

# Westview Youth Baseball Safety Document 2023

## Safety Manual

*For Managers, Coaches, Players, and Parents*

Play Hard, Play safe, Play Ball!

Westview Youth Baseball Safety Manual – 2023

Westview Youth Baseball

I. Westview Youth Baseball 2022/2023 Board Members and contact information

President Paul Peterson [president@westviewyouthbaseball.com](mailto:president@westviewyouthbaseball.com)

Vice President Tracy Vogt [vicepresident@westviewyouthbaseball.com](mailto:vicepresident@westviewyouthbaseball.com)

Secretary Paul Brems [secretary@westviewyouthbaseball.com](mailto:secretary@westviewyouthbaseball.com)

Registrar Andrew Bradford [registrar@westviewyouthbaseball.com](mailto:registrar@westviewyouthbaseball.com)

Treasurer Frank Remund [treasurer@westviewyouthbaseball.com](mailto:treasurer@westviewyouthbaseball.com)

Field Coordinator Stan Hawkins [fieldsdirector@westviewyouthbaseball.com](mailto:fieldsdirector@westviewyouthbaseball.com)

Umpire Director Greg Wallace [umpiredirector@westviewyouthbaseball.com](mailto:umpiredirector@westviewyouthbaseball.com)

Equipment Director Michael Dwyer [equipment@westviewyouthbaseball.com](mailto:equipment@westviewyouthbaseball.com)

Marketing Director Eric Simantel [Eric@RyderMortgageGroup.com](mailto:Eric@RyderMortgageGroup.com)

Rec Level Coordinator Eric Vogt [levelcoordinator@westviewyouthbaseball.com](mailto:levelcoordinator@westviewyouthbaseball.com)

Fundraising Coordinator Steve Forrer [fundraising@westviewyouthbaseball.com](mailto:fundraising@westviewyouthbaseball.com)

Safety Officer Carmen Steen [safety@westviewyouthbaseball.com](mailto:safety@westviewyouthbaseball.com)

General Questions: [wybcontact@gmail.com](mailto:wybcontact@gmail.com)

Mailing Address: Westview Youth Baseball 3300 NW 185th Ave. PMB 216 Portland,  
OR 97229

**Westview Youth Baseball Emergency Contact Phone List**

**Emergency  
Police/Fire/Ambulance "911"**

**Non-Emergency Contact Numbers**

Hillsboro Police / Beaverton Police	503-629-0111
Washington County Sheriff	503-816-2700
Tualatin Valley Fire & Rescue	503-649-8577

**Area Hospitals**

Providence St. Vincent  
9205 SW Barnes Rd  
Portland, OR 97225  
503-216-1234

Tuality Community Hospital  
335 SE 8th Avenue  
Hillsboro, OR 97123  
503-681-1111

**Utilities -24-hour contact**

NW Natural Gas	1-800-822-3377
Portland General Electric	503-464-7777
Tualatin Valley Water District	503-642-1511
Clean Water Services (sewer & surface water)	503-681-3600

## **Volunteer Application Form and Check for Sex Abuse**

WYB uses TeamSideline to register coaches and volunteers and perform all required background checks. WYB requires all managers, coaches, board members, and any other person, volunteers or hired workers, who provide regular services to the league or who have repetitive access to or contact with the players or teams to register via TeamSideline and complete and pass a background check. TeamSideline conducts a search of the appropriate governmental entity of the nationwide sex offender registry on all volunteer applications. Anyone refusing to fill out a volunteer application is ineligible to be a league member. {\*\*\* insert link here\*\*\*}

## **Training**

### ***Required Concussion Training***

Is web-based training and can be found at <https://headsup.cdc.gov/> . Coaches and assistants are required to complete this training. Once the course is completed, email a pdf or picture of the certificate to the Safety Officer at [wyb.safety@amail.com](mailto:wyb.safety@amail.com).

### ***Required Safety and First Aid Training***

A 1.5hr safety and first aid meeting will be conducted each year for coaches. These meetings will cover player, field and game safety, injury and concussion reporting, return-to-play guidelines, youth protection and baseball-relevant first aid basics. Two coaches from each team are required to attend this meeting each season.

## **Safety Procedures**

### ***Fields***

Walk fields prior to practice and games. Look out for hazardous conditions, including holes, mud, water-soaked turf that could be a hazard for players. Check bases to make sure they are secure. Correct any issues that are found. If a practice, then have players avoid the issue if it can't be corrected. If a game, then reschedule the game at a time after the problem has been corrected or at a different location.

### *First Aid Kits*

Each team will be supplied with a team first aid kit. This kit includes general purpose first aid supplies, including band aids, sterile gauze pads of different sizes, antibiotic ointment, antiseptic towelettes, tweezers, scissors, tape, etc. If your team's first aid kit becomes depleted, contact the Safety Officer for a re-stock or replacement.

### *Ice Packs*

Instant ice packs are expensive, do not last long, and are used too often when they are available. The team first aid kit has a single instant cold pack which will not be replaced. Each team should have a coach or parent volunteer bring large gallon size zip lock bag full of freezer ice to each practice and game, along with 5 sandwich-sized ziplocks bags. In the event of an injury, these will be used for the players.

### *Weather Conditions*

Lightning- Halt play and evaluate the time between a lightning flash and the sound of thunder is less than fifteen (15) seconds. Seek shelter in a large enclosed building or fully enclosed metal vehicle. If caught in the open place feet together, squat down, and cover ears (to prevent eardrum damage).

Heat- Anytime temperature is above 90 degrees Fahrenheit, or the relative humidity is above 95%, a halt for rest and fluids should occur after the 3rd inning. Have shade and adequate water available. Many dugouts don't have roofs. Ensure that a portable tarp or tent is put over the bench area so players can rest out of the direct sunlight. For catchers, make sure you are rotating players so that one player isn't being overheated. Encourage players to drink small amounts frequently. Any player exhibiting signs of heat related illness (cramps, fatigue, lightheadedness, nausea, vomiting or headache), should be removed from the game, placed in the shade, and re-hydrated. If symptoms do not improve shortly, seek prompt medical aid.

### *Players*

Jewelry- Players are not allowed to wear jewelry or watches, except for medical alert bracelets/necklace/ID.

Uniforms- Uniforms must be in good repair.

Equipment- WYB Equipment Manager inspected all equipment prior to distribution to the managers. Defective and/or badly worn catcher's equipment and bats were replaced. Equipment issues should be reported to the Equipment Manager at wybequipmentinventory@yahoo.com

Ensure that player equipment is in good repair, including foam padding inside batting helmets, no dented or cracked bats. Also ensure that catcher's gear is in good condition throughout the season, including rivets, screws, and nuts on catcher's mask.

Pitcher- Pitchers warming up in an area subject to foul balls should have a spotter with helmet and glove. Catchers must wear catcher's helmet, mask, throat protector, shin guards, long model check protector, and protective cup when warming up pitchers.

Catcher- Catchers must wear catcher's helmet, mask, throat protector, shin guards, long model chest protector, and protective cup at all times.

Glasses- Parents should be encouraged to provide safety glasses for their children wearing glasses.

Face Guards - Parents should be encouraged to provide mouth guards.

Protective Cups - Male players are required to wear a cup during all practices and games.

Safety Bases - All coaches must use safety bases which are located in equipment boxes at each field.

Bats - All bats must comply with JBO Regulations (page 11-12 <https://dt5602vnjxv0c.cloudfront.net/portals/7347/docs/rulebook%202022%20e.pdf>)

*Spectators*

Foul Territory- Spectators must be seated out of bounds (outside the line of the fence marking the boundary of foul territory). Spectators must remain alert for foul balls and well back from the field of play.

Arguing- Spectators are not allowed to argue with any call made by the umpire. It is the coach's responsibility to keep spectators within acceptable behavior limits.

Benches/Dugouts- Benches and dugouts are for managers, coaches and players only. If not on the field of play, all players (except warm-up pitchers and catchers) must remain within the benches/dugout area.

Young Children- Young children must be properly supervised at all times.

Pets- Pets must be kept on a leash. Some fields do not permit pets, even on leashes.

### **Accident Reporting Procedures**

Any injury for which a player requires evaluation by a medical professional must be reported to the Safety Coordinator, who will keep a record of all accident reports. See accident report form and process on the final page of this document. 5 copies of this form are provided with each of these booklets for your use this season. If you need more, contact the Safety Coordinator and they will send you a pdf so you can print more. Accident reports must be submitted within 48 hours of the incident to Carmen Steen @ wyb.safety@gmail.com.

#### *Accident Procedure*

1. Administer First Aid to the level of your training. Call 911 if necessary.
2. Reassure the injured party and spectators.
3. Contact the injured part's parent or guardian. If unavailable, contact the emergency contact listed on the registration form.
4. Control the crowd.
5. Talk to your team about the situation. Often players are upset and worried when a teammate is injured. They need to feel safe and understand why the injury occurred.
6. File an Accident Report with the league Safety Coordinator within 48 hours of the accident.
7. For return to play guidelines, any injury requiring professional medical care will need a physician's clearance prior to returning to play. Follow up

with Safety Coordinator by phone or email once a player is cleared to return to play.

#### *Communicable Diseases*

These procedures should be understood and followed by all managers, coaches, and umpires. While risk of one athlete infecting another with HIV/AIDS during competition is close to non-existent, there is a remote risk that other blood borne infectious diseases can be transmitted. For example, Hepatitis B can be present in blood, as well as in other body fluids. Procedures for reducing the potential for transmission of these infectious agents should include, but not be limited to, the following:

1. The bleeding must be stopped, the open wound covered, and if there is an excessive amount of blood on the uniform, it must be changed before the athlete may continue to participate.
2. Routine use of gloves or other precautions to prevent skin and mucous-membrane exposure when contact with blood or other body fluids is anticipated.
3. Immediately wash hands and other skin surfaces if contaminated (in contact) with blood or other body fluids. Wash hands immediately after removing gloves.
4. Clean all blood contaminated surfaces and equipment with an appropriate disinfectant before competition resumes.
5. Practice proper disposal procedures to prevent injuries caused by needles, scalpels, and other sharp instruments or devices
6. Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags, or other ventilation devices should be available for use.
7. Athletic trainers/coaches with bleeding or oozing skin conditions should refrain from all direct athletic care until the condition resolves.

8. Contaminated towels should be properly disposed of or disinfected.
  
9. Please follow BSD guidelines for containing cold/respiratory illnesses - do not return to play until player has been free of a fever for >24 hours without fever-reducing medication, and please encourage players who still have lingering symptoms such as a runny nose, coughing and sneezing (which can last for several days after a cold has resolved) to don a mask. If COVID +, please do not return to practice/games until negative for at least 48 hours

### **Roles and responsibilities**

#### *Safety Officer*

The Safety Officer is responsible for the continuing development of the Safety Manual and ensuring the Association is properly instructed on safety issues. The Safety Officer is responsible for:

1. Assisting parents and individuals with insurance claims. Act as the liaison between the insurance company and the parents and individuals.
  
2. Explaining insurance benefits to claimants and assisting them with filing the correct paperwork.
  
3. Ensuring that each Head Coach receives their Safety Manual at the beginning of the season.
  
4. Furnish First Aid Kits to all Managers. Install First Aid Kits in all concession stands and restocking the kits as necessary.
  
5. Inspecting all first aid kits including concession stands and checking fire extinguishers.
  
6. Checking all fields and listing areas needing attention.
  
7. Assisting with scheduling a Safety/First Aid meeting for all coaches during the pre-season.



8. Acting immediately in resolving unsafe or hazardous conditions once a situation has been brought to his/her attention.

9. Maintaining records of Accident Reports.

10. Ensuring that all coaches have undergone THPRD background check and CDC web-based concussion training prior to the start of the season.

#### *Head Coaches Responsibilities*

1. His or her team's conduct, observance of the official rules and deference to the Umpires.

2. The safety of his/her players.

3. The actions of their assistant coaches.

4. If a head coach leaves the field they shall designate another coach as a substitute and such substitute shall have the duties, rights, and responsibilities of the head coach.

5. Advising the Safety Coordinator of any unsafe conditions they may encounter.

6. Advising the Safety Coordinator of any injury requiring professional medical care of any player, coach, umpire or spectator.

7. Carry the supplied First Aid Kit to every practice and game.

NOTE: For safety reasons, NO cell phone use by any base coach, or volunteer while on the playing field during practice or a game.

### *Pre-Season*

1. Take possession of, read, and understand this Safety Manual.
2. Attend a mandatory training session on Safety/First Aid.
3. Making sure that all his staff has been background checked, has completed online concussion training, and is cleared to coach.
4. Cover the basics of safe play with his/her team before starting the first practice.
5. Teach players to slide before the season starts.
6. Notify parents (or legal guardians) if a child is injured or ill. He or she cannot return to practice or a game unless they have a note from a doctor. This medical release protects you if the child should become further injured or ill. There is no exception to this rule!
7. Ensure players to bring water bottles to practices and games.
8. Encourage your players to wear mouth protection.
9. Encourage all of your male players to wear a protective cup. Use of a hard cup is required for all male catchers.

### *Season*

1. Work with the Equipment Coordinator to make sure the equipment is in first-rate working order.
2. Make sure telephone access is available at all activities including practices.
3. Enforce that prevention is the key to reducing accidents to a minimum.
4. Have players wear sliding pads if they have cuts or scrapes on their legs.
5. Always have the Safety Manual and Medical Release on hand at all practices and games. Use common sense.
6. JBO rules are enforced see link  
<http://www.iuniorbaseballorg.com/index.php/rules>

### *Pre-Game and Practice*

1. Make sure that the players are healthy, rested, and alert.
2. Make sure that players returning from being injured have a medical release form signed by their doctor. Otherwise they cannot play.
3. Make sure players are wearing the proper uniform and catchers are wearing a cup.
4. Make sure that the equipment is in good working order and is safe.
5. Make sure the players are properly warmed up before starting.

### *Game*

1. Make sure that players carry all their equipment on and off the field and to the dugout when their team is up to bat. No equipment should be left lying on the field, either in fair or foul territory.
2. Keep players alert!
3. 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.
4. Encourage everyone to think Safety First!
5. Get players to drink often so they do not dehydrate.
6. Do not play children if they are injured or ill.
7. Attend to children who are injured in a game.
8. Don't lose focus by engaging in conversation with parents and spectators.

### *Post-Game*

1. Do cool down exercises with players
  - a) Those who throw regularly (pitchers and catchers) should ice their shoulders and elbows.
  - b) Catchers should ice their knees.
2. Do not leave the field until every team member has been picked up by a known family member or designated driver.
3. Notify parents if their child was injured no matter how small or insignificant the injury is. There is no exception to this rule. This protects you and the Association.

4. If there was an injury that requires professional medical evaluation, make sure the Safety Officer is notified and an Accident Report is submitted to them.

5. Ready the field for the next game/practice

#### *Team's Equipment*

1. Make sure that the equipment issued to you is appropriate for the age and size of the kids on your team. If it is not, get replacements from the Equipment Manager.

2. Make sure players batting helmets fit.

3. Make sure the player's personal equipment meets the requirements of the Association and JBO.

#### *Enforce WYB Rules Including Equipment*

Managers, coaches, and umpires should be thoroughly familiar with the current JBO Rule Book:

<http://www.iuniorbaseballorq.com/Default.aspx?tabid=732912>

The WYB Board of Directors is responsible for enforcing the existing JBO rules. The consequence of the participants in failure to follow the rules includes the following punishment:

1. A letter of reprimand or admonishment;

2. The offending party may be suspended for a game and/or games

3. The offending party may not be allowed to participate in Westview Youth Baseball,

4. The offending party's team may be caused to forfeit a game or games;

#### *Parents' Role in Safety*

Most of the existing WYB rules have some basis in safety. Parents can help by setting a good example for all the players. It is important to follow the rules for the safety of everyone involved. The managers and coaches are or will be trained in first aid fundamentals and common sense safety. Please take the time to listen to the manager and coaches, learn these rules and make them common practice any time you practice baseball with your children.

1. Complete a Medical Release and Concussion Awareness Form. This enables emergency medical care if parent or guardian is not in attendance, and also informs managers, coaches and medical providers of allergies or other medical problems.

2. No alcohol or tobacco on the field. If volunteers must smoke or chew tobacco, please do it away from the players in designated areas. If the players can see you smoke or chew, you are too close!

3. Please be extra cautious when entering and leaving the parking lots. Children may not always look for you, especially young future ball players.

4. It is important that you share any medical information that may affect your child during games and practice. If you have concerns or questions, please contact the manager or League Safety Coordinator. All information is considered confidential.

5. Have your child eat a snack before practice or games; hungry ball players don't concentrate well. On hot days have them drink water before the game to protect them from dehydration.

6. Routinely, check your child's equipment for safety concerns.

7. Arrive to practice and games early to allow for proper warm ups

8. Help out at practices. The more adults we have watching out for our players, the better our chance to avoid accidents. Volunteering in both District and League activities will make your child's experience even better.

#### *Helpful Safety Guidelines*

1. **No one holds a bat!** Many players bring their own bats to practice and games. They should remain in their bags, in the dugout or on the ground in front of them until they are needed. No one holds a bat except when going to the plate.

2. The manager or coach will never leave a player alone at the field. It is very important that parents are on time to pick up the children on time. It is recommended that parents remain at the field if possible. If this is not possible, please contact the coach or manager prior to the game.
3. During warm-up drills, players should be spaced so that no one is endangered by wild throws or missed catches.
4. Equipment should be inspected regularly. Make sure it fits properly.
5. Batters must wear protective NOCSAE helmets during batting practice, as well as during games.
6. All baseball bats are required to be either "BPF 1.15" or "USA Baseball" certified. Umpires are required to perform a pre-game inspection of all equipment, especially bats, to ensure proper certification.
7. During sliding practice, bases should not be strapped down.
8. At no time should "horse play" be permitted on the playing field
9. Batting/catcher's helmets should not be painted unless approved by the manufacturer.
10. Players who are ejected, ill, or injured should remain under supervision until released to the parent or guardian.
11. No metal pitching toe should be worn.
12. Baseball shoes with rubber cleats molded to the sole, tennis, or gym shoes are authorized.
13. Do not allow players to throw bats or helmets.
14. Do not allow players to visit the restroom alone, have the child's parent or volunteer escort the player to and from the restroom and back to

the field of play.

15. Report all injuries to the Westview Youth Baseball Safety Officer.

16. Parents should not visit the dugout during games. If they need to contact their ballplayer, have them contact the coach.

17. Make arrangements to have a cellular phone available when your game or practice is at a facility that does not have any public phones.

18. Have your players' Medical Clearance Forms with you at all games and practices.

19. Carry your first-aid kit to all games and practices.

## **Youth Baseball First Aid Basics**

### *First Things First*

1. Ensure that scene is safe for you and for bystanders.

2. Assess the injury. If the victim is conscious, find out what happened and where it hurts. If the victim is unconscious, call 911 immediately.

3. When in doubt, don't be afraid to call 911. First responders are professionals trained to assess injury and illness. It is what they are there for.

### **WOUNDS - LACERATIONS/ABRASIONS/CONTUSIONS**

*The main concerns are bleeding and infection.*

What to look for:

- An open wound
- Bleeding
- Dirt in the wound

**What to do:**

- If the wound is bleeding, wear gloves if available.
- For bruises, apply an ice pack
- For minor cuts and scrapes:
  - control bleeding by applying direct pressure to the wound
  - Wash the wound with lots of clean water (and soap if available), then dry it with a clean cloth or gauze
  - Apply antibiotic ointment (avoid neomycin/Neosporin if possible)
  - Apply a clean bandage
- For major cuts:
  - Place a dressing (gauze pad or a clean cloth) over the wound
  - Apply direct pressure to the wound, using the flat part of your fingers or the palm of your hand
  - If bleeding does not stop, add more dressings and press harder until bleeding stops. If you can't keep pressure on the wound, wrap a bandage firmly over the dressing

**When to call 911:**

- If you cannot stop the bleeding
- If blood is pulsing or squirting out of the wound
- If you're not sure what to do

**ORTHOPEDIC INIURIES - SPRAINS/STRAINS/FRACTURES/DISLOCATIONS**

*It is often difficult to know if an injury is a sprain or a fracture until an x-ray is done.*

**What to look for:**

- pain, tenderness
- Swelling, bruising
- Deformity of a limb



- Difficulty using a limb
- Open wound over the injured area

**What to do:**

- Cover any open wound with a clean bandage
- Apply an ice pack
- Do not try to straighten an injured extremity – splint it in the position found
- Apply a splint if you suspect a bone is broken (improvise!)
  - A folded magazine, newspaper or piece of cardboard can be used to make a splint
  - Buddy taping – two fingers can be taped together to splint a finger injury
  - A baseball bat can be used to splint a leg injury
  - The splint should support the joints above and below the injury
  - Tape, tie or wrap the splint in place
- Do not bear weight on an injured lower extremity until cleared by a doctor
- Have the person see a doctor as soon as possible

**When to call 911:**

- If there is an open wound over the injured bone or joint
- If the injured part is abnormally bent
- If the body part beyond the injury turns pale, blue, cold or numb
- If you're not sure what to do

**HEAD INJURY/CONCUSSION**

*These injuries result from a direct blow to or sudden jarring of the head, and may or may not involve a loss of consciousness.*

To help ensure the health and safety of young athletes, Centers for Disease Control and Prevention (CDC) developed the HEADS UP Concussion in Youth Sports initiative to offer information about concussions to coaches, parents,

and athletes involved in youth sports. The HEADS UP initiative provides important information on preventing, recognizing, and responding to a concussion. The video also highlights the impact of sports-related concussion on athletes and provides protocols to manage a suspected concussion with steps to help players return to play safely after a concussion. ALL encourages you to visit the link below and take the course.

What to look for:

- Loss of consciousness (even briefly)
- Appears dazed, stunned or confused
- Can't recall events before or after the injury
- Forgets instructions or answers questions slowly
- Feels sluggish, hazy, foggy or groggy
- Headache, nausea, vomiting
- Double or blurry vision
- Balance problems or moves clumsily
- Sensitivity to light or noise

**What to do:**

- Remove the athlete from play for the remainder of the day.
  - "When in Doubt, Sit them Out"
- Observe the injured person closely for concussion danger signs:
  - Worsening headache
  - One pupil larger than the other
  - Repeated vomiting
  - Increasing drowsiness or loss of consciousness
  - Cannot recognize people or places
  - Weakness, numbness or decreased coordination
  - Slurred speech or unusual behavior
  - Becomes increasingly confused, restless or agitated

- Convulsions or seizures

- Make sure the injured person sees a doctor as soon as possible
- Do not allow the athlete to return to play or practice until cleared in writing by an appropriate health care professional

**When to call 911:**

- If the person is unconscious
- If there are any concussion danger signs (listed above)
- If you suspect a neck or spine injury
- If you're not sure what to do

**NECK/SPINAL INJURY**

*Neck fractures in sports usually result from a head-first collision.*

**What to look for:**

- A collision involving a direct blow to the top of the head
- Pain or tenderness in the neck or back
- Numbness, tingling or weakness in arms or legs
- An associated head injury

**What to do:**

- For minor injuries, apply ice
- Do not move the person if you suspect a spinal injury unless you need to perform CPR

or move the person out of danger

- If the victim is unconscious, assume there is a spinal injury
- Stabilize the head until help arrives
- If the person is vomiting stabilize the head/neck and roll him onto his side

**When to call 911:**

- If you suspect the neck may be broken
- If there is numbness, tingling or weakness in an extremity
- If there is an associated head injury or loss of consciousness

- If you're not sure what to do

### **CHEST/ABDOMINAL INJURY**

*A direct blow to the chest or abdomen can damage internal organs and cause internal bleeding.*

#### **What to look for:**

- A collision with another player, or hit by a bat or ball in the chest or abdomen
- Pain in the chest or abdomen after an injury
- Coughing up or vomiting blood after an injury
- Shortness of breath after an injury
- Signs of shock (weak, faint, dizzy, nausea, thirst, pale/grayish skin, restlessness/agitation/confusion, cold/clammy to touch)

#### **What to do:**

- Have the person lay down and keep still
- Monitor for signs listed above

#### **When to call 911:**

- If you suspect an internal injury
- If you're not sure what to do

### **EYE INJURY**

*Eye injuries may affect the areas around the eye or the eyeball itself.*

#### **What to look for:**

- An object in the eye, or a sensation that something is in the eye
- Eye pain, excessive tearing
- Difficulty seeing out of the injured eye
- Sensitivity to light
- Blood on or in the eyeball

#### **What to do:**

- For small objects in the eye such as dirt or debris:
  - Tell the person to blink several times to try to remove the object

– Gently flush the eye with water, away from the uninjured eye

Seek medical attention if the object remains or the person feels like something

is still in the eye

For an object embedded in the eye:

Do not attempt to remove the object

If the object is small and stuck to the surface of the eyeball, have the person

close the eye and patch it with a folded piece of gauze and tape

If the object is large or penetrates the eyeball, bandage loosely around the object and do not apply pressure to the eye

Seek immediate medical attention

For injuries around the eye:

- Apply ice
- Watch for worsening eye symptoms

**When to call 911:**

- If there is visible damage to the eyeball itself
- If you see blood accumulating in the lens at the center of the eye
- If the pupil is deformed
- If the person cannot see with the injured eye

Mild heat-related symptoms are a warning that the person's condition may worsen if you do not take action.

**What to look for:**

- Heat cramps: muscle cramps, sweating, headache
- Heat exhaustion: inability to exercise, sweating, nausea, vomiting, dizziness, muscle

cramps, feeling faint, fatigue. May progress to heat stroke

- Heat stroke: symptoms similar to heat exhaustion but also include confusion,

unconsciousness or seizures. Heat stroke is a life-threatening emergency!

**What to do:**

- Prevent heat injury on hot days by taking rest breaks (in the shade if possible) and by having players drink water frequently, even if they are not thirsty. Consider canceling practice if you think it is too hot
- For heat cramps:
  - Have the person rest and cool off
  - Give juice or a sports drink, or water if those aren't available
  - Stretching, massaging and icing painful muscles may be helpful
  - The person can exercise again after symptoms completely resolve
- For heat exhaustion or heat stroke:
  - Call 911 immediately
  - Have the person lay down in a cool place with legs elevated
  - Remove as much of the person's clothing as possible
  - For heat exhaustion, cool the person with cool water spray or by placing cool damp cloths on the head, neck, armpit and groin areas
  - For heat stroke, immediately cool the whole body by applying ice water-soaked towels and ice packs to the head, neck, torso and extremities
  - If the person can drink, give juice or a sports drink, or water if those aren't available

**When to call 911:**

- If you suspect heat exhaustion or heat stroke
- If heat-related symptoms are worsening
- If you're not sure what to do

**NOSEBLEEDS**

*Most nosebleeds are easily stopped with direct pressure.*

**What to look for:**

- Nasal deformity (crooked or flattened nose)
- Vomiting, which may be caused by swallowing blood

**What to do:**

- Wear gloves if available

Have the person sit and lean forward. Press both sides of the nostrils, using the flat

part of your fingers and covering as much of the nose as possible

If bleeding continues, press harder and longer

Apply ice if the nose is swollen or deformed

Have the person see a doctor as soon as possible if the nose is deformed

When to call 911:

- If you can't stop the bleeding within 15-20 minutes
- If bleeding is heavy or gushing
- If the person has trouble breathing
- If there is an associated head, neck or serious facial injury

A person with a mouth injury may have broken, loose or knocked-out teeth.

What to look for:

- Check the mouth for missing teeth, loose teeth, or parts of teeth

What to do:

- If it's a primary tooth (baby tooth) do nothing except control bleeding (apply pressure

with gauze to stop bleeding at the empty tooth socket)

If a tooth is loose, have the person bite down on a piece of gauze to keep the tooth in

place, and call a dentist

If a tooth is chipped, gently clean the injured area and call a dentist

If a permanent (adult) tooth has come out:

Put tooth back in socket, faster the better. If partially out, push back in socket

– If all the way out, save the tooth. Handle it by the crown (the white part), not by the root

- Rinse the tooth quickly and push back in socket, or
- Put the tooth in milk or clean water

Apply pressure with gauze to stop bleeding at the empty tooth socket

Take the person and the tooth immediately to a dentist or the emergency room

**When to call 911:**

- If there is an associated head, neck or serious facial injury

Most bee sting reactions are local reactions, not true allergic reactions.

What to look for:

- Check the person's medical release form to see if there is a history of allergic reaction

to bee, wasp or yellow jacket stings

- Signs of allergic reaction:

– Difficulty breathing

Swelling of the face and tongue

– Signs of shock (weak, faint, dizzy, nausea, thirst, pale/grayish skin, restlessness/ agitation/confusion, cold/clammy to touch)

What to do:

- If you see a stinger, scrape it away with a credit card or similar object
- Wash the area with running water and soap, if possible
- Apply ice
- Watch the person for at least 30 minutes for signs of an allergic reaction
- If the person has a known allergy and has an epinephrine injector, assist them in self-administering the medication

**When to call 911:**

- If the person has a known allergy to stinging insects, even if epinephrine was

administered

- If the person develops signs of an allergic reaction

**ASTHMA**

Persons with asthma should bring their rescue inhalers to all games and practices.

What to look for:

- Difficulty breathing with every breath
- Breathing very fast or very slow



- Wheezing – a sound or whistle as air enters or exits the lungs
- Coughing or chest tightness with exercise
- Difficulty speaking full sentences

What to do:

- Ask the person if they are having an asthma attack, if they need medicine, and if they have it with them
- Ask the child's parent to help, if they are present and the child needs help
- Help the person retrieve and self-administer their rescue inhaler, if necessary
- Inhaler may be repeated once after 5 minutes if necessary

**When to call 911:**

- If the person has no medicine
- If the person does not get better after using the medicine
- If the person's breathing gets worse, the person has trouble speaking, or becomes unresponsive

**Other Safety Procedures**

*Safety Procedures for Concessions*

Cooking – Use a food thermometer to check on cooking and holding temperatures of potentially hazardous foods. All potentially hazardous foods should be kept at 410 F or below (if cold) or 1400 F or above (if hot). Ground beef and ground pork products should be cooked to an internal temperature of 1550 F, poultry parts should be cooked to 1650 F. Most food borne illnesses from temporary events can be traced back to lapses in temperature control.

Reheating – Rapidly reheat potentially hazardous foods to 1650 F. Do not attempt to heat foods in crock pots, steam tables, over Sterno units or other holding devices. Slow-cooking mechanisms may activate bacteria and never reach killing temperatures.

Cooling and Cold Storage – Foods that require refrigeration must be cooled to 410 F as quickly as possible and held at that temperature until ready to serve. To cool foods down quickly, use an ice water bath (60% ice to 40%

water), stirring the product frequently, or place the food in shallow pans no more than 4 inches in depth and refrigerate. Pans should not be stored one atop the other and lids should be off or ajar until the food is completely cooled. Check temperature periodically to see if the food is cooling properly. Allowing hazardous food store main unrefrigerated for too long has been the number ONE cause of food borne illness.

Hand Washing - Frequent and thorough hand washing remains the first line of defense in preventing food borne disease. The use of disposable gloves can provide an additional barrier to contamination, but they are no substitute for hand washing!

Health and Hygiene - Only healthy workers should prepare and serve food. Anyone who shows symptoms of disease (cramps, nausea, fever, vomiting, diarrhea, jaundice, etc.) or who has open sores or infected cuts on the hands should not be allowed in the food concession area. Workers should wear clean outer garments and should not smoke in the concession area. The use of hair restraints is recommended to prevent hair ending up in food products.

Food Handling - Avoid hand contact with raw, ready to-eat foods and food contact surfaces. Use an acceptable dispensing utensil to serve food. Touching food with bare hands can transfer germs to food.

Dishwashing - Use disposable utensils for food service. Keep your hands away from food contact surfaces, and never reuse disposable dishware. Wash in a four-step process:

1. Washing in hot soapy water;
2. Rinsing in clean water;
3. Chemical or heat sanitizing;
4. Air drying.

Ice used to cool cans/bottles should not be used in cup beverages and should be stored separately. Use a scoop to dispense ice; never use the hands. Ice can become contaminated with bacteria and viruses and cause food borne illness.

Wiping Cloths - Keep a container of sanitizing cloths (Clorox/Lysol) for cleaning work surfaces prevent cross-contamination and discourage flies.

Food Storage and Cleanliness - Keep foods stored off the floor at least six inches. After your event is finished, clean the concession area and discard unusable food.

*Safety Procedure for Machinery*

1. Staff as authorized by the President will operate tractors, mowers, and any other heavy machinery.
2. Machinery will never be operated under the influence of alcohol or drugs (including medication).
3. Any person under the age of sixteen (16) must not operate machinery.
4. Machinery must never be operated in a reckless or careless manner.
5. Machinery must be stored appropriately when not in use with the brakes in the on position, the blades retracted, the ignition locked and the keys removed.
6. Machinery must never be operated or ridden in a precarious or dangerous way (i.e., riding on the fenders of a tractor).
7. Machinery must not be left outside the tool shed when not in use.
8. A copy of this page of the Safety Manual is to be posted in each equipment shed.

Storage Shed Procedures

The following applies to all of the storage sheds and equipment boxes used by the Association and further applies to anyone issued keys to use these sheds and equipment boxes.

1. All storage sheds will be kept locked at all times.
2. All individuals with keys to the equipment sheds are aware of their responsibility for the orderly and safe storage of heavy machinery, hazardous materials, fertilizers, poisons, tools, etc...
3. All chemicals or organic materials stored in storage sheds shall be properly marked and labeled and stored in its original container if available.
4. Any witnessed "loose" chemical or organic materials within these sheds should be cleaned up and disposed of immediately to prevent accidental poisoning.
5. Keep products in their original container with the labels in place.
6. Use poison symbols to identify dangerous substances.
7. Dispose of outdated products as recommended.
8. Use chemicals only in well-ventilated areas.
9. Wear proper protective clothing, such as gloves or a mask when handling toxic substances.

## **Westview Wildcats Hitting Facility Rules**

### **Parking**

- No parking in front of facility entry door
- No parking in front of facility garage door
- Watch for children.

### **Facility Rules**

- Coaches and players only in the facility during workouts

- Liability restriction: No parent or sibling spectators allowed
- Absolutely no food, gum, sun flower seeds or liquids other than water
- Always respect the facility and equipment. Report any misuse of equipment or facility to a coach immediately
- Clean up after yourself
- Remember safety at all times
- No playing catch inside the facility
- A coach must always be present in order to use the facility
- Bathroom: An adult must accompany a player to the restroom. There must be no running, or yelling in the business lobby, workout area, and restroom area. Repeated violation of this rule jeopardizes the lease agreement.

### **Equipment**

- Helmets must be worn at all times during batting drills
- Be sure you have a clear target before throwing the ball
- Do Not throw or hit a ball into any wall
- Pickup and return all balls into ball baskets
- Replace, tees, mounds, and screens to their exact location and position you found them in when you arrived
- Clean up after yourself.

### **Respect**

- Respect others at all times
- No trash talk or bullying
- No horse play.

### **Closing Procedures**

- Be sure lights and music are turned off.
- Be sure doors are locked.