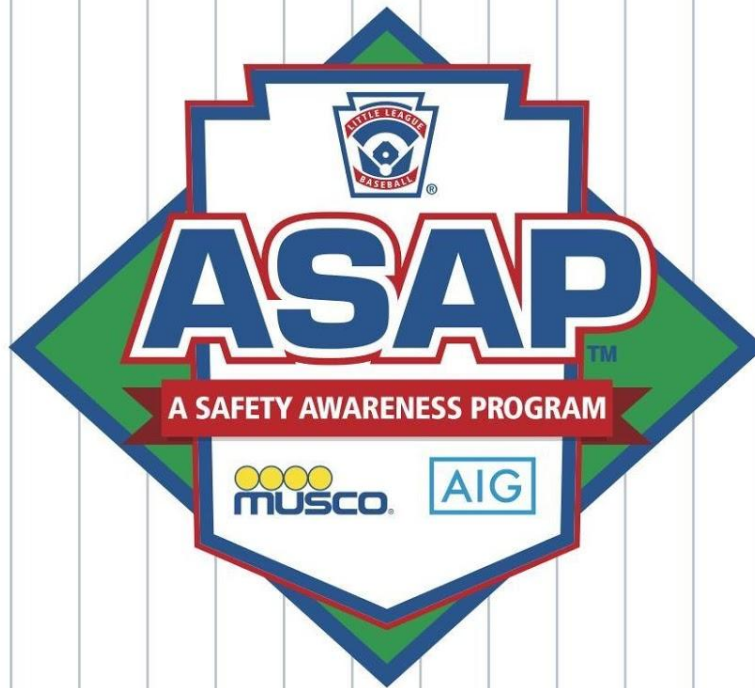




League Safety Officer Manual

League Name: Davis Little League

League ID#: #4056404

2026 Davis Little League

Safety Manual

EMERGENCY PROCEDURES	5
Non-Emergency Number:	6
Safety Officer: Christina Menze: (434) 227-7394	6
Emergency Number:	6
Davis PD Dispatcher: (530) 758-3600	6
Davis Police Department (530) 747-5400	6
Davis Fire Department (530) 756-3400	6
First Response to Injuries	6
In the event of a MINOR injury:	6
First Aid	6
RICE: Rest, Ice, Compression, Elevation.	7
In the event of a MAJOR injury:	7
Providing First Aid – Important Do’s and Don’ts	7
Choosing a Medical Care Facility:	8
Points of Contact	8
A Safety Awareness Program (ASAP)	9
Christina Menze: (434) 227-7394 League Safety Officer	10
Safety is Everyone’s Responsibility!	10
DLL Code of Conduct	11
DLL General Safety Code	12
Accident Reporting Procedures	13
Christina Menze: Safety Officer	13
How to report:	13
Safety Officer’s responsibilities:	13
Background Check Procedures	14
Davis Little League Development Program	15
2026 Training Clinics	15
First Aid Training:	15
Automated External Defibrillator (AED)	15
CPR and AED training will be provided for all DLL volunteers through a local company called Safety Training Seminars.	15

Training Clinics:	15
Coaching Clinics:	15
Umpire Clinics (Classroom & Field)	16
UMPIRE CLINICS:	16
Manager/Coach Feedback	17
Subject Matter-Specific Safety Guidelines, Procedures and Responses	17
Weather Conditions	17
Lightning	17
Heat	17
Rain/Mud	17
Safety First!	18
Asthma & Respiratory Problems	18
Seek Emergency Care If A Child Experiences Any Of The Following Asthma	
Emergency Signs:	18
Drinking Guidelines for Hot Day Activities	18
Bleeding/Open Wound Response Procedures (Communicable Disease	
Procedures)	19
Dental Injury Response	20
Bat Safety	21
Catcher Safety	21
Concessions Safety	21
Menu:	21
Cooking and Storage:	22
Hand Washing:	22
Dishwashing:	22
Equipment:	22
Staff:	22
Maintenance and Storage Shed Procedures	22
National Little League Guidelines, Requirements & Recommendations	24
National Little League Qualified Safety Plan Requirements Making It “Safer For	
The Kids”	24
REQUIREMENT 1	24
Have an active Safety Officer on file with Little League International.	24
REQUIREMENT 2	24
PUBLISH and distribute a paper copy of the applicable safety manual	
to all appropriate and applicable volunteers.	24
REQUIREMENT 3	24
Post and distribute emergency and key officials’ phone numbers.	24
REQUIREMENT 4	25

Use the Little League official Volunteer Application Form and check for sexual abuse.	25
REQUIREMENT 5	25
Provide and require fundamentals training, with at least one coach or manager from each team attending (fundamentals including hitting, sliding, fielding, pitching, etc.).	25
REQUIREMENT 6	25
Require first-aid training for coaches and managers, with at least one coach or manager from each team attending.	25
REQUIREMENT 7	26
Require coaches/umpires to walk fields for hazards before use.	26
REQUIREMENT 8	26
Complete the annual Little League Facility Survey	26
REQUIREMENT 9	26
Have written safety procedures for concession stand; concession manager trained in safe food handling/prep and procedures.	26
REQUIREMENT 10	26
Require regular inspection and replacement of equipment.	26
REQUIREMENT 11	27
Implement prompt accident reporting and tracking procedures.	27
REQUIREMENT 12	27
Require a first-aid kit at each game and practice.	27
REQUIREMENT 13	27
Enforce Little League rules including proper equipment.	27
REQUIREMENT 14	27
League Player Registration Data or Player Roster Data, Coach and Manager Data	27
REQUIREMENT 15	27
REQUIREMENT 16	28
Qualified Safety Plan Registration Form	28
ADDITIONAL RECOMMENDATIONS	28
TRAINING	28
FACILITIES AND EQUIPMENT	28
ACTIVITIES	29
Forms and Resources	30
Manager's Mandatory Pre-Game Check	30
Accident/Incident Report	31
Concussions (Coaches)	33
Concussions (Parents)	37
Concussions (Officials)	40

EMERGENCY PROCEDURES

Non-Emergency Numbers:

Safety Officer: Christina Menze (434) 227-7394

Davis Police Department (530) 747-5400

Emergency Number: 911

Davis PD Dispatcher: (530) 758-3600

Davis Fire Department (530) 756-3400

First Response to Injuries

In the event of an accident, the manager or coach shall remain calm and tend to the injured person. You must instruct all players to take a knee and/or return to their respective positions to avoid crowding and to allow for proper care of an injured player.

In the event of a MINOR injury:

Use the first aid kit as needed to apply ice packs or support bandages. When treating an injury remember:

First Aid

If blood is present, wear barrier gloves (latex gloves) whenever possible to protect yourself and the injured person. Clean wounds with soap and water or an antiseptic wipe. Apply light pressure to stop bleeding. Apply bandages to cover the wound.

If any part of the uniform is soiled with blood, the uniform must be replaced and thoroughly cleaned prior to continued use.

RICE: Rest, Ice, Compression, Elevation.

League dispensed team bags contain basic first aid kits and single-use ice packs to use for on the field injuries. Bruises, potential sprains, and other closed injuries can be addressed with application of ice to comfort, gentle compression to control excess swelling, and elevating the injured part as able.

In the event of a MAJOR injury:

If you believe a player has sustained a major injury, you must seek professional medical attention immediately. If appropriate, call Davis PD (530-758-3600). Stay with the injured person and provide comfort until medical attention arrives. Keep the person calm and as comfortable as possible. Avoid moving the player in any way unless remaining there would cause greater injury.

When calling 530-758-3600 or 911 for an emergency, be prepared to give your **name, location and a brief description** of the emergency. Listen carefully to the operator's requests or questions. Once finished with the phone call, get in position or designate others to an appropriate location to meet and direct emergency personnel and vehicles to the injured person.

Davis Police Department (530) 747-5400

Davis Fire Department (530) 756-3400

Providing First Aid – Important Do's and Don'ts

Do....

- Reassure and aid children who are injured, frightened or lost.
- Provide, or assist in obtaining, medical attention for those who require it.
- Know your limitations - do not work beyond your scope.
- **Carry your first aid kit to all games and practices.**
- LOOK for signs of injury (blood, bruises, deformity of limbs, etc).
- LISTEN to the injured person describe what happened and what hurts. Before questioning, you may have to calm an anxious child.
- Gently and carefully FEEL the injured area for signs of swelling or grating of broken bones.
- **Have your players' Medical Clearance Forms (registration form) with you at all games, practices and team functions.**
- Arrange to have a cellular phone available during ALL games and practices.

Don't....

- Administer any medications.
- Provide any food or beverage other than water.
- Hesitate in administering aid when needed.
- Be afraid to ask for help if you are not sure of the proper procedures (such as CPR).
- Transport injured individuals except in extreme emergencies.

- EVER leave an unattended child at a practice or game.
- Hesitate to report any suspected safety hazard to the Safety Officer immediately.

Choosing a Medical Care Facility:

If a player needs professional medical attention, the manager or coach will:

- 1. *Defer to the emergency personnel*** that are present and allow them to take over care and transport the injured person to the appropriate facility.
- 2. *Consult with the player's parents*** (if present) for physician or hospital information, and ask if they wish to take their child to the facility of their choice.
- 3. If no parent of the injured player is present, check the player's *medical release information* provided by Davis Little League and retained in the manager's binder. This MEDICAL RELEASE INFORMATION for every player MUST be with the team at all Davis Little League events, including games, practices, pictures, team parties, etc.** If there is a doctor, medical clinic or hospital listed, provide this information to emergency personnel.

Points of Contact

DLL Board Members & Officers 2026

Officer	Name	Email
President	Mark Kisting	mark@davislittleleague.org
Vice President of Baseball Operations	Mike Russell	mike@davislittleleague.org
Secretary/ Communications	Liz Tang	liz@davislittleleague.org
Treasurer	Maribel Martinez	maribel@davislittleleague.org
Umpire In Chief	Tom Windall	tom@davislittleleague.org
Safety Officer/ Volunteer Coordinator	Christina Menze	christina@davislittleleague.org
Coaching Coordinator	David Shapiro	davids@davislittleleague.org
Facilities Director	David Hughes	davidh@davislittleleague.org
Equipment Manager	Kermit Kruse	kermit@davislittleleague.org
Registrar	Mike Hastings	mikeh@davislittleleague.org
Challenger Player Representative	Nicole Wood	nicole@davislittleleague.org
Tee Ball Player Representative	Kevin Davis	kevin@davislittleleague.org
Farm Player Representative	Kelly McCrory	kelly@davislittleleague.org
AA Player Representative	Kevin Davis	kevin@davislittleleague.org
AAA Player Representative	Sam Zavod	sam@davislittleleague.org
Majors Player Representative	Kelly McCrory	kelly@davislittleleague.org
50/70 and Juniors Player Representative	Kevin Davis/Brendan McCarthy	kevin@davislittleleague.org

Sponsorship and Fundraising Coordinators	Mike Russell	sponsors@davislittleleague.org
Snack Shack Coordinator	Elise Willis	eliseswillis@gmail.com
IT Coordinator	Jeff Merritt	hokieskier@gmail.com

A Safety Awareness Program (ASAP)

National Little League introduced a Safety Awareness Program ("ASAP") in 1995 with the goal of re-emphasizing the position of the Safety Officer to "create awareness, through education and information, of the opportunities to provide a safer environment for kids and all participants of Little League Baseball". This Safety Manual provides important information, for use by managers, coaches and umpires, to support their ability to ensure the safest environment possible for all players.

League Safety Officer:

Christina Menze (434) 227-7394

Safety is Everyone's Responsibility!

- For the best possible player experience, we ask everyone to step up and help deliver on the goal of providing a fun, safe, and positive environment for our children.
- Creating this environment requires help and participation from board members, managers, coaches, players, parents, volunteers and spectators.
- As part of your commitment, we ask that you read and abide by both the **Code of Conduct and General Safety Code**, provided on the following pages.

DLL Safety Codes of Conduct

For additional Codes of Conduct specific to each group associated with our league, please refer to davislittleleague.org.

- Speed Limit 5 mph in roadways and parking lots while attending any Davis Little League function. Watch for small children around parked cars.
- No alcohol allowed in any parking lot, field, or common areas within Davis Little League complex.
- No Playing in parking lots at any time.
- No Playing on and around lawn equipment.
- Use Crosswalks when crossing roadways. Always be alert for traffic.
- No Profanity please.
- **No Swinging Bats or throwing baseballs at any time within the walkways and common areas of Davis Little League complex.**
- No throwing balls against dugouts or against backstop. Catchers must be used for all batting practice sessions, except in batting cages.
- No throwing rocks.
- No climbing fences, bike racks, bleachers, trees or other equipment.
- **Only a player on the field, who is at bat, may swing a bat.**
- Observe all posted signs. Players and spectators should be alert at all times for foul balls and errant throws.
- During the game, players must remain in the dugout area in an orderly fashion at all times.
- After each game, each team must clean up trash in the dugout and around the stands.
- All gates to the field must remain closed at all times. After players have entered or left the playing field, be sure they have closed and secured the gates.
- Children under the age of 14 are not permitted in the Snack Bar.

Although undesirable to take any disciplinary action, to maintain a safe and secure environment for our players and families, failure to comply with certain of the above guidelines could result in expulsion from the Davis Little League field or complex.

DLL General Safety Code

- Arrange in advance of all games and practices for emergency medical services.
- A cell phone must be available at all games and practices.
- Managers, coaches and umpires should have some training in First Aid.
- First Aid kits must be available at all game and practice fields at all times and are located in every equipment bag provided to every team.
- Do not hold games or practices when weather or field conditions are poor. The Director of Operations will determine if a field is unplayable and will post field closures to the DLL website.
- Prior to each game or practice, umpires and/or managers will walk the field to inspect for hazards.
- Only players, managers, coaches and umpires may be on the playing field during games.
- Managers will designate players each game to be responsible for keeping bats and loose equipment off the playing field.
- All players, managers, coaches and spectators are to remain alert and watch for batted balls, foul balls or wild throws to avoid injury during games and practices.
- Managers and coaches will check and inspect all equipment regularly for damage and proper fit.
- Do not use damaged equipment; return any damaged equipment to the Equipment Coordinator for immediate repair or replacement.
- Batters must wear approved protective helmets when batting in games or practices.
- Catchers must wear full gear (a catcher's helmet, mask, throat protector, long model chest protector, shin guards and athletic supporter) during the game and when warming up pitchers between innings, in the bullpen or during practice.
- All male players are to wear athletic supporters, preferably with cups, during games and practices.
- **It is STRONGLY SUGGESTED that all players wear a batting helmet with a C-Flap or facemask attachment to help prevent facial fractures.**
- Head-first slides are NEVER permitted; diving back to a base is acceptable when a runner is returning to a base.
- "Horse play" is NEVER permitted on the playing field.
- Players must not wear jewelry that poses harm during play.
- A player cannot wear metal cleats or a metal pitching toe. A player on T-Ball or Farm may wear tennis or gym shoes; all other players should wear cleats.
- NEVER throw bats or helmets under ANY circumstance.
- Most Little League rules have some basis in safety — follow them.

- Players are to have required equipment at all times, even catchers warming up during infield.
- Coaches and managers are to enforce rules at practices as well as games.
- All fields have all bases that disengage from their anchors, as required starting in 2008.
- Rule 3.09: Managers or coaches are permitted to warm up a pitcher at home plate or in the bullpen or elsewhere at any time including in-game warm-up, pre-game warm-up, and in other instances. They may also stand by to observe a pitcher during warm-up in the bullpen. TOURNAMENT RULE: Tournament Rule 3: Pitching Rules (f): Managers or coaches are not permitted to warm up a pitcher at home plate or in the bullpen or elsewhere at anytime. They may stand by to observe a pitcher during warm-up in the bullpen.

ALL ADULTS ARE RESPONSIBLE FOR ENFORCING RULES AT GAMES AND PRACTICES.

Accident Reporting Procedures

Report all injuries within 24 hours to the Davis Little League Safety Officer using the injury report form found on the website.

What to report: Report any incident involving a player, manager, coach, umpire, volunteer or spectator that leads to medical treatment and/or first aid to the Safety Officer. This includes passive treatments such as the evaluation and diagnosis of the extent of the injury or periods of rest.

When to report: Report any such incident to the Davis Little League Safety Officer within 24 hours of the occurrence. You can contact the safety officer or report safety concerns directly to the safety officer at the number provided, or via the safety site on the DLL website (www.davislittleleague.org)

Christina Menze, Safety Officer

Cell phone: (434) 227-7394

Email: safety@davislittleleague.org

Website: www.davislittleleague.org

How to report:

The person reporting the incident must complete an [injury report form](#) and submit it to the Safety Officer. You may also find the form on our website at www.davislittleleague.org.

Include the following minimum information:

- Name and telephone number of the individual(s) involved, including any injured party
- The date, time and location of the incident.
- A detailed description of the incident.
- A preliminary estimation of the extent of any injuries.
- The name and telephone number of the person reporting the incident.

Safety Officer's responsibilities:

To follow up with the injured party (or their parent/guardian) within 48 hours to:

1. Verify the information received and gather additional necessary information.
2. Check on the status of the injured party.
3. Advise the injured party (or their parent/guardian) of Davis Little League's insurance coverage and the provisions for submitting any claims in the event the injury required medical treatment (such as an emergency room or doctor's visit). You can obtain claim forms at www.davislittleleague.org.

If an injury is more than minor in nature, the Safety Officer will periodically follow up with the injured party to check on the status of their injury and whether any other assistance is needed, such as submission of insurance forms. Once the individual is participating in the league again, and no other claims are expected, the Safety Officer shall consider the case "closed" and no further follow up is necessary.

As part of an approved ASAP plan, it is required of the league to submit league player registration data or player roster data and coach and manager data. League player registration data or player roster data and coach and manager data must be submitted via the Little League Data Center at www.LittleLeague.org.

Background Check Procedures

In keeping with National Little League's 2013 Safety Plan requirement, all adults wishing to assist any Davis Little League team will need to complete an online background check **annually**. The background check process is initiated through our davislittleleague.org website. All volunteers must register as a volunteer through Sports Connect. Once they have registered, the background check request will be initiated by the DLL Volunteer Coordinator or DLL Safety Officer.

This process is improved upon previous years with respect to protection of your private information and is a national requirement. Just a few minutes of work to allow you to be on the field with the kids.

Anyone refusing to fill out a volunteer application is ineligible to be a league volunteer.

Davis Little League Development Program

The mandatory clinics for all managers, coaches, and umpires for the 2026 season will be published on the Davis Little League calendar (DLL League Home >> Events).

First Aid Training:

Basic first aid training is encouraged for all umpires, managers and coaches. Every manager should identify parents trained in first aid and CPR in case of emergencies.

FIRST AID KITS ARE ISSUED TO EACH TEAM WITH TEAM EQUIPMENT AND ADDITIONAL SUPPLIES ARE STORED IN THE MANAGERS' OFFICE FOR MINOR INJURIES.

Automated External Defibrillator (AED)

Beginning in 2017, Davis Little League houses an onsite AED. This equipment will be located in the manager's office. AED utilization does not require training but can be provided upon request.

CPR and AED training for DLL volunteers is available through a local company called [Safety Training Seminars](#).

Training Clinics:

Davis Little League provides clinics and training designed for Little League managers, coaches, players, umpires, and scorekeepers. Local baseball experts provide and conduct these clinics.

Coaching Clinics:

All managers and coaches are required to attend league-coordinated coaching clinics at least once every 3 years. Clinics are designed to help improve the overall coaching for DLL to help better develop the long term athleticism and skills of players. Emphasis is on education on quality player development, especially with respect to safe and age appropriate progressions.

Schedule available on the Davis Little League Website.

Davis Little League is committed to making sure that our kids have a lot of fun learning and playing baseball. Our League believes in the effectiveness of Positive Coaching and trains our coaches to uphold the following principles:

- Respecting the rules, players and officials
- Rewarding effort and attitude, not results
- Recognizing that our kids need positive encouragement, and lots of it!

The specifics of the mandatory portion of Manager/Coach training program are as follows:

- Positive Coaching Alliance Workshop: Double Goal Coach: Coaching for Winning and Life Lessons
- On Field Coaching Clinic held at the appropriate field of the DLL facility and run by experienced managers at each level of play. Clinics are specific to each level from tee ball through Majors, and include the following:
 - Introduction of age appropriate teaching skills and techniques
 - Review of PCA principles and strategies to incorporate them into team and league culture
 - Level appropriate skills and drills specific to the aspects of the game at each level that are new and critical for safe development of young baseball players.
 - Emphasis is on skills that scale - those which facilitate success now and promote healthy development of long term athleticism.

Attendance at the Manager/Coach Clinic is also mandatory for all coaches and managers prior to initial contact with their players.

Umpire Clinics (Classroom & Field)

The Davis Little League offers new and experienced umpires an opportunity to review their knowledge, refine their skills, and learn about recent rule changes. Clinics are designed to help improve the quality of DLL umpiring, and are coordinated by the Chief Umpire. Two types of umpire clinics are provided, covering all division levels simultaneously, and covering rules and umpiring mechanics. The first clinic is taught in a classroom environment; the second is taught at the Little League fields.

UMPIRE CLINICS: Schedule for youth and adult both basic and advanced clinics will be posted on the DLL Website

Manager/Coach Feedback

At the end of the season, the Majors, AAA, AA, Farm and T-Ball representatives, and the Chief Umpire will report to the DLL board on the key issues and lessons learned identified during the season within their particular division. DLL will also post a web survey that players, parents, managers and coaches can fill out to express their ideas and concerns more directly. The Board also continuously welcomes feedback from families in our league

regarding experiences with their coaches, both positive and negative, so that we can address any issues that might come up in a timely and effective manner.

Subject Matter-Specific Safety Guidelines, Procedures and Responses

Field Conditions

At all Davis Little League games and sanctioned events, the field is inspected for safety and prepared for play by the home team.

Lightning

Stop any game or practice at the first sound of thunder and permanently discontinue any game or practice at the first sign of any lightning. Stay away from metal fencing (including dugouts)! Also, avoid trees, poles and other high objects. Do not hold a metal bat. Walk, do not run, to your car and wait for a decision on whether or not to continue the game or practice.

Heat

Anytime the temperature is above 90 degrees F, provide plenty of water, shade and rest periods during games and practices. Encourage players to drink small amounts frequently. If you observe any player exhibiting signs of heat related illness (cramps, fatigue, light-headedness, nausea, vomiting or headache), you must remove the player from the field immediately, place in shade and hydrate. If symptoms do not improve immediately, seek prompt medical aid.

Rain/Mud

Playing on wet or muddy fields creates an obvious safety hazard for players. The balls become wet and muddy; the pitchers and players cannot control them. Footing is slippery on infields, particularly on the pitching mound and around the bases. Pools of water develop in outfield areas, creating muddy, unstable footing. Further use in this condition causes ruts and holes that are hazardous and place players at much higher risk for injuries. If in doubt whether the fields are in playable condition, verify with the VP of Baseball Operations - Mike Russell (530) 219-8228 that fields are suitable for play, and if necessary, reschedule the

game or practice. Whenever possible, we will post any field closures on the DLL website (www.davislittleleague.org). Additionally, you may subscribe to the City of Davis Inclement Weather Notifications list (available from City of Davis cityofdavis.org) to receive information about whether other City fields are open.

Safety First!

Do not take chances and risk injury to any player by pushing the envelope regarding field conditions. Be conservative!

Asthma & Respiratory Problems

Seek Emergency Care If A Child Experiences Any Of The Following Asthma Emergency Signs:

- Child's wheezing or coughing does not improve after taking medicine (15-20 minutes for most asthma medications)
- Child's chest or neck is pulling in while struggling to breathe
- Child has trouble walking or talking
- Child stops playing and cannot start again
- Child's fingernails and/or lips turn blue or gray
- Skin between child's ribs sucks in when breathing

Asthma is different for every person. If you are at all uncertain of what to do in case of a breathing emergency, do not hesitate to take action!

- **Call 9-1-1 immediately**
- **stay with the child and call the child's parent/guardian**

Drinking Guidelines for Hot Day Activities

- Before: Drink 8 oz. immediately before exercise
- During: Drink at least 4 oz. every 20 minutes

- After: Drink 16 oz. for every pound of weight lost
- Dehydration signs: Fatigue, flushed skin, light-headed
- What to do: Stop exercising, get out of sun, drink
- Severe signs: Muscle spasms, clumsiness, delirium

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[Little League Heat Illness Prevention Policy](#)

Bleeding/Open Wound Response Procedures (Communicable Disease Procedures)

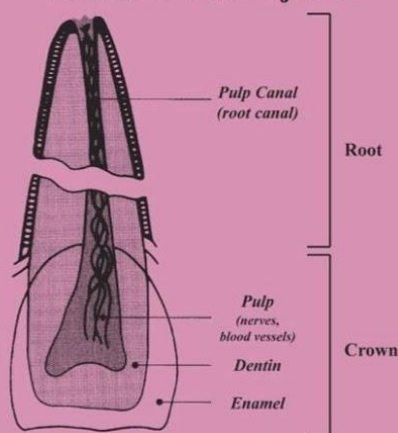
1. First, you must stop the bleeding, and then cover the open wound.
 - a. If possible, you must use barrier gloves (latex) to prevent mucous membrane exposure if contact with blood or other bodily fluid is anticipated.
 - b. This protects both the player and you.
 - c. Gloves can be found in the first aid kit
2. Next, if blood is on the uniform, the player must change before continuing play.
3. As soon as you have treated the player, immediately wash hands and other skin surfaces if contaminated by blood.
4. In addition, you must clean all blood contaminated surfaces and equipment.
 - a. Use chlorine bleach or other available antiseptic.
 - b. Properly dispose towels, sponges and bandages
5. IMPORTANT: Managers, coaches and volunteers with open wounds should refrain from all direct contact with players until wounds have completely healed.
6. Follow accepted guidelines when handling or disposing of soiled dressings, mouth guards or other articles that contain body fluids.

Dental Injury Response



Dental Injury Response

Emergency Treatment of Athletic Dental Injuries



Professionally-made, properly fitted Custom Mouthguards greatly reduce the risk and severity of mouth injuries. Mouthguards are recommended injury prevention equipment for all at-risk sports.

AVULSION (Entire Tooth Knocked Out)

1. Avoid additional trauma to tooth while handling. **Do Not** handle tooth by the root. **Do Not** brush or scrub tooth. **Do Not** sterilize tooth.
2. If debris is on tooth, *gently* rinse with water.
3. If possible, reimplant and stabilize by biting down gently on a towel or handkerchief. Do only if athlete is alert and conscious.
4. If unable to reimplant:
Best - Place tooth in Hank's Balanced Saline Solution, i.e. "Save-a-tooth."
2nd best - Place tooth in milk. Cold whole milk is best, followed by cold 2% milk.
3rd best - Wrap tooth in saline-soaked gauze.
4th best - Place tooth under athlete's tongue. Do this **ONLY** if athlete is conscious and alert.
5th best - Place tooth in cup of water.
5. Time is very important. Reimplantation within 30 minutes has the highest degree of success rate.
TRANSPORT IMMEDIATELY TO DENTIST.

LUXATION (Tooth in Socket, But Wrong Position)

THREE POSITIONS

EXTRUDED TOOTH - Upper tooth hangs down and/or lower tooth raised up.

1. Reposition tooth in socket using firm finger pressure.
2. Stabilize tooth by gently biting on towel or handkerchief.

3. TRANSPORT IMMEDIATELY TO DENTIST.

LATERAL DISPLACEMENT - Tooth pushed back or pulled forward.

1. Try to reposition tooth using finger pressure.
2. Athlete may require local anesthetic to reposition tooth; if so, stabilize tooth by gently biting on towel or handkerchief.

3. TRANSPORT IMMEDIATELY TO DENTIST.

INTRUDED TOOTH - Tooth pushed into gum - looks short.

1. Do nothing - avoid any repositioning of tooth.
2. **TRANSPORT IMMEDIATELY TO DENTIST.**

FRACTURE (Broken Tooth)

1. If tooth is totally broken in half, save the broken portion and bring to the dental office as described under Avulsion, Item 4. Stabilize portion of tooth left in mouth by gently biting on towel or handkerchief to control bleeding.
2. Should extreme pain occur, limit contact with other teeth, air or tongue. Pulp nerve may be exposed, which is extremely painful to athlete.
3. Save all fragments of fractured tooth as described under Avulsion, Item 4.
4. **IMMEDIATELY TRANSPORT PATIENT AND TOOTH FRAGMENTS TO DENTIST.**

Academy for Sports Dentistry
875 North Michigan Ave.
Suite 4040
Chicago, IL 60611-1901

1800-273-1788
1800-ASD-1788

The Academy for Sports Dentistry, a professional organization dedicated to the dental needs of athletes at risk to sports injuries, recommends that every sports medicine team include a dentist knowledgeable in sports dentistry.

MOUTHGUARDS SHOULD NOT BE OPTIONAL EQUIPMENT

Bat Safety

DO NOT ALLOW players to pick up a bat until the player leaves the dugout, to approach the plate.

RULE 1.08, Notes

"1. The on-deck position is not permitted in Tee Ball, Minor League or Little League (Majors) Division.

2. Only the first batter of each half-inning will be allowed outside the dugout between the half-innings in Tee Ball, Minor League or Little League (Majors) Division."

REMEMBER: DON'T SWING IT - - Until You're Up to the Plate!

Catcher Safety

Catchers must wear helmets during warm-ups and infield/outfield practice:

RULE 1.17

"...All catchers must wear a mask, '**dangling**' type throat protector and catcher's helmet during infield/outfield practice, pitcher warm- up and games."

Concessions Safety

To help minimize the risk of food borne illness, please adhere to the following simple guidelines:

Menu:

Keep it simple and keep potentially hazardous foods (meats, eggs, dairy products, fruits and vegetables) to a minimum. Avoid using precooked foods, leftovers or food that was prepared at home. Complete control over your concession stand food, from source to service, is the key to safe, sanitary food service.

Cooking and Storage:

All potentially hazardous food should be kept at 41 degrees F or below (if cold) or 140 degrees F or above (if hot). Most food borne illnesses are traced back to lapses in temperature control. Allowing hazardous food to remain unrefrigerated for too long has been the number ONE cause of food borne illness. Keep foods stored off the floor at least six inches. Keep foods covered to protect them from insects. Do not store pesticides near food. Thoroughly clean the concession area and discard all unusable food after each event.

Hand Washing:

Always wash hands before starting your shift, handling food, after using the bathroom, coughing, sneezing, handling money or touching raw food. Wearing disposable gloves can offer an additional barrier to contamination, but it is no substitute for hand washing! Frequent and thorough hand washing is the first line of defense in preventing food borne illness.

Dishwashing:

Use disposable utensils for food service and never reuse disposable dishware. In instances where cooking utensils are not disposable, wash in hot soapy water, rinse in clean hot water and air dry.

Equipment:

The Snack Shack Coordinator, Elise Willis (530) 400-4772 will regularly inspect all equipment to ensure safe operation. All workers should note the fire extinguisher location. Report any equipment malfunction or safety hazard to Elise Willis immediately. Post the name and telephone number of Elise Willis for immediate contact.

Staff:

All staff will be over 14 years of age and will undergo training prior to work. All concession staff to be instructed on proper hand washing, food handling and use of equipment. ONLY healthy workers should be allowed in the concession stand. No one with symptoms of fever,

nausea, vomiting, diarrhea, jaundice, open sores, infected cuts, etc., is allowed in the food service area. The use of hair restraints is recommended.

Maintenance and Storage Shed Procedures

The following applies to all of the storage sheds used by Davis Little League and applies to anyone who issued a key/code and access to all our facilities.

- All individuals with keys/codes to the Davis Little League equipment sheds (i.e., Managers, Umpires, etc.) are aware of their responsibilities for the orderly and safe storage of rakes, shovels, bases, etc.
- Before you use any machinery located in the shed (i.e., lawn mowers, weed whackers, lights, scoreboards, public address systems, etc.) Please locate and read the written operating procedures for that equipment (on site).
- All chemicals or organic materials stored in Davis Little League sheds shall be properly marked and labeled as to its contents.
- All chemicals or organic materials (i.e., lime, fertilizer, etc.) stored within these equipment sheds will be separated from the areas used to store machinery and gardening equipment (i.e., rakes, shovels, etc.) to minimize the risk of puncturing storage containers.
- Any witnessed "loose" chemicals or organic materials within these sheds should be cleaned up and disposed of as soon as possible to prevent accidental poisoning.

National Little League Guidelines, Requirements & Recommendations

National Little League Qualified Safety Plan Requirements Making It “Safer For The Kids”

REQUIREMENT 1

Have an active Safety Officer on file with Little League International.

- This position needs to be a dedicated person.
- Update your Little League officers via the Data Center.

REQUIREMENT 2

PUBLISH and distribute a paper copy of the applicable safety manual to all appropriate and applicable volunteers.

- Print and distribute the safety plan to all staff: concession manual to concession workers, equipment policies to facilities crew, first aid to managers and coaches, etc. Keep copies in common areas for all volunteers.
- While safety plans may be posted on the internet, individuals must be provided with printed copies to carry with them to the areas where their duties are performed.
- Samples can be found in the example safety manuals on the [Safety Program Page](#)
- Include all relevant material for coaches, including these minimum standards.
- Keep a complete copy for your league. Send a copy to your District Administrator or District Safety Officer. Little League International does not keep copies for leagues' future use.

REQUIREMENT 3

Post and distribute emergency and key officials' phone numbers.

- Include league president and safety officer, consider head umpire, board members.
- Include emergency procedures for handling injuries and who to contact to track/report them.

- Include emergency phone numbers for ambulance, police, fire department, etc.

REQUIREMENT 4

Use the Little League official Volunteer Application Form and check for sexual abuse.

- Information on how to utilize this benefit, as well as how to conduct background checks, can be found on the [Child Protection Program](#) page.
- Important: Anyone refusing to fill out the Volunteer Application is ineligible to be even a league member.
- [Background Checks](#) – local leagues must annually conduct a nationwide search that contains the applicable government sex offender registry data (The United States Department of Justice National Sex Offender Public Registry is free and available at www.nsopr.gov)
- Complete a Live Scan Fingerprinting.
- Mandatory Abuse Awareness Training: Annual Abuse Awareness Training, in compliance with Little League Regulation I(c)(10), is required to be conducted by every individual before assuming *any* of his/her duties for the current season. Each local league is permitted to determine which specific abuse awareness training program should be completed by their league. The free Abuse Awareness for Adults course provides resources to create a positive and safe environment for all athletes, coaches, parents, legal guardians, and umpires by understanding how to recognize misconduct and abuse of all types. Topics covered include how to identify and report incidents and what abuse awareness policies should be in place. The interactive Abuse Awareness training should take approximately 30 minutes. The training can be accessed at USABDevelops.com/page/3532/courses.

REQUIREMENT 5

Provide and require fundamentals training, with at least one coach or manager from each team attending (fundamentals including hitting, sliding, fielding, pitching, etc.).

- It is not necessary for the first aid and fundamentals training to be held before your league's Safety Plan is submitted. It is acceptable for scheduled dates/locations to be listed to meet the requirement.
- Document the date, location, and who is required to attend as well as who did attend. Intent is to provide training to ALL coaches and managers; a minimum of one participant per team must attend training annually.

- Training qualifies a volunteer for 3 years; but one team representative is still required each year to attend the training.
- High school, college or experienced league coaches can be great resources to provide the training to a league's coaches/managers.
- Break down the training to specific divisions of play, giving the needed information for Minor Leagues separate from Little League, or Juniors, Seniors, etc. Provide training appropriate to the age and skills of the players involved. Give softball and baseball specific training as needed.
- Districts can assist by providing training sessions on a district-wide basis.
- Training should be modified annually to meet the local needs of players and their facilities.

REQUIREMENT 6

Require first-aid training for coaches and managers, with at least one coach or manager from each team attending.

- It is not necessary for the first aid and training fundamentals to be held before the Safety Plan is submitted. It is acceptable for scheduled dates/locations to be listed to meet requirements.
- Due to their training and education, it is not necessary for licensed medical doctors, licensed registered nurses, licensed practical nurses and paramedics to attend first aid training in order to meet requirements; however, it is recommended that leagues utilize these professionals from their league/community to present the training.
- Other individuals who attend various outside first aid training and courses are not exempt.
- Document the date, location, and who is required to attend as well as who did attend. Again, the intent is to provide training to ALL team coaches/managers; a minimum of one participant per team must attend training annually.
- Training qualifies volunteers for 3 years, but one team representative is still needed each year.
- Mandatory CDC Concussion Heads Up Training for Youth Sports Coaches: By the end of the training, coaches will be prepared to: Describe what concussions are and how they occur. Indicate at least two short-term effects and one potential long-term effect on an athlete's physical and mental health; Recognize at least two signs and two symptoms of concussion you might observe during a practice or competition; Explain the role of youth sports coaches in determining if an athlete should be removed from the activity, and list four steps to take after a possible concussion occurs; List at least two ways youth sports coaches can contribute to promoting concussion

safety. The training can be accessed at
<https://www.train.org/cdctrain/course/1089818/>

REQUIREMENT 7

Require coaches/umpires to walk fields for hazards before use.

- Recommend leagues use form to track and document any facility issues needing to be fixed.
- Common sense activity — look for rocks, glass, holes, etc.
- Specify who is responsible for doing this — home coach, visitors, umpire, or all?

REQUIREMENT 8

Complete the annual Little League Facility Survey

- As a requirement each year, it can help leagues find and correct facility concerns.
- This data must be submitted via the [Little League Data Center](#)
- Keep a copy on file for future needs; Little League does not maintain copies of surveys.
- Excel spreadsheet and PDF available below for easy filing or recording for future use and records.

REQUIREMENT 9

Have written safety procedures for concession stand; concession manager trained in safe food handling/prep and procedures.

- Local restaurant operators are good resources for training assistance.
- Training should also cover safe use, care and inspection of equipment.

REQUIREMENT 10

Require regular inspection and replacement of equipment.

- Coaches and umpires inspect equipment before each use by players.
- Don't just discard bad equipment: destroy it or make it unusable to stop children from attempting to "save it" from waste.
- Recommend use of form to remind coaches and to track equipment needs.

REQUIREMENT 11

Implement prompt accident reporting and tracking procedures.

- Requiring accident forms be filed with safety officer within 24-48 hours of an incident is common.
- Track “near-misses” as a proactive tool to evaluate practices and avoid future injuries.
- Share information on accidents and “near-misses” with District staff.
- Forms are available below and on the [Forms & Publications page](#).

REQUIREMENT 12

Require a first-aid kit at each game and practice.

- Many leagues have a complex, but each team needs some form of first-aid kit for off-site practices or travel/tournament games.
- Local hospitals and medical supply companies are good sources.
- If necessary, fund through a special drive.

REQUIREMENT 13

Enforce Little League rules including proper equipment.

- Most Little League rules have some basis in safety — follow them.
- Ensure players have required equipment at all times, even catchers warming up during infield.
- Make sure coaches and managers enforce rules at practices as well as games.
- Make sure all fields have all bases that disengage from their anchors, as required starting in 2008.
- Remind managers, coaches they are not allowed to catch pitchers (Rule 3.09); this includes standing at backstop during practice as informal catcher for batting practice.

REQUIREMENT 14

League Player Registration Data or Player Roster Data, Coach and Manager Data

- This data must be submitted via the [Little League Data Center](#)
- Mandatory requirement for an approved ASAP plan.

REQUIREMENT 15

- This requirement requests that local leagues report their best safety practices and any recent initiatives to better the Little League experience.

- Sharing a local league's efforts to operate a safe, healthy Little League program; and the best practices used to achieve such safety goals, creates the opportunity to benefit the entire program.

REQUIREMENT 16

Qualified Safety Plan Registration Form

- Your Safety Plan will not be shown as received without this form.

ADDITIONAL RECOMMENDATIONS

17. Have team safety representatives (i.e. team parents)
18. Have player safety representatives (i.e. team safety officers)
19. Allocate part of annual budget for safety
20. Distribute ASAP News newsletters within league
21. Use local safety resources (i.e. police, fire dept., hospital staff)
22. Have league safety mission statement

TRAINING

23. Provide CPR training to coaches, managers, board members
24. Provide bicycle and traffic training to players
25. Provide drug education training to players and volunteers
26. Provide Parent Orientation Program on Code of Conduct
27. Teach coaches/managers about heat illnesses
28. Teach coaches/managers about stopping play for weather
29. Teach coaches/managers about sports fundamentals, like: Proper warm-ups, running safe practices and games
30. Involve umpires in safety training and safety importance
31. Abuse Awareness

FACILITIES AND EQUIPMENT

31. Complete annual LLB Lighting Safety Audit for lighted fields
32. Complete a long-range facility plan for safety improvements
33. Use reduced impact balls, especially for younger ages
34. Use break-away or other injury-reducing bases
35. Use warning tracks in the outfield to protect outfielders
36. Use protective/padded fence tops to protect fielders

- 37. Use fencing or netting to protect spectators from foul balls
- 38. Have a telephone available to all fields even for practices
- 39. Have back guard rails and side rails on taller bleachers
- 40. Have guidelines for safe equipment usage (i.e. no riders)
- 41. Control speed and flow of traffic in and around facilities

ACTIVITIES

- 42. Encourage league input through 'Safety Suggestion Box'
- 43. Provide continuous safety messages through Bulletin boards, newsletters, emails, meetings
- 44. Encourage and recognize safety efforts from players: Safety poster contest, safety tips, player team safety officer
- 45. Encourage use of protective cups for players, esp. infielders
- 46. Encourage use of mouth guards for players, esp. infielders
- 47. Encourage use of face guards on batting helmets
- 48. Encourage all adults to sign up for Little League Baseball E-News

Forms and Resources

Manager's Mandatory Pre-Game Check

Managers are responsible for checking all equipment prior to games.

Umpires perform a pregame walk/inspect the field.

Managers and Umpires discuss the field conditions at the pre-game meeting.

Accident/Incident Report

This information should be reported on-line to the DLL safety officer at www.davislittleleague.org

NOTE: This form is for District 64 Little League use only. When any type of accident occurs, obtain as much information as possible. Forward this sheet to your league Safety Officer or League President. The District Safety Officer will forward a copy to Little League Headquarters, and maintain a file copy.

THE REASON FOR THIS FORM IS TO ESTABLISH A RECORD OF ALL ACCIDENTS FOR LITTLE LEAGUE BASEBALL, AND TO ALLOW THE DISTRICT TO CHART EACH TYPE OF INJURY TO DETERMINE IF A TREND IS OCCURRING WHICH CAN BE CORRECTED.

For Local League Use Only**Activities/Reporting****A Safety Awareness Program's
Incident/Injury Tracking Report**

League Name: _____ League ID: ____ - ____ - ____ Incident Date: _____

Field Name/Location: _____ Incident Time: _____

Injured Person's Name: _____ Date of Birth: _____

Address: _____ Age: _____ Sex: ☐ Male ☐ Female

City: _____ State _____ ZIP: _____ Home Phone: () _____

Parent's Name (If Player): _____ Work Phone: () _____

Parents' Address (If Different): _____ City _____

Incident occurred while participating in:

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

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

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

Type of injury: _____**Was first aid required?** ☐ Yes ☐ No If yes, what: _____**Was professional medical treatment required?** ☐ Yes ☐ No If yes, what: _____

(If yes, the player must present a non-restrictive medical release prior to being allowed in a game or practice.)

Type of incident and location:

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

Please give a short description of incident: _____**Could this accident have been avoided? How:** _____

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

Prepared By/Position: _____ Phone Number: () _____

Signature: _____ Date: _____

Concussions The Davis Little League Safety Plan includes the provision of CDC-based education material on concussion awareness to team managers/coaches/parents/athletes.

IMPORTANT LINKS (Fact Sheets to Follow)

A comprehensive source of information on concussions in youth sports can be located on the CDC website: [CDC Concussion Awareness](#)

Listed Here: facts sheets for coaches, parents, officials

Enforce Safe Play. You Set the Tone for Safety.

As many as 25 percent of the concussions reported among high school athletes result from aggressive or illegal play.⁶



What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or ensure an athlete is taken to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

What Should I Do If I Think an Athlete Has a Possible Concussion?

As a coach, if you think an athlete may have a concussion, you should:

Remove the athlete from play.

When in doubt, sit them out!

Keep an athlete with a possible concussion out of play on the same day of the injury and until cleared by a health care provider.

Do not try to judge the severity of the injury yourself. Only a health care provider should assess an athlete for a possible concussion. After you remove an athlete with a possible concussion from practice or play, the decision about return to practice or play is a medical decision that should be made by a health care provider. As a coach, recording the following



Plan ahead. What should you do if you think an athlete has a concussion?

Concussions Affect Each Athlete Differently.

While most athletes with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with an athlete's parents if you notice their concussion symptoms come back after they return to play.

information can help a health care provider in assessing the athlete after the injury:

- Cause of the injury and force of the hit or blow to the head or body.
- Any loss of consciousness (passed out/knocked out) and if so, for how long.
- Any memory loss right after the injury.
- Any seizures right after the injury.
- Number of previous concussions (if any).

Inform the athlete's parent(s) about the possible concussion.

Let them know about the possible concussion and give them the HEADS UP fact sheet for parents. This fact sheet can help parents watch the athlete for concussion signs or symptoms that may show up or get worse once the athlete is at home or returns to school.

Ask for written instructions from the athlete's health care provider on return to play.

These instructions should include information about when they can return to play and what steps you should take to help them safely return to play.

A Fact Sheet for YOUTH SPORTS COACHES



One of the main jobs of a youth sports coach is keeping athletes safe. This sheet has information to help you protect athletes from concussion or other serious brain injury, learn how to spot a concussion, and know what to do if a concussion occurs.

What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How Can I Help Keep Athletes Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. As a youth sports coach, your actions create the culture for safety and can help lower an athlete's chance of getting a concussion or other serious injury. Aggressive and/or unsportsmanlike behavior among athletes can increase their chances of getting a concussion or other serious injury. Here are some ways you can help keep your athletes safe:

Talk with athletes about the importance of reporting a concussion:

- Talk with athletes about any concerns they might have about reporting their concussion symptoms. Make sure to tell them that safety comes first and you expect them to tell you and their parent(s) if they think they have a concussion.

Create a culture of safety at games and practices:

- Teach athletes ways to lower the chances of getting a concussion.
- Enforce the rules of the sport for fair play, safety, and sportsmanship.
- Ensure athletes avoid unsafe actions such as:
 - › Striking another athlete in the head;
 - › Using their head or helmet to contact another athlete;



Plan ahead. How can you help encourage concussion reporting among your athletes?

▶ Athletes May Try to Hide Concussion Symptoms

Among a group of almost 800 high school athletes:

69% reported playing with concussion symptoms.

40% of these athletes said that their coach was not aware that they had a possible concussion.¹

Athletes may be less likely to tell their coach or athletic trainer about a possible concussion during a championship game or other important event.²

- › Making illegal contacts or checking, tackling, or colliding with an unprotected opponent; and/or
- › Trying to injure or put another athlete at risk for injury.
- Tell athletes that you expect good sportsmanship at all times, both on and off the playing field.

Keep up-to-date on concussion information:

- Review your state, league, and/or organization's concussion guidelines and protocols.
- Take a training course on concussion. CDC offers concussion training at no cost at www.cdc.gov/HEADSUP.
- Download CDC's *HEADS UP* app or a list of concussion signs and symptoms that you can keep on hand.

To learn more, go to www.cdc.gov/HEADSUP



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Prevention and Control

A Fact Sheet for YOUTH SPORTS PARENTS



This sheet has information to help protect your children or teens from concussion or other serious brain injury.

What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
 - › Work with their coach to teach ways to lower the chances of getting a concussion.
 - › Emphasize the importance of reporting concussions and taking time to recover from one.
 - › Ensure that they follow their coach's rules for safety and the rules of the sport.
 - › Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. There is no "concussion-proof" helmet. Even with a helmet, it is important for children and teens to avoid hits to the head.

How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Parents

- Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (*even briefly*).
- Shows mood, behavior, or personality changes.
- Can't recall events *prior to or after* a hit or fall.

Symptoms Reported by Children and Teens

- Headache or "pressure" in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not "feeling right," or "feeling down."

Talk with your children and teens about concussion. Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious or worry that if they report a concussion they will lose their position on the team or look weak. Remind them that *it's better to miss one game than the whole season.*



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GOOD TEAMMATES KNOW:

IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.

Concussions affect each child and teen differently. While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' health care provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities.



Plan ahead.

What do you want your child or teen to know about concussion?

What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.



You can also download the CDC HEADS UP app to get concussion information at your fingertips. Just scan the QR code pictured at left with your smartphone.

What Should I Do If My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a health care provider and only return to play with permission from a health care provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's health care provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a health care provider should assess a child or teen for a possible concussion. You may not know how serious the concussion is at first, and some symptoms may not show up for hours or days. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a health care provider.



Children and teens who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect a child or teen for a lifetime. It can even be fatal.

Revised 12/2015



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Prevention and Control

To learn more, go to www.cdc.gov/HEADSUP

A Fact Sheet for YOUTH SPORTS OFFICIALS



One of the main jobs of a sports official is keeping athletes safe. This sheet has information to help you protect athletes from concussion or other serious brain injury, learn how to spot a concussion, and know what to do if a concussion occurs.

What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How Can I Help Keep Athletes Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. As a youth sports official, your actions (including strict officiating) help set the tone for safe play and can help lower an athlete's chances of getting a concussion or other serious injury. Aggressive and/or unsportsmanlike behavior among athletes can increase their chances of getting a concussion or other serious injury. Here are some ways you can help keep athletes safe:

Create a culture of safety at a game or competition:

- Enforce the rules of the sport for fair play, safety, and sportsmanship.
- Penalize athletes for unsafe actions such as:
 - › Striking another athlete in the head.
 - › Using their head or helmet to contact another athlete.
 - › Making illegal contacts or checking, tackling, or colliding with an unprotected opponent.
 - › Trying to injure or put another athlete at risk for injury.
- At the pre-game or event meeting, remind coaches to talk with athletes about concussion so that athletes feel that it is their job to report a concussion or other injury right away.

Watch out for possible concussions.

- ▶ Use injury timeouts to ensure that an athlete with a possible concussion is removed from play. When in doubt, sit them out!
- ▶ Enforce the rule that an athlete with a possible concussion cannot return to play on the same day of the injury and until seen and cleared by a health care provider.

Keep up to date on concussion information:

- Review your state, league, and/or organization's concussion guidelines.
- Take a training course on concussion. CDC offers concussion training at no cost at www.cdc.gov/HEADSUP.
- Download CDC's *HEADS UP* app or a list of concussion signs and symptoms that you can keep on hand.
- Talk with other sports officials and review game film to help learn about the ways to enforce safe and fair play.

Check out the equipment and sports facilities:

- Work with the game or event administrator to ensure the sports facilities provide a safe playing environment (e.g., remove tripping hazards, ensure goal posts have padding that is in good condition, etc.).
- When appropriate for the sport or activity, work with the game or event administrator and coach to make sure all athletes wear a helmet that fits well and is in good condition. There is no "concussion-proof" helmet, so it is important to enforce rules that protect athletes from hits to the head and when a helmet falls off during a play.



Centers for Disease
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To learn more, go to www.cdc.gov/HEADSUP

➤ Enforce Safe Play. You Set the Tone for Safety.

How Can I Spot a Possible Concussion?

Athletes who show or report one or more of the signs and symptoms listed below—or simply say they just “don’t feel right” after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Sports Officials, Parents, or Coaches

- Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (*even briefly*).
- Shows mood, behavior, or personality changes.
- Can’t recall events *prior to or after* a hit or fall.

Symptoms Reported by Athletes

- Headache or “pressure” in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not “feeling right,” or “feeling down.”

What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or ensure that an athlete is taken to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

➤ Children and teens who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect a child or teen for a lifetime. It can even be fatal.

The information provided in this fact sheet or through linkages to other sites is not a substitute for medical or professional care. Questions about diagnosis and treatment for concussion should be directed to a physician or other health care provider.



To learn more, go to www.cdc.gov/HEADSUP

You can also download the CDC **HEADS UP** app to get concussion information at your fingertips. Just scan the QR code pictured at left with your smartphone.

