90 degree angles. Keeping the chest up, players will drive off of their front leg, bringing the rear leg up. Grabbing the ankle of the rear leg, the player will pull the heel to the hamstring. The player will then lunge with the opposite leg continuing the exercise.

Side Lunges – Side lunges are performed by the players taking a lateral step sinking their hips. Keeping the chest up, players should work to sink their hips to their heel. The knee should remain in line with the toe. As the player completes a side lunge to each side, they will rotate and perform the exercise switching directions, leading with the opposite leg.

High Knees- High Knees are performed to reinforce good running mechanics. Keeping the elbows at 90 degrees, players will perform a series of high knees, driving the heel directly under the hamstring, keeping the toe flexed. Driving the arms front to back, players will perform proper running technique throughout the exercise.

Quick High Knees – quick High knees are performed by the players like the high knee exercise, this time increasing foot contacts with the ground. Maintaining proper running mechanics, players are to increase their foot contacts and arm swings throughout the exercise.

High Knee Carioca- High knee carioca begin with players starting in a good fielding position. Players begin by bringing their rear leg up, and then across their body. They then will perform a cross over step and repeat the pattern. Players will return leading with the opposite leg.

Quick Feet with Hip Rotation- Quick feet with hip rotation are performed with the players starting in a good fielding position. Players then rotate their hips and execute a quick crossover foot pattern to the end cone. Players should concentrate on rotating the hips all the way across the body. Players will return leading with the opposite leg.

Russian Walks- Russian Walks are performed by the players keeping the leg extended, kicking directly in front of them. Arms should be placed out front. The foot should be taken to the hand, not the hand to the foot. Players should alternate legs throughout the exercise.

Russian Walks w/ bounce- Russian walks with a bounce are performed exactly like the Russian walks, adding a bounce to the exercise. Players should remain on the balls of the feet throughout the exercise.

Hurdle Walks- Hurdle walks will begin with the players placing their hands on their head. Visualizing having a hurdle in front of them, players will bring their knee from the side, and rotate it to the front as if they were stepping over the hurdle. The exercise will be performed by alternating legs as the player steps forward each time.

Backward Knee out- Backward knee outs are to be performed by the player driving one knee up, and rotating the knee out. Players will bounce, staying on the balls of the feet with each repetition. Players will alternate legs throughout the exercise.

Throwing arm specific Warm-up:

Before your players begin their warm-up tosses, have them stretch the forearm muscles in their throwing arms by having them extend their throwing arm and point their fingers skyward (Like a police officer's stop sign). Then with the other hand, gently pull back on the fingers until they feel the lower forearm muscle stretch. Do this for thirty seconds. Relax and repeat four times. Then stretch the upper forearm muscles by extending their throwing arm with fingers dangling

downward. Then with the other hand, gently press on the back of the hand until they feel the upper forearm muscle stretch. Again, do this for thirty seconds. Relax and repeat.

Next, bending at the waist, have your pitchers hold their gloves in their pitching hand, and swing their hand in a wide circular motion (Like a lariat) for one minute. This will loosen the shoulder socket.

Next, stretch the triceps muscles and shoulder area by extending the throwing arm straight up and then let the elbow bend and relax. The throwing hand should be near the base of the neck. Then place the other hand at the point of the elbow and gently pull the elbow back over the shoulder until they feel the triceps muscle stretch.

First Aid Basics

BLACK EYE

The so-called black eye is caused by bleeding beneath the skin around the eye. Sometimes a black eye indicates a more extensive injury, even a skull fracture, particularly if the area around both eyes is bruised (raccoon eyes) or if there has been a head injury.

Although most black eye injuries aren't serious, sometimes there is an accompanying injury to the eyeball itself sufficient to cause bleeding inside the eye. Bleeding in the front part of the eye, called a hyphema, is serious and can reduce vision and damage the cornea — the clear, protective "window" at the front of the eye. In some cases, abnormally high pressure inside the eyeball (glaucoma) also can result. For this reason, it's advisable to have an eye specialist examine your eyeball if there has been enough of an injury to cause a black eye.

To take care of a black eye:

- Using gentle pressure, apply a cold pack or a cloth filled with ice to the area around the eye. Take care not to press on the eye itself. Apply cold as soon as possible after the injury to reduce swelling, and continue using ice or cold packs for 24 to 48 hours.
- Be sure there's no blood within the white and colored parts of the eye.
- Seek medical care immediately if you experience vision problems (double vision, blurring), severe pain, or bleeding in the eye or from the nose.

BLISTERS

Common causes of blisters include friction and burns. If the blister isn't too painful, try to keep it intact. Unbroken skin over a blister provides a natural barrier to bacteria and decreases the risk of infection. Cover a small blister with an adhesive bandage, and cover a large one with a porous, plastic-coated gauze pad that absorbs moisture and allows the wound to breathe. If you're allergic to the adhesive used in some tape, use paper tape.

Don't puncture a blister unless it's painful or prevents you from walking or using one of your hands. If you have diabetes or poor circulation, call your doctor before considering the self-care measures below.

To relieve blister-related pain, drain the fluid while leaving the overlying skin intact. Here's how:

- **Wash your hands and the blister** with soap and warm water.
- **Swab the blister** with iodine or rubbing alcohol.
- **Sterilize a clean, sharp needle** by wiping it with rubbing alcohol.
- **Use the needle to puncture the blister.** Aim for several spots near the blister's edge. Let the fluid drain, but leave the overlying skin in place.
- **Apply an antibiotic ointment** to the blister and cover with a bandage or gauze pad.
- **Cut away all the dead skin** after several days, using tweezers and scissors sterilized with rubbing alcohol. Apply more ointment and a bandage.

Call your doctor if you see signs of infection around a blister — pus, redness, increasing pain or warm skin.

To prevent a blister, use gloves, socks, a bandage or similar protective covering over the area being rubbed. Special athletic socks are available that have extra padding in critical areas. You might also try attaching moleskin to the inside of your shoe where it might rub, such as at the heel.

Shoe-shopping tips
Remember the following when you shop for shoes:

- **Shop during the middle of the day.** Your feet swell throughout the day, so a late-day fitting will probably give you the best fit.
- **Wear the same socks you'll wear when walking,** or bring them with you to the store.
- **Measure your feet.** Shoe sizes change throughout adulthood.
- **Measure both feet and try on both shoes.** If your feet differ in size, buy the larger size.
- **Go for flexible, but supportive, shoes** with cushioned insoles.
- **Leave toe room.** Be sure that you can comfortably wiggle your toes.
- **Avoid shoes with seams in the toe box,** which may irritate bunions or hammertoes.

CPR

Cardiopulmonary resuscitation (CPR) is a lifesaving technique useful in many emergencies, including heart attack or near drowning, in which someone's breathing or heartbeat has stopped. Ideally, CPR involves two elements: chest compressions combined with mouth-to-mouth rescue breathing.

However, what you as a bystander should do in an emergency situation really depends on your knowledge and comfort level.

The bottom line is that it's far better to do something than to do nothing at all if you're fearful that your knowledge or abilities aren't 100 percent complete. Remember, the difference between your doing something and doing nothing could be someone's life.

Here's advice from the American Heart Association:

- **Untrained.** If you're not trained in CPR, then provide hands-only CPR. That means uninterrupted chest compressions of about 100 a minute until paramedics arrive (described in more detail below). You don't need to try rescue breathing.

- **Trained, and ready to go.** If you're well trained, and confident in your ability, then you can opt for one of two approaches: 1. Alternate between 30 chest compressions and two rescue breaths. 2. Just do chest compressions. (Details described below.)

- **Trained, but rusty.** If you've previously received CPR training, but you're not confident in your abilities, then just do chest compressions at a rate of about 100 a minute. (Details described below.)

The above advice applies only to adults needing CPR, not to children.

CPR can keep oxygenated blood flowing to the brain and other vital organs until more definitive medical treatment can restore a normal heart rhythm.

When the heart stops, the absence of oxygenated blood can cause irreparable brain damage in only a few minutes. A person may die within eight to 10 minutes.

To learn CPR properly, take an accredited first-aid training course, including CPR and how to use an automatic external defibrillator (AED).

Before you begin
Before starting CPR, check:

- Is the person conscious or unconscious?
- If the person appears unconscious, tap or shake his or her shoulder and ask loudly, "Are you OK?"
- If the person doesn't respond and two people are available, one should call 911 or the local emergency number and one should begin CPR. If you are alone and have immediate access to a telephone, call 911 before beginning CPR — unless you think the person has become unresponsive because of suffocation (such as from drowning). In this special case, begin CPR for one minute and then call 911.
- If an AED is immediately available, deliver one shock if instructed by the device, then begin CPR.

Remember the ABCs

Think ABC — airway, breathing and circulation — to remember the steps explained below. Move quickly through airway and breathing to begin chest compressions.

Airway: Clear the airway

1. Put the person on his or her back on a firm surface.
2. Kneel next to the person's neck and shoulders.
3. Open the person's airway using the head-tilt, chin-lift maneuver. Put your palm on the person's forehead and gently tilt the head back. Then with the other hand, gently lift the chin forward to open the airway.
4. Check for normal breathing, taking no more than five or 10 seconds. Look for chest motion, listen for normal breath sounds, and feel for the person's breath on your cheek and ear. Gasping is not considered to be normal breathing. If the person isn't breathing normally and you are trained in CPR, begin mouth-to-mouth breathing. If you believe the person is unconscious from a heart attack and you haven't been trained in emergency procedures, skip mouth-to-mouth rescue breathing and proceed directly to chest compressions.

Breathing: Breathe for the person
Rescue breathing can be mouth-to-mouth breathing or mouth-to-nose breathing if the mouth is seriously injured or can't be opened.

1. With the airway open (using the head-tilt, chin-lift maneuver), pinch the nostrils shut for mouth-to-mouth breathing and cover the person's mouth with yours, making a seal.

2. Prepare to give two rescue breaths. Give the first rescue breath — lasting one second — and watch to see if the chest rises. If it does rise, give the second breath. If the chest doesn't rise, repeat the head-tilt, chin-lift maneuver and then give the second breath.
3. Begin chest compressions to restore circulation.

Circulation: Restore blood circulation with chest compressions

1. Place the heel of one hand over the center of the person's chest, between the nipples. Place your other hand on top of the first hand. Keep your elbows straight and position your shoulders directly above your hands.
2. Use your upper body weight (not just your arms) as you push straight down on (compress) the chest 2 inches (approximately 5 centimeters). Push hard at a rate of 100 compressions a minute.
3. After 30 compressions, tilt the head back and lift the chin up to open the airway. Prepare to give two rescue breaths. Pinch the nose shut and breathe into the mouth for one second. If the chest rises, give a second rescue breath. If the chest doesn't rise, repeat the head-tilt, chin-lift maneuver and then give the second rescue breath. That's one cycle. If someone else is available, ask that person to give two breaths after you do 30 compressions. If you're not trained in CPR and feel comfortable performing only chest compressions, skip rescue breathing and continue chest compressions at a rate of 100 compressions a minute until medical personnel arrive.
4. If the person has not begun moving after five cycles (about two minutes) and an automatic external defibrillator (AED) is available, apply it and follow the prompts. Administer one shock, then resume CPR — starting with chest compressions — for two more minutes before administering a second shock. If you're not trained to use an AED, a 911 operator may be able to guide you in its use. Use pediatric pads, if available, for children ages 1 to 8. Do not use an AED for babies younger than age 1. If an AED isn't available, go to step 5 below.
5. Continue CPR until there are signs of movement or until emergency medical personnel take over.

To perform CPR on a child:

The procedure for giving CPR to a child age 1 through 8 is essentially the same as that for an adult. The differences are as follows:

- If you're alone, perform five cycles of compressions and breaths on the child — this should take about two minutes — before calling 911 or your local emergency number or using an AED.
- Use only one hand to perform heart compressions.
- Breathe more gently.

- Use the same compression-breath rate as is used for adults: 30 compressions followed by two breaths. This is one cycle. Following the two breaths, immediately begin the next cycle of compressions and breaths.

- After five cycles (about two minutes) of CPR, if there is no response and an AED is available, apply it and follow the prompts. Use pediatric pads if available. If pediatric pads aren't available, use adult pads.

Continue until the child moves or help arrives.

To perform CPR on a baby

Most cardiac arrests in babies occur from lack of oxygen, such as from drowning or choking. If you know the baby has an airway obstruction, perform first aid for choking. If you don't know why the baby isn't breathing, perform CPR.

To begin, examine the situation. Stroke the baby and watch for a response, such as movement, but don't shake the baby.

If there's no response, follow the ABC procedures below and time the call for help as follows:

- If you're the only rescuer and CPR is needed, do CPR for two minutes — about five cycles — before calling 911 or your local emergency number.

- If another person is available, have that person call for help immediately while you attend to the baby.

Airway: Clear the airway

1. Place the baby on his or her back on a firm, flat surface, such as a table. The floor or ground also will do.
2. Gently tip the head back by lifting the chin with one hand and pushing down on the forehead with the other hand.
3. In no more than 10 seconds, put your ear near the baby's mouth and check for breathing: Look for chest motion, listen for breath sounds, and feel for breath on your cheek and ear.

If the infant isn't breathing, begin mouth-to-mouth rescue breathing immediately. Compressions-only CPR doesn't work for infants.

Breathing: Breathe for the infant

1. Cover the baby's mouth and nose with your mouth.
2. Prepare to give two rescue breaths. Use the strength of your cheeks to deliver gentle puffs of air (instead of deep breaths from your lungs) to slowly breathe into the baby's mouth one time, taking one second for the breath. Watch to see if the baby's chest rises. If it does, give a second rescue breath. If the chest does not rise, repeat the head-tilt, chin-lift maneuver and then give the second breath.
3. If the baby's chest still doesn't rise, examine the mouth to make sure no foreign material is inside. If the object is seen, sweep it out with your finger. If the airway seems blocked, perform first aid for a choking baby.
4. Begin chest compressions to restore blood circulation.

Circulation: Restore blood circulation

1. Imagine a horizontal line drawn between the baby's nipples. Place two fingers of one hand just below this line, in the center of the chest.
2. Gently compress the chest to about one-third to one-half the depth of the chest.
3. Count aloud as you pump in a fairly rapid rhythm. You should pump at a rate of 100 compressions a minute.
4. Give two breaths after every 30 chest compressions.
5. Perform CPR for about two minutes before calling for help unless someone else can make the call while you attend to the baby.
6. Continue CPR until you see signs of life or until medical personnel arrive.

CHOKING

Choking occurs when a foreign object becomes lodged in the throat or windpipe, blocking the flow of air. In adults, a piece of food often is the culprit. Young children often swallow small objects. Because choking cuts off oxygen to the brain, administer first aid as quickly as possible.

The universal sign for choking is hands clutched to the throat. If the person doesn't give the signal, look for these indications:

- Inability to talk
- Difficulty breathing or noisy breathing
- Inability to cough forcefully

- Skin, lips and nails turning blue or dusky
- Loss of consciousness

If choking is occurring, the Red Cross recommends a **"five-and-five"** approach to delivering first aid:

- **First**, deliver five back blows between the person's shoulder blades with the heel of your hand.
- **Next**, perform five abdominal thrusts (also known as the **Heimlich maneuver**).
- **Alternate** between five back blows and five abdominal thrusts until the blockage is dislodged.

To perform abdominal thrusts (Heimlich maneuver) on someone else:

- **Stand behind the person.** Wrap your arms around the waist. Tip the person forward slightly.
- **Make a fist with one hand.** Position it slightly above the person's navel.
- **Grasp the fist with the other hand.** Press hard into the abdomen with a quick, upward thrust — as if trying to lift the person up.
- **Perform a total of five abdominal thrusts**, if needed. If the blockage still isn't dislodged, repeat the five-and-five cycle.

If you're the only rescuer, perform back blows and abdominal thrusts before calling 911 or your local emergency number for help. If another person is available, have that person call for help while you perform first aid.

If the person becomes unconscious, perform standard CPR with chest compressions.

If you're alone and choking, you'll be unable to effectively deliver back blows to yourself. However, you can still perform abdominal thrusts to dislodge the item.

To perform abdominal thrusts (Heimlich maneuver) on yourself:

- **Place a fist** slightly above your navel.

- **Grasp your fist** with the other hand and bend over a hard surface — a countertop or chair will do.

- **Shove your fist** inward and upward.

Clearing the airway of a pregnant woman or obese person:

- **Position your hands a little bit higher** than with a normal Heimlich maneuver, at the base of the breastbone, just above the joining of the lowest ribs.

- **Proceed as with the Heimlich maneuver,** pressing hard into the chest, with a quick thrust.

- **Repeat** until the food or other blockage is dislodged or the person becomes unconscious.

Clearing the airway of an unconscious person:

- **Lower the person** on his or her back onto the floor.

- **Clear the airway.** If there's a visible blockage at the back of the throat or high in the throat, reach a finger into the mouth and sweep out the cause of the blockage. Be careful not to push the food or object deeper into the airway, which can happen easily in young children.

- **Begin cardiopulmonary resuscitation (CPR)** if the object remains lodged and the person doesn't respond after you take the above measures. The chest compressions used in CPR may dislodge the object. Remember to recheck the mouth periodically.

Clearing the airway of a choking infant younger than age 1:

- **Assume a seated position and hold the infant facedown** on your forearm, which is resting on your thigh.

- **Thump the infant gently but firmly** five times on the middle of the back using the heel of your hand. The combination of gravity and the back blows should release the blocking object.

- **Hold the infant faceup on your forearm** with the head lower than the trunk if the above doesn't work. Using two fingers placed at the center of the infant's breastbone, give five quick chest compressions.

- **Repeat the back blows and chest thrusts** if breathing doesn't resume. Call for emergency medical help.

- **Begin infant CPR** if one of these techniques opens the airway but the infant doesn't resume breathing.

If the child is older than age 1, give abdominal thrusts only.

To prepare yourself for these situations, learn the Heimlich maneuver and CPR in a certified first-aid training course.

CORNEAL ABRASION(SCRATCH)

The most common types of eye injury involve the cornea — the clear, protective "window" at the front of your eye. Contact with dust, dirt, sand, wood shavings, metal particles or even an edge of a piece of paper can scratch or cut the cornea. Usually the scratch is superficial, and this is called a corneal abrasion. Some corneal abrasions become infected and result in a corneal ulcer, which is a serious problem. Corneal abrasions caused by plant matter (such as a pine needle) can cause a delayed inflammation inside the eye (iritis).

Corneal abrasions can be painful. If your cornea is scratched, you might feel like you have sand in your eye. Tears, blurred vision, increased sensitivity or redness around the eye can suggest a corneal abrasion. You may get a headache.

In case of corneal abrasion, seek prompt medical attention. Other immediate steps you can take for a corneal abrasion are to:

- Rinse your eye with clean water (use a saline solution, if available). You can use an eyecup or small, clean drinking glass positioned with its rim resting on the bone at the base of your eye socket. If your work site has an eye-rinse station, use it. Rinsing the eye may wash out a foreign object.
- Blink several times. This movement may remove small particles of dust or sand.
- Pull the upper eyelid over the lower eyelid. The lashes of your lower eyelid can brush a foreign object from the undersurface of your upper eyelid.

Take caution to avoid certain actions that may aggravate the injury:

- Don't try to remove an object that's embedded in your eyeball. Also avoid trying to remove a large object that makes closing the eye difficult.

- Don't rub your eye after an injury. Touching or pressing on your eye can worsen a corneal abrasion.

- Don't touch your eyeball with cotton swabs, tweezers or other instruments. This can aggravate a corneal abrasion.

CUTS AND SCRAPES

Minor cuts and scrapes usually don't require a trip to the emergency room. Yet proper care is essential to avoid infection or other complications. These guidelines can help you care for simple wounds:

1. **Stop the bleeding.** Minor cuts and scrapes usually stop bleeding on their own. If they don't, apply gentle pressure with a clean cloth or bandage. Hold the pressure continuously for 20 to 30 minutes and if possible elevate the wound. Don't keep checking to see if the bleeding has stopped because this may damage or dislodge the clot that's forming and cause bleeding to resume. If blood spurts or continues flowing after continuous pressure, seek medical assistance.
2. **Clean the wound.** Rinse out the wound with clear water. Soap can irritate the wound, so try to keep it out of the actual wound. If dirt or debris remains in the wound after washing, use tweezers cleaned with alcohol to remove the particles. If debris still remains, see your doctor. Thorough cleaning reduces the risk of infection and tetanus. To clean the area around the wound, use soap and a washcloth. There's no need to use hydrogen peroxide, iodine or an iodine-containing cleanser.
3. **Apply an antibiotic.** After you clean the wound, apply a thin layer of an antibiotic cream or ointment such as Neosporin or Polysporin to help keep the surface moist. The products don't make the wound heal faster, but they can discourage infection and help your body's natural healing process. Certain ingredients in some ointments can cause a mild rash in some people. If a rash appears, stop using the ointment.
4. **Cover the wound.** Bandages can help keep the wound clean and keep harmful bacteria out. After the wound has healed enough to make infection unlikely, exposure to the air will speed wound healing.
5. **Change the dressing.** Change the dressing at least daily or whenever it becomes wet or dirty. If you're allergic to the adhesive used in most bandages, switch to adhesive-free dressings or sterile gauze held in place with paper tape, gauze roll or a loosely applied elastic bandage. These supplies generally are available at pharmacies.
6. **Get stitches for deep wounds.** A wound that is more than 1/4-inch (6 millimeters) deep or is gaping or jagged edged and has fat or muscle protruding usually requires stitches. Adhesive strips or butterfly tape may hold a minor cut together, but if you can't easily close the wound, see your doctor as soon as possible. Proper closure within a few hours reduces the risk of infection.

7. **Watch for signs of infection.** See your doctor if the wound isn't healing or you notice any redness, increasing pain, drainage, warmth or swelling.
8. **Get a tetanus shot.** Doctors recommend you get a tetanus shot every 10 years. If your wound is deep or dirty and your last shot was more than five years ago, your doctor may recommend a tetanus shot booster. Get the booster as soon as possible after the injury.

DISLOCATION

A dislocation is an injury in which the ends of your bones are forced from their normal positions. The cause is usually trauma, such as a blow or fall, but dislocation can be caused by an underlying disease, such as rheumatoid arthritis.

Dislocations are common injuries in contact sports, such as football and hockey, and in sports that may involve falls, such as downhill skiing and volleyball. Dislocations may occur in major joints, such as your shoulder, hip, knee, elbow or ankle or in smaller joints, such as your finger, thumb or toe.

The injury will temporarily deform and immobilize your joint and may result in sudden and severe pain and swelling. A dislocation requires prompt medical attention to return your bones to their proper positions.

If you believe you have dislocated a joint:

1. **Don't delay medical care.** Get medical help immediately.
2. **Don't move the joint.** Until you receive help, splint the affected joint into its fixed position. Don't try to move a dislocated joint or force it back into place. This can damage the joint and its surrounding muscles, ligaments, nerves or blood vessels.
3. **Put ice on the injured joint.** This can help reduce swelling by controlling internal bleeding and the buildup of fluids in and around the injured joint.

FAINTING

Fainting occurs when the blood supply to your brain is momentarily inadequate, causing you to lose consciousness. This loss of consciousness is usually brief.

Fainting can have no medical significance, or the cause can be a serious disorder. Therefore, treat loss of consciousness as a medical emergency until the signs and symptoms are relieved and the cause is known. Discuss recurrent fainting spells with your doctor.

If you feel faint:

- **Lie down or sit down.** To reduce the chance of fainting again, don't get up too quickly.
- **Place your head between your knees** if you sit down.

If someone else faints:

- **Position the person on his or her back.** If the person is breathing, restore blood flow to the brain by raising the person's legs above heart level — about 12 inches (30 centimeters) — if possible. Loosen belts, collars or other constrictive clothing. To reduce the chance of fainting again, don't get the person up too quickly. If the person doesn't regain consciousness within one minute, call 911 or your local emergency number.
- **Check the person's airway to be sure it's clear.** Watch for vomiting.
- **Check for signs of circulation (breathing, coughing or movement).** If absent, begin CPR. Call 911 or your local emergency number. Continue CPR until help arrives or the person responds and begins to breathe.

If the person was injured in a fall associated with a faint, treat any bumps, bruises or cuts appropriately. Control bleeding with direct pressure.

HEAD TRAUMA

Most head trauma involves injuries that are minor and don't require hospitalization. However, call 911 or your local emergency number if any of the following signs or symptoms are apparent:

- Severe head or facial bleeding
- Bleeding from the nose or ears
- Severe headache

- Change in level of consciousness for more than a few seconds
- Black-and-blue discoloration below the eyes or behind the ears
- Cessation of breathing
- Confusion
- Loss of balance
- Weakness or an inability to use an arm or leg
- Unequal pupil size
- Repeated vomiting
- Slurred speech
- Seizures

If severe head trauma occurs:

- **Keep the person still.** Until medical help arrives, keep the injured person lying down and quiet, with the head and shoulders slightly elevated. Don't move the person unless necessary, and avoid moving the person's neck.
- **Stop any bleeding.** Apply firm pressure to the wound with sterile gauze or a clean cloth. But don't apply direct pressure to the wound if you suspect a skull fracture.
- **Watch for changes in breathing and alertness.** If the person shows no signs of circulation (breathing, coughing or movement), begin CPR.

HEAT CRAMPS

Heat cramps are painful, involuntary muscle spasms that usually occur during heavy exercise in hot environments. The spasms may be more intense and more prolonged than are typical nighttime leg cramps. Inadequate fluid intake often contributes to heat cramps.

Muscles most often affected include those of your calves, arms, abdominal wall and back, although heat cramps may involve any muscle group involved in exercise.

If you suspect heat cramps:

- Rest briefly and cool down
- Drink clear juice or an electrolyte-containing sports drink
- Practice gentle, range-of-motion stretching and gentle massage of the affected muscle group
- Don't resume strenuous activity for several hours or longer after heat cramps go away
- Call your doctor if your cramps don't go away within one hour or so

NOSEBLEEDS

Nosebleeds are common. Most often they are a nuisance and not a true medical problem. But they can be both.

Among children and young adults, nosebleeds usually originate from the septum, just inside the nose. The septum separates your nasal chambers.

In middle-aged and older adults, nosebleeds can begin from the septum, but they may also begin deeper in the nose's interior. This latter origin of nosebleed is much less common. It may be caused by hardened arteries or high blood pressure. These nosebleeds begin spontaneously and are often difficult to stop. They require a specialist's help.

To take care of a nosebleed:

- **Sit upright and lean forward.** By remaining upright, you reduce blood pressure in the veins of your nose. This discourages further bleeding. Sitting forward will help you avoid swallowing blood, which can irritate your stomach.
- **Pinch your nose.** Use your thumb and index finger to pinch your nostrils shut. Breathe through your mouth. Continue to pinch for five to 10 minutes. This maneuver sends pressure to the bleeding point on the nasal septum and often stops the flow of blood.
- **To prevent re-bleeding after bleeding has stopped,** don't pick or blow your nose and don't bend down until several hours after the bleeding episode. Keep your head higher than the level of your heart.
- **If re-bleeding occurs,** blow out forcefully to clear your nose of blood clots and spray both sides of your nose with a decongestant nasal spray containing oxymetazoline (Afrin, others). Pinch your nose in the technique described above and call your doctor.

Seek medical care immediately if:

- The bleeding lasts for more than 20 minutes
- The nosebleed follows an accident, a fall or an injury to your head, including a punch in the face that may have broken your nose

For frequent nosebleeds
If you experience frequent nosebleeds, make an appointment with your doctor. You may need a blood vessel cauterized. Cautery is a technique in which the blood vessel is burned with electric current, silver nitrate or a laser. Sometimes your doctor may pack your nose with special gauze or an inflatable latex balloon to put pressure on the blood vessel and stop the bleeding.

Also call your doctor if you are experiencing nasal bleeding and are taking blood thinners, such as aspirin or warfarin (Coumadin). Your doctor may advise adjusting your medication intake.

Using supplemental oxygen administered with a nasal tube (cannula) may increase your risk of nosebleeds. Apply a water-based lubricant to your nostrils and increase the humidity in your home to help relieve nasal bleeding.

Sprain:

Your ligaments are tough, elastic-like bands that connect bone to bone and hold your joints in place. A sprain is an injury to a ligament caused by excessive stretching. The ligament can have a partial tear, or it can be completely torn apart.

Of all sprains, ankle and knee sprains occur most often. Sprained ligaments swell rapidly and are painful. Generally, the greater the pain, the more severe the injury is. For most minor sprains, you probably can treat the injury yourself.

Follow the instructions for P.R.I.C.E.

1. **Protect** the injured limb from further injury by not using the joint. You can do this using anything from splints to crutches.
2. **Rest** the injured limb. But don't avoid all activity. Even with an ankle sprain, you can usually still exercise other muscles to minimize deconditioning. For example, you can use an exercise bicycle with arm exercise handles, working both your arms and the uninjured leg while resting the injured ankle on another part of the bike. That way you still get three-limb exercise to keep up your cardiovascular conditioning.

3. **Ice** the area. Use a cold pack, a slush bath or a compression sleeve filled with cold water to help limit swelling after an injury. Try to ice the area as soon as possible after the injury and continue to ice it for 10 to 15 minutes four times a day for 48 hours. If you use ice, be careful not to use it too long, as this could cause tissue damage.
4. **Compress** the area with an elastic wrap or bandage. Compressive wraps or sleeves made from elastic or neoprene are best.
5. **Elevate** the injured limb above your heart whenever possible to help prevent or limit swelling.

After two days, gently begin using the injured area. You should feel a gradual, progressive improvement. Over-the-counter pain relievers, such as ibuprofen (Advil, Motrin, others) and acetaminophen (Tylenol, others), may be helpful to manage pain during the healing process.

See your doctor if your sprain isn't improving after two or three days.

Get emergency medical assistance if:

- You're unable to bear weight on the injured leg, the joint feels unstable or you can't use the joint. This may mean the ligament was completely torn. On the way to the doctor, apply a cold pack.
- You have a fever higher than 100 F (37.8 C), and the area is red and hot. You may have an infection.
- You have a severe sprain. Inadequate or delayed treatment may cause long-term joint instability or chronic pain.

SUNBURN

Signs and symptoms of sunburn usually appear within a few hours of exposure, bringing pain, redness, swelling and occasional blistering. Because exposure often affects a large area of your skin, sunburn can cause headache, fever and fatigue.

If you have a sunburn:

- Take a cool bath or shower. You can also apply a clean towel dampened with cool water.
- Apply an aloe vera or moisturizing lotion several times a day.

- Leave blisters intact to speed healing and avoid infection. If they burst on their own, apply an antibacterial ointment on the open areas.

- If needed, take an over-the-counter pain reliever such as aspirin, ibuprofen (Advil, Motrin, others), naproxen (Aleve) or acetaminophen (Tylenol, others). Use caution when giving aspirin to children or teenagers. Though aspirin is approved for use in children older than age 2, children and teenagers recovering from chickenpox or flu-like symptoms should never take aspirin. Talk to your doctor if you have concerns.

Don't use petroleum jelly, butter or other home remedies on your sunburn. They can prevent or delay healing.

If your sunburn begins to blister or if you experience immediate complications, such as rash, itching or fever, see your doctor.

TOOTH LOSS

If your tooth is knocked out, get emergency dental care. It's sometimes possible to successfully implant permanent teeth that have been knocked out, but only if you follow the steps below immediately — before you see a dentist.

If your tooth is knocked out:

- Handle your tooth by the top or crown only, not the roots.

- Don't rub it or scrape it to remove debris. This damages the root surface, making the tooth less likely to survive.

- Gently rinse your tooth in a bowl of tap water. Don't hold it under running water.

- Try to replace your tooth in the socket. If it doesn't go all the way into place, bite down slowly and gently on gauze or a moistened tea bag to help keep it in place. Hold the tooth in place until you see your dentist.

- If you can't replace your tooth in the socket, immediately place it in some milk, your own saliva or a warm, mild saltwater solution — 1/4 teaspoon salt to 1 quart water (about 1 milliliter of salt to about 1 liter water).

- Get medical attention from a dentist or emergency room immediately.

If you participate in contact sports, you can often prevent tooth loss by wearing a mouth guard, fitted by your dentist.

Training Dates

Fundamentals Training: Alex Melconian will be holding a coaching and fundamentals training at Competitive Edge Sports in King of Prussia, PA on Sunday, March 8th from 1:00-3:00pm. One representative from each team is required to attend. All coaches and managers are required to attend training at least once every three years.

First Aid Training: Bob Harnish will be holding a first aid training class on Sunday March 8th at 10:00am. One representative from each team is required to attend. All coaches and managers are required to attend training at least once every three years.

During the training session we will walk the coaches through a field hazard check. The home coach with the umpire will be required to walk the field and remove any hazards such as rocks, glass, fill holes, etc. Any field safety issue that needs more substantial time will be referred to the safety officer.