

Tigard Little League 2011 Safety Manual

*For Managers, Coaches, Players, and
Parents*



Play Hard, Play Safe, Play Ball!



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“Safety is Everyone's Responsibility”

Tigard Little League's highest priority is for the safety of our kids. Prevention is the key to reducing accidents. At Tigard Little League we are committed to encouraging and providing a safe environment. In order to succeed we need your commitment to become our *Safety Advocates* for Tigard Little League.

Tigard Little League is actively participating in Little League's A Safety Awareness Program (ASAP), whose mission is "to create awareness, through education and information, of the opportunities to provide a safer environment for kids and all participants of Little League Baseball."

The purpose of this manual is to provide important safety information to Tigard Little League. While specifically written for Managers, and Coaches the information contained in this document can be a useful resource for all participants of Tigard Little League. Please take the time to review this manual in its entirety.

We request your assistance, and guidance in making Tigard Little League a great program. If you have any concerns, or suggestions for improvement, please contact us at our Tigard Little League Hotline: 503-968-2255. For additional information visit our website at www.tigardll.org.

We want to hear from you!

Thank you for your commitment to Tigard Little League.

Tigard Little League Board



Requirement 1 – Active Safety Officer

Tigard Little League (TLL) has an active safety officer – Jason Goetz. The safety officer is a member of the Board of Directors. Contact information is below.

Requirement 2 – Distribute a Safety Manual

The Tigard Little League Safety Manual is available on line at www.tigardll.org and is included in the Tigard Little League player development manual.

Requirement 3 – Post board and emergency numbers

All managers and coaches shall use “911” for all on field emergencies requiring fire, police, or ambulance. Managers and coaches shall keep player emergency contact information with them at all times. Tigard police non-emergency number is: 503-629-0111

NAME	POSITION	PHONE NUMBER
Brad Pittmon	League President	(503) 805-1252
Darrell Ahl	Baseball Vice President	(503) 709-3880
Frank Redfern	Softball Vice President	(503) 830-4982
Jason Goetz	Safety Officer	(503) 961-5202

2011 Tigard Little League Board Officers

Board Positions	Name	Email Address
President	Brad Pittmon	brad.pittmon@tigardll.org
Vice President - Baseball	Darrell Ahl	darrell.ahl@tigardll.org
Vice President - Softball	Frank Redfern	frank.redfern@tigardll.org
Vice President Developmental Baseball	Garry Heinke	garry.heinke@tigardll.org
Player Agent - Baseball (Majors/AAA/AA)	Kim Kelleher	kim.kelleher@tigardll.org
Player Agent - Pee Wee/A	Lily Christensen	lily.christensen@tigardll.org
Player Agent - Softball	Steven Dardis	steven.dardis@tigardll.org
Information Officer/Webmaster	Jim Macfarlane	jim.macfarlane@tigardll.org
Umpire Coordinator - Softball	Debbie Vollstedt	debbie.vollstedt@tigardll.org
Secretary	Kim Kelleher	kim.kelleher@tigardll.org
Treasurer	Jody McGinley	jody.mcginley@tigardll.org
Director-at-Large - Softball	Richard Riggs	richard.riggs@tigardll.org



Safety Officer	Jason Goetz	jason.goetz@tigardll.org
Equipment Coordinator - Baseball	Rick Gerkman	rick.gerkman@tigardll.org
Equipment Coordinator - Softball	Carl Kemp	carl.kemp@tigardll.org
Fields Maintenance - Baseball	Tony Cavalli	tony.cavalli@tigardll.org
Fields Maintenance - Softball	Ben Hoover	ben.hoover@tigardll.org
Uniform Coordinator - Baseball	Sonja Woodhouse	sonja.woodhouse@tigardll.org
Uniform Coordinator - Softball	Jennifer Klum	jennifer.klum@tigardll.org
Team Parent Coordinator	Michelle Even	michelle.even@tigardll.org
Sponsorship Coordinator	Aaron Smith	aaron.smith@tigardll.org

Requirement 4 – Use Little League Volunteer Application Form and Check for Sex Abuse

TLL uses the Little League International Volunteer Application Form (online) and checks for sex abuse history as well as criminal background. TLL 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 must fill out an application form as well as provide a government issued photo identification card for ID verification. TLL conducts a search of the appropriate governmental entity of the nationwide sex offender registry on all volunteer applications received through LexisNexis® Screening Solutions. Anyone refusing to fill out a volunteer application is ineligible to be a league member. The league president is required to retain these confidential forms for one year of service.

Requirement 5 – Provide Fundamentals Training

5.1 Current

Tigard Little League conducts coaches' clinics in February (Feb 27, 2011) prior to each season. In addition, some Tigard Little League coaches recently attended a clinic held in conjunction with the Friends of Baseball conference held in January, 2011. Managers and coaches will be trained on hitting, sliding, fielding and pitching fundamentals. Managers and coaches are periodically provided with many brochures and are encouraged to participate in other clinics.

5.2 Future

TLL continuously notifies coaches of local coaches' clinics provided by private vendors, high schools and local universities.

Requirement 6 – Require First Aid Training

Basic first aid training is covered in the Tigard Little League annual coach's meeting prior to the season starting.



Requirement 7 – Walk Fields for Hazards Prior to Play

7.1 Fields

Coaches and umpires are required to walk the fields for hazards before use. Rain/Mud- Playing on muddy fields with wet equipment places the players at risk and creates ruts and holes that can be a hazard. When in doubt reschedule the game.

7.2 Weather Conditions

Lightning- Halt play and evaluation should occur if 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. Encourage players to drink small amounts frequently. Any player exhibiting signs of heat related illness (cramps, fatigue, light headedness, nausea, vomiting or headache), should be removed from the game, placed in the shade, and re-hydrated. If symptoms do not respond immediately, seek prompt medical aid.

Rain/Mud- Playing on muddy fields with wet equipment places the players at risk and creates ruts and holes that can be a hazard. When in doubt reschedule the game.

7.3 Players

Jewelry- Players are not allowed to wear jewelry, except for medi-alert bracelets or necklaces.

Uniforms- Uniforms must be in good repair.

Equipment- Equipment must be in good repair.

On-Deck Circle- On-deck circle is NOT allowed.

Pitcher- Pitchers warming up in an area subject to foul balls should have a spotter with helmet and glove.

7.4 Spectators

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

Foul Territory- Spectators in foul territory are to remain alert and well back from the field of play.

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.

Requirement 8 – Complete Annual Little League Field Survey

TLL does not own, operate or maintain any of fields that are used for league functions. TLL works in conjunction with the City of Tigard and the Tualatin/Tigard School District to ensure the fields and facilities are in good working and safe condition. The annual little league field survey is completed prior to practices starting each year.

Requirement 9 – 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 41° F or below (if cold) or 140° F or above (if hot). Ground beef and ground pork products should be cooked to an internal temperature of 155° F, poultry parts should be cooked to 165° F. Most foodborne illnesses from temporary events can be traced back to lapses in temperature control.

Reheating

Rapidly reheat potentially hazardous foods to 165° 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 41° 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 foods to remain unrefrigerated for too long has been the number ONE cause of foodborne illness.

Hand Washing

Frequent and thorough hand washing remains the first line of defense in preventing foodborne 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

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 foodborne illness.

Wiping Cloths

Rinse and store your wiping cloths in a bucket of sanitizer (example: 1 gallon of water and 1/2 teaspoon of chlorine bleach). Change the solution every two hours. Well sanitized 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.

Requirement 10 – Inspect and Replace Equipment

TLL's 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 appropriate Equipment Management

Inspection- Inspect equipment regularly and make sure it fits properly.

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

Pitchers Warm-Up - Catchers must wear catcher's helmet, mask, throat protector, shin guards, long model check protector, and protective cup when warming up pitchers.

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

Face Guards/Cups- Parents should be encouraged to provide mouth guards and cups for their children.

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

Requirement 11 – Implement Accident Reporting Procedures

The Safety Officer will keep a record of all accident reports. See accident report on last page of this document. Accident reports shall be submitted within 48 hours of the incident to jason.goetz@tigardll.org. See Appendix A

Accident Procedure

- Administer First Aid to the level of your training. Call 911 if necessary.
- Reassure the injured party and spectators.
- Contact the injured part's parent or guardian. If unavailable, contact the emergency contact listed on the registration form.
- Control the crowd.
- 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.
- Consult your First Aid Booklet for return to play guidelines. Any injury requiring professional medical care will need a physician's clearance prior to returning to play. Contact your league Safety Officer by phone within 24 hours of the incident.

Communicable Diseases (additional information Appendix C)

- Bleeding must be stopped, open wounds covered, and the uniform changed if there is blood on it before the athlete may return to play.
- Use gloves when coming in contact with blood or body fluids. Gloves are provided in all First Aid kits.

- Immediately wash hands with soap and other skin surfaces contaminated with blood.
- Clean blood contaminated surfaces and equipment.
- Store blood or body fluid contaminated uniforms or gear in plastic bags for thorough cleaning at home.
- Place all blood and body fluid contaminated First Aid equipment (i.e. bloody gloves, bloody dirt, etc) in a zip-lock bag. Seal the bag and throw it into a trash can. Zip-lock bags are provided in all First Aid kits.
- Managers, coaches, and volunteers with open wounds should refrain from all direct contact until condition is resolved.

Requirement 12 – First Aid kits at games

First Aid kits are to be distributed to all managers and coaches when they received their equipment. Every manager and coach is required to have in their possession a first aid kit at all times. The Safety Officer is responsible for the coordination of the safety equipment. The Safety Officer is responsible to make sure that every manager and coach has a first aid kit which is fully stocked. The Safety Officer is responsible for re-supplying the first aid kits when needed.

Requirement 13 – Enforce Little League Rules Including Equipment

Managers, coaches, and umpires should be thoroughly familiar with the current Little League Rule Book.

The TLL Board of Directors is responsible for enforcing the existing little league 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 Tigard Little League;
4. The offending party's team may be caused to forfeit a game or games;

Enforcement of little league rules is the responsibility of every participant and the Board will enforce its rules if violated.

See Appendix B for Tigard League Safety Code.

See Appendix D for umpire information.

Parents Role in Safety

Most of the existing Little League 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 or softball with your children. Here are a few examples of our District's rules.

Complete a Medical Release 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.

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!

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

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

Have your child eat a snack before practice or games; hungry ball players don't concentrate well

Routinely check your child's equipment for safety concerns.

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

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

Golden Rules

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.

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 event

Tigard Little League Accident Reporting Form

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

B) T-Ball Coach Pitch Single A Double AA Triple AAA Majors (9-12)

C) Tryout Practice Game Tournament Special Event

Travel to Travel from Other (Describe): _____

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

D) Batter Baserunner Pitcher Catcher First Base Second

Third Short Stop Left Field Center Field Right Field Dugout

Umpire Coach/Manager Spectator Volunteer Other : _____

Type of injury: _____

Was first aid required? Yes No If yes, what: _____

Was professional medical treatment required? Yes No If yes, what: _____

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

Type of incident and location:

A) On Primary Playing Field B) Adjacent to Playing Field D) Off Ball Field

Base Path: Running *or* Sliding Seating Area Travel:

Hit by Ball: Pitched *or* Thrown *or* Batted Parking Area Car *or* Bike

Collision with: Player *or* Structure C) Concession Area *or* Walking

Grounds Defect Volunteer Worker League Activity

Other: _____ Customer/Bystander Other: _____

Please give a short description of incident:

Could this accident have been avoided? How: _____

This form is for Little League purposes only, to report safety hazards, unsafe practices and/or to contribute positive ideas in order to improve league safety. When an accident occurs, obtain as much information as possible.

Prepared By/Position: _____ Phone Number: _____

Signature: _____ Date: _____



Tigard Little League 2011 Safety Code

1. Arrangements should be made in advance of all games and practices for emergency medical services.
2. Managers, Coaches, and umpires should have some training in First-Aid. First-Aid Kits should be available at the field.
3. No games or practices should be held when weather or field conditions are not good particularly when lighting is inadequate. If the surrounding street lights are on, it is probably too dark to continue playing, and the game should be called.
4. Play area should be inspected frequently for holes, damage, stones, glass, and other foreign objects.
5. Dugouts and bat racks should be positioned behind screens.
6. Only players, Managers, Coaches, and umpires are permitted on the playing field during play and practice sessions.
7. Responsibility for keeping bats and loose equipment off the field of play should be that of a regular player assigned for this purpose.
8. Procedure should be established for retrieving foul balls batted out of the playing area.
9. During practice sessions and games, all players should be alert and watching the batter on each pitch.
10. During warm-up drills, players should be spaced so that no one is endangered by wild throws or missed catches.
11. Equipment should be inspected regularly. Make sure it fits properly.
12. Batters must wear protective NOCSAE helmets during batting practice, as well as during games.
13. Catchers must wear a catcher's helmet (with face mask and throat guard), chest protector, and shin guards. Male catchers must wear long-model chest protector, protective supporter, and cup at all times.
14. All male players must wear athletic supporters. We strongly recommend that all male players wear cups as well.
15. Except when a runner is returning to a base, headfirst slides are not permitted.
16. During sliding practice, bases should not be strapped down.
17. At no time should "horse play" be permitted on the playing field.



18. Parents of players who wear glasses should be encouraged to provide "safety glasses" with an elastic retaining strap.
19. Players must not wear watches, rings, pins, jewelry, or other metallic items.
20. Catchers must wear full gear and a protective cup in warming up pitchers. This applies during practice, between innings, and in the bullpen.
21. Batting/catcher's helmets should not be painted unless approved by the manufacturer.
22. Regulations prohibit on-deck batters. This means no player should handle a bat, even while in an enclosure, until it is his/her time at bat.
23. Players who are ejected, ill, or injured should remain under supervision until released to the parent or guardian.
24. No metal pitching toe should be worn.
25. Baseball shoes with rubber cleats molded to the sole, tennis, or gym shoes are authorized.
26. Do not allow players to throw bats or helmets.
27. Report all injuries to the Tigard Little League Safety Officer.

Tigard Little League 2011 Communicable Disease Procedures

These procedures, also printed in each of the Official Regulations and Playing Rules, 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 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. Follow acceptable guidelines in the immediate control of bleeding and when handling bloody dressings, mouth-guards, and other articles containing body fluids.



Umpires

In our league, the umpires are furnished from a pool of league volunteers and paid youth. As Little League rules dictate, they are in complete control of what happens on the field. Umpires play an important role in safety. Umpire training is essential to the safety of the players, managers & coaches, spectators, and other umpires. A Tigard Little League Umpires clinic will be held during the preseason to teach the proper skills to anyone who is interested in umpiring. The following is a list of topics the clinic will cover.

- Umpires must be fair, impartial, and consistent. All trained Umpires will go away from training with a good understanding of the rules.
- Proper positioning (and rotation) in the field to avoid obstructing play or getting injured.
- Basic rules of baseball, and interpretations of commonly misunderstood rules.
- Safety violations.
- Pre-game procedures.
- Walk the field for foreign objects, holes and any hazards that might cause injury. Ensure installation of disengage-able bases.
- Inspect equipment for any safety violations prior to the start of any game.

Facility and Field Inspection Checklist

Facility Name _____

Inspector _____

Date _____ Time _____

- Holes, damage, rough or uneven spots
- Slippery Areas, long grass
- Glass, rocks and other debris & foreign objects
- Damage to screens, fences edges or sharp fencing
- Unsafe conditions around backstop, pitchers mound
- Warning Track condition
- Dugouts condition before and after games
- Make sure telephones are available
- Area's around Bleachers free of debris
- General Garbage clean-up
- Who's in charge of emptying garbage cans
- Conditions of restrooms and restroom supplies
- Concession Stand inspection

NOTES/ HAZARDS

Signature _____

Concussion Awareness

THE FACTS

- A concussion is a brain injury.
- All concussions are serious.
- Concussions can occur without loss of consciousness.
- Concussions can occur in any sport.
- Recognition and proper management of concussions when they first occur can help prevent further injury or even death.

WHAT IS A CONCUSSION?

A concussion is an injury that changes how the cells in the brain normally work. A concussion is caused by a blow to the head or body that causes the brain to move rapidly inside the skull. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious. Concussions can also result from a fall or from players colliding with each other or with obstacles, such as a goalpost, even if they do not directly hit their head.

The potential for concussions is greatest in athletic environments where collisions are common. Concussions can occur, however, in any organized or unorganized sport or recreational activity. As many as 3.8 million sports and recreation-related concussions occur in the United States each year.

RECOGNIZING A POSSIBLE CONCUSSION

To help recognize a concussion, you should watch for the following two things among your athletes:

1. A forceful blow to the head or body that results in rapid movement of the head. -and-
2. Any change in the athlete’s behavior, thinking, or physical functioning. (See the signs and symptoms of concussion.)

SIGNS AND SYMPTOMS

Signs observed by coaching staff

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets sports plays
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)

- Shows behavior or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

Symptoms Reported By Athlete

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Does not "feel right"

Athletes who experience any of these signs or symptoms after a bump or blow to the head should be kept from play until given permission to return to play by a health care professional (see Licensed Health Care Provided list below) with experience in evaluating for concussions. Signs and symptoms of concussion can last from several minutes to days, weeks, months, or even longer in some cases.

Remember, you can't see a concussion and some athletes may not experience and/or report symptoms until hours or days after the injury. If you have any suspicion that your athlete has a concussion, you should keep the athlete out of the game or practice.

PREVENTION AND PREPARATION

As a coach, you can play a key role in preventing concussions and responding to them properly when they occur. Here are some steps you can take to ensure the best outcome for your athletes and the team:

- Educate athletes and parents about concussion. Talk with athletes and their parents about the dangers and potential long-term consequences of concussion. Explain your concerns about concussion and your expectations of safe play to athletes, parents, and assistant coaches. Pass out the concussion fact sheets for athletes and for parents at the beginning of the season and again if a concussion occurs.
- Insist that safety comes first.
 - Teach athletes safe playing techniques and encourage them to follow the rules of play.
 - Encourage athletes to practice good sportsmanship at all times.

- Make sure athletes wear the right protective equipment for their activity (such as shin guards). Protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
- Review the athlete fact sheet with your team to help them recognize the signs and symptoms of a concussion.
- Teach athletes and parents that it's not smart to play with a concussion. Sometimes players and parents wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don't let athletes persuade you that they're "just fine" after they have sustained any bump or blow to the head. Ask if players have ever had a concussion.
- Prevent long-term problems. A repeat concussion that occurs before the brain recovers from the first—usually within a short period of time (hours, days, or weeks)—can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in brain swelling, permanent brain damage, and even death. This more serious condition is called second impact syndrome.^{4,5} Keep athletes with known or suspected concussion from play until they have been evaluated and given permission to return to play by a health care professional with experience in evaluating for concussion. Remind your athletes: "It's better to miss one game than the whole season."

ACTION PLAN

WHAT SHOULD A COACH DO WHEN A CONCUSSION IS SUSPECTED?

1. Remove the athlete from play. Look for the signs and symptoms of a concussion if your athlete has experienced a bump or blow to the head. Athletes who experience signs or symptoms of concussion should not be allowed to return to play. When in doubt, keep the athlete out of play.
2. Ensure that the athlete is evaluated right away by an appropriate health care professional. Do not try to judge the severity of the injury yourself. Health care professionals have a number of methods that they can use to assess the severity of concussions. As a coach, recording the following information can help health care professionals in assessing the athlete after the injury:
 - Cause of the injury and force of the hit or blow to the head
 - Any loss of consciousness (passed out/knocked out) and if so, for how long
 - Any memory loss immediately following the injury
 - Any seizures immediately following the injury
 - Number of previous concussions (if any)
3. Inform the athlete's parents or guardians about the possible concussion and give them the fact sheet on concussion. Make sure they know that the athlete should be seen by a health care professional experienced in evaluating for concussion.
4. Allow the athlete to return to play only with permission from a health care professional with experience in evaluating for concussion. A repeat concussion that occurs before

the brain recovers from the first can slow recovery or increase the likelihood of having long-term problems. Prevent common long-term problems and the rare second impact syndrome by delaying the athlete's return to the activity until the player receives appropriate medical evaluation and approval for return to play.

Licensed Health Care Providers

What licensed health care providers are trained in the evaluation and treatment of concussions/brain injuries and authorized to allow the athlete to return to play?

- Medical Doctors (MD)
- Doctor of Osteopathy (DO)
- Advanced Registered Nurse Practitioner (ARNP)
- Physicians Assistant (PA)
- Licensed Certified Athletic Trainers (ATC)

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours.

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports/>

As a condition of managing or coaching I have read the manager and coaches training information and will follow with practices on Concussions and Head Injuries, including educating my parents and players. I will also comply with all my league's policies regarding Concussions and Head Injuries. I will sit a player out when in doubt and not allow that player to return to practice or a game until cleared by professional medical personnel.

Manager/Coach Name Printed

Manager/Coach Signature Date

