

West Sugar Land Emergency Action Plan

Accident Reporting Procedures

What to Report

An incident that causes any player, manager, coach, umpire, or volunteer to receive medical treatment and/or first aid must be reported to the President or Safety Officer. This includes even passive treatments such as the evaluation and diagnosis of the extent of the injury or periods of rest.

When to Report

All such incidents described above must be reported to the President or Safety Officer within 24 hours of the incident. The President is John Trenergy and the Safety Officer is Laura Morales.

How to Make the Report

Reporting incidents can come in a variety of forms. Most typically, they are telephone conversations. At a minimum, the following information must be provided:

- name and phone number of the individual involved
- name and phone number of the person reporting the incident
- date, time, and location of the incident
- as detailed a description of the incident as possible
- a preliminary estimation of the extent of any injury

Safety Officer Responsibilities

Within 24 hours of receiving the incident report, the Safety Officer will contact the injured party or the party's parents and:

- verify the information received
- obtain any other information deemed necessary
- check on the status of the injured party; and

- in the event that the injured party required other medical treatment (i.e., Emergency Room visit, doctor's visit, etc.), a WSLLL representative will advise the parent or guardian of the WSLLL insurance coverage and the provisions for submitting any claims.

If the extent of an injury is more than minor in nature, the President/Safety Officer shall periodically call the injured party to:

- check on the status of any injuries, and
- check if any other assistance is necessary in areas such as submission of insurance forms, etc. until such time as the incident is considered closed. (i.e., no further claims are expected and/or the individual is participating in the league again).

Filing Claims with Little League Insurance

Warning: Protective equipment cannot prevent all injuries a player might receive while participating in Baseball/Softball.

West Sugar Land Little League's insurance program is designed to afford protection to all participants at the most economical cost to the local league. It is used to supplement other insurance carried under a family policy or insurance provided by parent's employer. If there is no other coverage, CNA Little League insurance, which is purchased by the league and not the parent, takes over and provides benefits, after a \$50 deductible per claim, for all covered injury treatment costs, except for the Travel Sickness Benefit, up to the maximum stated benefits.

This plan makes it possible to offer exceptional, low-cost protection with assurance to parents that adequate coverage is in force at all times during the season.

If your child sustains a covered injury while taking part in Little League Baseball or Softball, here is how the insurance works:

1. File claim initially under insurance carried by the family: Blue Cross, Blue Shield or any other insurance protection available.
2. Should your family insurance plan not fully cover the injury treatment, the Little League CNA Insurance policy will help pay the difference, after a \$50 deductible per claim, except for the Travel Sickness Benefit, up to the maximum stated benefit. This includes any deductibles or exclusions in your own insurance.
3. If your child is not covered by any family insurance, the Little League Insurance Policy becomes primary and will provide benefits for all covered injury treatment costs within Usual & Customary guidelines of CNA, after a \$50 deductible per claim, except for the Travel Sickness Benefit, up to the maximum benefit of the policy.

4. Treatment of dental injuries can extend beyond the normal 52-week period if dental work must be delayed due to physiological changes of a growing child. Benefits will be paid at the time treatment is given, even though it may be some years later. Maximum dollar benefits are \$1,500 for eligible dental treatment after the normal 52-week period subject to the \$50 per claim deductible.

We hope this brief summary has been helpful in a better understanding of an important aspect of the operation of the Little League endorsed insurance program.

Weather

Southeast Texas is recognized for its hot, humid weather, accompanied by sporadic late afternoon showers, particularly in the spring. WSLLL urges all coaches to USE COMMON SENSE. If playing conditions become unsafe, stop your practice. No practice is worth endangering the children.

Lightning and Thunder

On average, 200 people are struck and killed by lightning in the USA every year. Lightning can strike as far as 10 to 15 miles away from a storm. The average lightning strike is five to six miles long, and achieves current levels of 400 kA, temperatures of 15,000°C, and voltages in the hundreds of millions. Ground-based items such as fences, trees, blades of grass, and people emit varying degrees of induced electric activity which can act as a lightning rod.

Many people rely on the "Flash/Bang" technique (the sound of thunder will take five seconds to travel one mile) to measure their distance from lightning. You must be aware that, on average, thunder can only be heard over a distance of only three to four miles. By the time you hear thunder, you are already well within the reach of a lightning strike.

When inclement weather is close or imminent, please designate a "lightning monitor" to be aware of the lightning. If lightning is detected, please advise managers and umpires so they can stop the game immediately. Remember that only the umpire can officially stop the game due to weather.

The following lightning safety measures are strongly recommended:

When a visible lightning strike has been spotted or a thunder is heard, you should:

1. Suspend all games and practices immediately

2. Stay away from metal including fencing and bleachers
3. Get EVERYBODY to clear the outdoor facility and walk (not run) to their vehicle
4. Ensure everybody remains in their vehicle until at least 30 minutes after the last visible lightning strike. It would be best to cancel the games altogether, to eliminate risk of injury/catastrophe.
5. If park patrons refuse to leave the facilities, they do so at their own risk.
6. There will be a board member available at all scheduled league games. The board member, along with the umpire in charge, has the authority to cancel the game if risk is deemed to be too high. In the event of a short storm, for example, with only one lightning strike viewed or a thunder heard and only one 30 minute delay, the coaches, after discussion with the umpire and board member, may agree to continue this game or cancel and reschedule at a later date.
7. Allow activities to resume once given the ALL CLEAR sign.
8. If park patrons return to the facilities prior to the "All Clear" signal, they do so at their own risk.

Hot Weather

The American Academy of Dermatology estimates that children receive 80% of their lifetime sun exposure by the time they are 18 years old! Sun screen, preferably with a sun protection factor (SPF) of at least 15, should therefore always be used to protect from damaging ultra-violet light.

Encourage your players to drink water before going on, and after coming off, the field.

During day games, practice cooling measures such as ice towels, shades and misting fans in the dugout to help manage body temperature as well as using at least two catchers.

Watch for dizziness, fatigue, muscle cramps, headache and reduced concentration.

If a player looks distressed while standing in the sun, remove that player from the field and get them in the shade immediately.

If a player should collapse as a result of heat exhaustion, call 9-1-1 immediately.

Get the player to drink water, and cool them down until the emergency medical team arrives.

Health & Medical Procedures

- First Aid Kits will be furnished to each team at the beginning of the season.
- The First-Aid kit must be taken to all practices and games, and any other WSLLL event where a child's safety may be at risk.
- Contact the WSLLL Safety Officer to replenish materials in your First-Aid kit.
- Additional First-Aid kits will be available in the concession stands. Materials from these kits may not be used to replenish your team kit, but will instead only be used in emergencies.

Good Samaritan Laws

“Good Samaritan Laws” were developed to encourage people to assist in emergency situations. They give legal protection to people who act in a “reasonable and prudent” manner while providing emergency care to ill or injured persons. The laws assume a “Good Samaritan” will do their best to save a life or prevent further injury, and require common sense and a level of skill that does not exceed the individual’s scope of training.

REASONABLE AND PRUDENT actions include:

1. Know your limitations. “Good Samaritan Laws” do not apply in cases when a rescuer is grossly or willfully negligent or reckless, or when the rescuer abandons the victim after initiating care.
 - Recognize the ABC’s of emergency care (Airway, Breathing, and Circulation).
 - Determine IF the player has an adequate airway and room to breathe.
 - Determine IF the player is actively breathing on his own
 - Determine IF the player has a carotid artery pulse (gently press on the side of the neck to feel the pulse)
2. Call 9-1-1 immediately. Preferably from a cell phone near the injured person. This is the most important help you can provide. Perform whatever First-Aid you can and wait for the paramedics to arrive.
3. Attain permission to give care. You must tell the victim who you are, how much training you have, and how you plan to help. You may have to calm and soothe an excited victim. Do not provide care to a victim who refuses your offer. If the victim is an infant or child, permission must be obtained from a supervising adult. If the condition is serious, permission is implied if a supervising adult is not present. For unconscious victims, permission is implied.

4. Access the injury. Find out what happened and where it hurts. Talk to the injured player. Notice if he appears drowsy or confused.

- **DO NOT MOVE** the injured player in a situation of a head or neck injury or collapse. You take the risk of extending or worsening the injury sustained unless you are appropriately educated/skilled in managing these types of injuries.
- **DO NOT** roll over the injured player to talk to him prior to assessment of injury.
- Check the player from head to toe for signs of injury. Examine the scalp, face, ears, nose, and mouth. Look for cuts, bruises, odd bumps, or depressions. If you are not sure if something is out of shape, check it against the other side of the body.
- Look for a medical alert tag on the player's wrist or neck.
- Feel gently and carefully the injured area for signs of swelling or grating of broken bone.
- Watch for changes in consciousness and the player's breathing. Breathing that is not normal includes gasping for air; making rasping, gurgling, or whistling sounds; breathing unusually fast or slow; and breathing that is painful.
- Notice how the skin looks (reddish, bluish, ashen) and feels (with the back of your hand feel the forehead and note if damp, dry, cool, or hot.)
- Re-ask the player about the areas that hurt, and request they move each part of the body that doesn't hurt.
- Ask the player to shrug their shoulders, take deep breaths (for chest and abdomen), move fingers, hands, arms, hips and legs. Watch the victim's face, and listen for signs of pain.
- If, after the head to toe check, there are no other signs of injury and the player can move their body without pain, have them rest sitting up.
- When the player feels ready, help them stand up.

Checking an Unconscious Player

IMPORTANT CONSIDERATIONS

- DO NOT MOVE THE PLAYER FROM HIS POSITION UNLESS YOU ARE SKILLED IN MANAGING POTENTIAL NECK INJURIES.
- ASSUME ALL UNCONSCIOUS PERSONS HAVE A NECK INJURY UNTIL PROVEN OTHERWISE.
- IF IT HAS BEEN DETERMINED THAT THE NECK IS STABLE, AND THE PLAYER IS EITHER ALREADY LYING ON BACK OR SAFELY PUT INTO A POSITION ON HIS BACK TO ACCESS HIS AIRWAY, YOU MAY INITIATE THE FOLLOWING STEPS:

1. Check Responsiveness: Approach the player and speak loudly to see if they respond. Use their name. If there is no response, gently shake their shoulder to see if they react.
2. Assess Breathing: Look, listen and feel – check for breathing by observing the chest for movement, listening for breath sounds, and feeling for air on your cheek. This should be done for no more than 10 seconds. If the player is not breathing, call emergency services immediately and prepare to perform CPR if trained to do so.
3. Call for help: If the player is unresponsive and not breathing, call 911 right away. Provide clear information about the situation and follow any instructions given by the dispatcher.

Do not move the player if you suspect a spinal injury unless they are in immediate danger. Stabilize their head and neck until help arrives.

4. Position the Player: If the person is unconscious but breathing, place them in the recovery position- roll them onto their side, ensuring their head is tilted back to keep air way open. This helps prevent choking and keeps the airway clear.
5. Monitor Vitals: Keep an eye on their breathing and pulse until help arrives. If their condition changes (e.g., they stop breathing), be prepared to performed CPR.

NEGLIGENT AND RECKLESS actions include:

Moving a player - Moving an injured player may cause additional harm to a spinal cord injury.

Transporting an injured player to hospital- A professionally trained emergency response team will arrive of your 9-1-1 call. Transporting an injured player by yourself will only delay receipt of professional help.

Administer medications. This should only be done by a parent or legal guardian.

Provide food or beverage (other than water).

Hesitate giving aid.

Concussion Protocol

A concussion is a type of traumatic brain injury that can have a serious effect on a young, developing brain. While most children and teens with a concussion recover quickly and fully, some will have concussion symptoms that last for days, weeks, or even months. Not giving the brain enough time to heal after a concussion can be dangerous. A repeat

concussion that occurs before the brain heals from the first, usually within a short amount of time (hours, days, weeks), can slow recovery or increase the chances for long-term health problems. These may include changes in how the child thinks, feels, and acts, as well as their ability to learn and remember. While rare, a repeat concussion can result in brain swelling or permanent brain damage. It can even be fatal. (www.cdc.gov/concussion)

In an effort to protect our players, West Sugar Land Little League utilizes a two-step concussion policy. This policy includes educating our volunteers and families about concussions, removing the athlete from play when a concussion is suspected and obtaining medical permission for the athlete's return to play.

Removing the Player – If a player is suspected of sustaining a concussion or other head injury during practice or a game, the child must be immediately removed from the athletic activity for the remainder of the day. If a child is removed from athletic activity due to a suspected concussion, the team manager or other WSLLL representative shall notify a parent or a guardian of that athlete, of the time of the injury, the symptoms observed and any treatment provided to the athlete for the injury.

CONCUSSION SIGNS

- *Nausea*
- *Ringing of the ears*
- *Blurred vision*
- *Sensitivity to light*
- *Sudden onset of headaches*

Permission to Return to Play – If an athlete is removed from athletic activity by a WSLLL representative, or if the child's team manager is made aware of the fact the athlete suffered a concussion unrelated to WSLLL activities, the athlete shall not be permitted to return to athletic activity associated with WSLLL until being evaluated by, and receiving written clearance to return to athletic activity from, a licensed healthcare provider. If it is determined by a licensed healthcare provider that the athlete sustained a concussion, the player shall be required to complete a graduated return to play protocol of not less than seven (7) days in duration under the supervision of a licensed health care provider.

We encourage all parents and coaches to visit www.cdc.gov/headsup for additional information and training on symptoms and treatment plans for concussions.