



# Sunnyvale Little League

## Safety Manual

Revised February 12, 2019

## **SUNNYVALE LITTLE LEAGUE SAFETY MANUAL**

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## **SLL Policy:**

The policy of Sunnyvale Little League (SLL) is to provide a positive, safe sports experience to all children playing in the league. SLL is committed to support the growth, development and success of all players in a safe environment. SLL has an active safety officer on file with Little League International. Sunnyvale Little League's Safety Officer for 2019 is Cheryl Christianson.

## **Safety Code:**

It is imperative that the league provides a safe environment for everyone involved in baseball. Managers and Coaches must enforce the Little League safety rules at all practices as well as games. However, in order to create and maintain a safe environment, we require the help from all of you: Managers, Coaches, Administrators, snack shack staff, and all SLL volunteers.

We request your help by following the instructions in this manual. The 2019 SLL Safety Manual will be distributed to all Managers and Coaches and will be maintained in common areas and on the SLL website. A copy of this manual will be sent to the District Safety Officer, currently Sharon Zolezzi. This manual is also available upon request to all SLL parents and players. The SLL Board of Directors reviews and approves the Safety Manual at the February Board Meeting.

## **Emergency Procedures:**

In the event of an accident please make sure that you as the Manager or Coach stay calm and tend to the injured player. It is only natural for the other team members to run to the injured player. In the best interest of the injured player and to help enable you to provide proper care please instruct all other players to go back to their respective positions.

### **In case of a minor injury:**

Apply the cold pack to the area that was injured.

In case of a minor cut, apply the antibiotic ointment and cover the area with a Band Aid.

### **In case of a serious injury:**

Stay with the injured player and provide comfort until medical attention is there.

***If necessary: Call 911 from any landline telephone, payphone or cell phone.***

*Note: In Sunnyvale and neighboring communities most cell phones will route to the 911 center of the community from which the call is being placed, however a large number of 911 cell calls will be answered by the California Highway Patrol (CHP) at a remote dispatch center. If this happens, immediately and calmly inform the call taker of the location and nature of the emergency. The dispatcher will quickly route your call to the appropriate public safety agency*

When reporting a medical emergency, most dispatch centers will ask you for information in a prescribed order. Answer all questions succinctly. An ambulance will be dispatched and the call taker will provide you with first aid instructions.

Sunnyvale DPS (Police, Fire & Ambulance) can be called directly at (408) 736-6244. This is a direct emergency phone number into the 911 center answered second only to 911. Managers, Coaches and League Officials may wish to program this number into their cell phones.

Local Medical Care:

**Emergency Room**

El Camino Hospital  
2500 Grant Road  
Mountain View, CA  
650--940--7055

**Urgent Care**

Palo Alto Medical Foundation  
701 E. El Camino Real 2nd floor  
Mountain View, CA  
650-934-7800 (Urgent Care)

Criminal or Security issues:

Sunnyvale DPS

Answering Point (408) 730-7100 (non---emergency)

Dispatch (408) 730-7180 or (408) 730-7181 (non-emergency)

**Emergency: 911**

For more detailed emergency information please refer to **Appendix A “Basic Medical Injuries – How You Can Help”**

For other reference material visit the Little League’s web site:

<http://www.littleleague.org/forms&publications/ASAP>

Note to Safety Director:

Obtain copies of the above manual for distribution to all Managers. The manual can be ordered from Little League Headquarters at Williamsport, by going on the web at <http://www.littleleague.org>, email [asap@musco.com](mailto:asap@musco.com), or call (570) 326-1921.

First Aid Training for Managers and Coaches:

Managers and Coaches will be provided with first aid and emergency training before the season begins. The 2019 year will offer first aid and emergency training. The 2019 SLL Safety Officer (also a Registered Nurse) will provide first aid & emergency training at the managers meeting on *February 25, 2019*. **All Managers and Coaches are required to attend at least once every three years and a representative from each team is required to attend every year; however every Manager and Coach is encouraged to attend regardless of their last date of attendance. In addition, Managers must attend a mandatory manager's meeting with SLL which includes review of safety issues with the Safety Director and the Umpire in Chief.**

### Accident Reporting Procedures:

The Little League organization is constantly looking into ways to improve the safety of everyone. To facilitate this effort, we must provide them with the details of any accident. The Manager is responsible for completing the Incident/Injury Tracking form and giving it to the Safety Director, Cheryl Christianson, within 48 hours of an accident. Players who are injured during a game and leave to seek medical attention need a release from a doctor before they play in the next game. Managers are requested to track "near misses" as a proactive tool to avoid future potential accidents and injuries. The accident form is available in the following locations:

-The Little League website

[http://www.littleleague.org/Assets/forms\\_pubs/asap/AccidentClaimForm.pdf](http://www.littleleague.org/Assets/forms_pubs/asap/AccidentClaimForm.pdf)

-The equipment shed near the fields where the game is being played

-SLL Website: <http://www.sunnyvalelittleleague.com>

Under Safety/Sunnyvale Little League Accident Reporting Procedures

-The SLL Snack Shack

-Safety Director: Cheryl Christianson (408 821-2998); [cheryl.christianson408@gmail.com](mailto:cheryl.christianson408@gmail.com)



## LITTLE LEAGUE® BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM INSTRUCTIONS

Send Completed Form To:  
Little League, International  
539 US Route 15 Hwy, PO Box 3485  
Williamsport PA 17701-0485  
Accident Claim Contact Numbers:  
Phone: 570-327-1674

Accident & Health (U.S.)

1. This form must be completed by parents (if claimant is under 19 years of age) and a league official and forwarded to Little League Headquarters within 20 days after the accident. A photocopy of this form should be made and kept by the claimant/parent. Initial medical/dental treatment must be rendered within 30 days of the Little League accident.
2. Itemized bills including description of service, date of service, procedure and diagnosis codes for medical services/supplies and/or other documentation related to claim for benefits are to be provided within 90 days after the accident date. In no event shall such proof be furnished later than 12 months from the date the medical expense was incurred.
3. When other insurance is present, parents or claimant must forward copies of the Explanation of Benefits or Notice/Letter of Denial for each charge directly to Little League Headquarters, even if the charges do not exceed the deductible of the primary insurance program.
4. Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan.
5. Limited deferred medical/dental benefits may be available for necessary treatment incurred after 52 weeks. Refer to insurance brochure provided to the league president, or contact Little League Headquarters within the year of injury.
6. Accident Claim Form must be fully completed - including Social Security Number (SSN) - for processing.

League Name			League I.D.		
Name of Injured Person/Claimant			SSN	Date of Birth (MM/DD/YY)	Age
Name of Parent/Guardian, if Claimant is a Minor			Home Phone (Inc. Area Code)	Bus. Phone (Inc. Area Code)	
Address of Claimant			Address of Parent/Guardian, if different		

The Little League Master Accident Policy provides benefits in excess of benefits from other insurance programs subject to a \$50 deductible per injury. "Other insurance programs" include family's personal insurance, student insurance through a school or insurance through an employer for employees and family members. Please CHECK the appropriate boxes below. If YES, follow instruction 3 above.

Does the Insured Person/Parent/Guardian have any insurance through:

Employer Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	School Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No
Individual Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dental Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No

Date of Accident	Time of Accident	Type of Injury
	<input type="checkbox"/> AM <input type="checkbox"/> PM	

Describe exactly how accident happened, including playing position at the time of accident:

Check all applicable responses in each column:

- |   |   |   |   |   |
|---|---|---|---|---|
| <input type="checkbox"/> BASEBALL         | <input type="checkbox"/> CHALLENGER (4-18)            | <input type="checkbox"/> PLAYER               | <input type="checkbox"/> TRYOUTS          | <input type="checkbox"/> SPECIAL EVENT (NOT GAMES)  |
| <input type="checkbox"/> SOFTBALL         | <input type="checkbox"/> T-BALL (4-7)                 | <input type="checkbox"/> MANAGER, COACH       | <input type="checkbox"/> PRACTICE         | <input type="checkbox"/> SCHEDULED GAME   |
| <input type="checkbox"/> CHALLENGER       | <input type="checkbox"/> MINOR (8-12)                 | <input type="checkbox"/> VOLUNTEER UMPIRE     | <input type="checkbox"/> TRAVEL TO        | <input type="checkbox"/> SPECIAL GAME(S) (Submit a copy of your approval from Little League Incorporated) |
| <input type="checkbox"/> TAD (2ND SEASON) | <input type="checkbox"/> LITTLE LEAGUE (9-12)         | <input type="checkbox"/> PLAYER AGENT         | <input type="checkbox"/> TRAVEL FROM      |   |
|   | <input type="checkbox"/> INTERMEDIATE (50/70) (11-13) | <input type="checkbox"/> OFFICIAL SCOREKEEPER | <input type="checkbox"/> TOURNAMENT       |   |
|   | <input type="checkbox"/> JUNIOR (12-14)               | <input type="checkbox"/> SAFETY OFFICER       | <input type="checkbox"/> OTHER (Describe) |   |
|   | <input type="checkbox"/> SENIOR (13-18)               | <input type="checkbox"/> VOLUNTEER WORKER     |   |   |
|   | <input type="checkbox"/> BIG (14-18)                  |   |   |   |

I hereby certify that I have read the answers to all parts of this form and to the best of my knowledge and belief the information contained is complete and correct as herein given.

I understand that it is a crime for any person to intentionally attempt to defraud or knowingly facilitate a fraud against an insurer by submitting an application or filing a claim containing a false or deceptive statement(s). See Remarks section on reverse side of form.

I hereby authorize any physician, hospital or other medically related facility, insurance company or other organization, institution or person that has any records or knowledge of me, and/or the above named claimant, or our health, to disclose, whenever requested to do so by Little League and/or National Union Fire Insurance Company of Pittsburgh, Pa. A photostatic copy of this authorization shall be considered as effective and valid as the original.

Date	Claimant/Parent/Guardian Signature (In a two parent household, both parents must sign this form.)
Date	Claimant/Parent/Guardian Signature

## Directory of 2019 Board Members:

<b><u>President:</u></b>	<a href="mailto:president@sunnyvalelittleleague.com">president@sunnyvalelittleleague.com</a> Mike Lee	408-601-8857
<b><u>Vice Presidents:</u></b>	<a href="mailto:vicepresident@sunnyvalelittleleague.com">vicepresident@sunnyvalelittleleague.com</a> Dave Willis	408-605-3793
<b><u>Safety Director:</u></b>	<a href="mailto:cheryl.christianson408@gmail.com">cheryl.christianson408@gmail.com</a> Cheryl Christianson	408-821-2998
<b><u>Umpire in Chief:</u></b>	<a href="mailto:chiefumpire@sunnyvalelittleleague.com">chiefumpire@sunnyvalelittleleague.com</a> Cody Thompson	
<b><u>Player Agents:</u></b>		
General:	Tim Su	<a href="mailto:playeragent@sunnyvalelittleleague.com">playeragent@sunnyvalelittleleague.com</a>
Upper:	Nolan Duong	<a href="mailto:playeragent.upper@sunnyvalelittleleague.com">playeragent.upper@sunnyvalelittleleague.com</a>
Lower Division:	Aku Patel	<a href="mailto:playeragent.lower@sunnyvalelittleleague.com">playeragent.lower@sunnyvalelittleleague.com</a>
Challenger:	Amy Jasper	<a href="mailto:playeragent.challenger@sunnyvalelittleleague.com">playeragent.challenger@sunnyvalelittleleague.com</a>
<b><u>Equipment Directors:</u></b>	<a href="mailto:equipment@sunnyvalelittleleague.com">equipment@sunnyvalelittleleague.com</a> Tom Daron	
<b><u>Facilities Director:</u></b>	<a href="mailto:facilities@sunnyvalelittleleague.com">facilities@sunnyvalelittleleague.com</a> Albert Tang	

If the Facilities Director is not available and urgent help is needed:

**Department of Public Safety**  
**City of Sunnyvale Non- Emergency Line**  
**408-730-7180**

SLL Headquarters --- PO Box 2566, Sunnyvale, CA 94087

*Note:* The SLL Safety Director is a Board of Director's position. This is a required position registered with Little League Headquarters. SLL has a dedicated annual safety budget. ASAP News and other safety messages are distributed to the members through emails and meetings.

## Checklist for Managers/Coaches/Umpires Prior to a Game or Practice

### Field Inspection

Note: Completion of this checklist will be the responsibility of the Manager of the team who has Field Preparation Duty prior to the game. Umpires are also responsible for walking the fields and checking for hazards before use. Any hazards found will be addressed immediately and/or reported to the Facilities Director in a timely manner for follow up.

<b>Infield</b>		
Item	Condition	Comments
Break---away Bases		
Base Dig---Out Tool		
Base Plugs		
Ground (level, free of foreign objects, holes, damage, grass, etc.)		
Condition of Equipment Shed		
Ground Leveling Equipment		
Chalk/Paint		
Backstop		
Pitcher's Mound		
Dugout		
<b>Outfield</b>		
Item	Condition	Comments
Ground (level, free of foreign objects, holes, damage, grass, etc.)		
Fence (including End Caps)		
<b>Proper Equipment</b>		
<i>This checklist to ensure that your team is supplied with the proper equipment. If you do not have any of these items or if any item is defective, please contact the equipment director immediately.</i>		
Item	Condition	Comments
Helmets		
Bats		
Balls*		
Catcher's Helmet/Mask		
Catcher's Glove		
Catcher's Chest Protector		
Catcher's Shin Guards		
Catcher's Knee Savers		

Note: T-Ball Division uses Safety balls only; Pioneer division uses RIF-05 balls only

- All fields use disengage-able bases only
- Back/Side Guard rails used for taller bleachers
- Managers/Coaches are not allowed to catch pitchers (rule 3.09); this includes standing at backstop during practice as informal catcher for batting practice



## Equipment and Safety Procedures/Recommendations:

### *Required Procedures:*

Managers are responsible to inspect all equipment, whether League, Coach or player owned, to assure that the equipment is safe and appropriate. Equipment deemed unsafe will be removed from use immediately.

The Equipment Manager is responsible for replacement and/or repair of damaged equipment. Managers and Coaches in all baseball divisions are to assure that catcher's gear and helmets are used during both practice and games and that all applicable Little League rules are enforced during practices and games.

Safety training for Managers and coaches is offered several ways:

1. During the managers meeting by a qualified Safety Officer
2. By District 44 , including a video series: <http://www.profirstaid.com/en/training>.

### *Optional:*

Little League and SLL advise Coaches, Managers, parents, and players the following:

- \_Use of protective cups for players, especially infielders.
- \_Use of face guards on helmets.
- \_Use of mouth guards for players, especially infielders.

### *Fundamentals/Proper Mechanics training for Managers, Coaches and players:*

SLL offers proper training and development for all managers and coaches. In 2019, managers may access the BIG AL Baseball Training and Development Center at the following web address: [bigalbaseball.com](http://bigalbaseball.com). **Trainings are for teaching mechanics and technique. Managers and coaches are required to attend clinics at least once every three years and a representative from each team is required to attend every year. However, every manager and coach is encouraged to attend irrespective of their last date of attendance.**

## Telephone Access During a Game or Practice:

It is important that managers and coaches be prepared to call for emergency assistance. Typically, one or more of the coaches, manager or parent will have a cellular telephone during practice and games. It is recommended that Managers and Coaches have the Sunnyvale DPS emergency number (408) 736-6244 programmed into their cell phone directory. If no cell phone is available, identify the location of the nearest telephone prior to the practice or game.

## First Aid Kit and Instant Ice Packs:

Every team is supplied with a Mini Sport Med Kit which includes:

- (8) Antimicrobial Skin Wipes
- (1) Athletic Tape 1.5" x 15yd. roll
- (10) Bandages 1" x 3"
- (2) Bandages, Large 2" x 4.5"
- (3) Cold Packs-Instant 6" x 8.75"
- (1) Elastic Wrap 3" x 5yd roll
- (1) Sport Wound Care Kit-each includes:
  - Latex free gloves
  - Gauze pad
  - Non-adherent pad
  - Triple antibiotic ointment
  - Self adhering wrap
  - Antimicrobial skin wipes (2)
  - Infectious waste bag

It will be the responsibility of the Manager to ensure that the first aid kit is stocked at all times. The manager may purchase replacement items and turn the receipt into the Safety Director for reimbursement or contact the Safety Director. Additional First Aid kits and Instant Ice packs are available inside the locked equipment boxes at De Anza & Serra Park as well as Sunnyvale & Cupertino Middle School. Snack Shacks are also equipped with first aid kits.

Note: Managers should always have a first aid kit and team roster with emergency numbers and medical release at all practices and games. They should be readily accessible in the dugout.

## Volunteer Application & Background Checks:

As a condition of service to Little League all Managers, Coaches, Board of Director members, Team Admins and others persons deemed by the SLL Board of Directors to have repetitive access or contact with players or teams must complete the online background check through JDP. Volunteers must have their background check completed and verified by the Safety Director before starting volunteer duties with SLL.

Per Little League International policy, SLL utilizes Little League's 2019 recommended background check service (JDP). The site provides searches of available criminal records from various repository sources and state level Sex Offender Registries across the 50 states and the District of Columbia.

The Volunteer Application can be obtained from the following location:

-The Little League Website:

[http://www.littleleague.org/Assets/forms\\_pubs/volunteer-app.pdf](http://www.littleleague.org/Assets/forms_pubs/volunteer-app.pdf)



### Little League® Volunteer Application - 2019

Do not use forms from past years. Use extra paper to complete if additional space is required.

**A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION.**

Name \_\_\_\_\_ Date \_\_\_\_\_  
First Middle Name or Initial Last

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security # (mandatory) \_\_\_\_\_

Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Special professional training, skills, hobbies: \_\_\_\_\_

Community affiliations (Clubs, Service Organizations, etc.): \_\_\_\_\_

Previous volunteer experience (including baseball/softball and year): \_\_\_\_\_

1. Do you have children in the program? Yes  No   
 If yes, list full name and what level? \_\_\_\_\_
2. Special Certification (CPR, Medical, etc.)? (list) Yes  No
3. Do you have a valid driver's license? Yes  No   
 Driver's License#: \_\_\_\_\_ State \_\_\_\_\_
4. Have you ever been convicted of or plead no contest or guilty to any crime(s) involving or against a minor? Yes  No   
 If yes, describe each in full: \_\_\_\_\_
5. Have you ever been convicted of or plead no contest or guilty to any crime(s)? Yes  No   
 If yes, describe each in full: \_\_\_\_\_  
(Answering yes to question 5, does not automatically disqualify you as a volunteer.)
6. Do you have any criminal charges pending against you regarding any crime(s)? Yes  No   
 If yes, describe each in full: \_\_\_\_\_  
(Answering yes to question 6, does not automatically disqualify you as a volunteer.)
7. Have you ever been refused participation in any other youth programs? Yes  No   
 If yes, explain: \_\_\_\_\_

In which of the following would you like to participate? (Check one or more.)

League Official     Umpire     Manager     Concession Stand  
 Coach     Field Maintenance     Scorekeeper     Other \_\_\_\_\_

**LOCAL LEAGUE USE ONLY:**

Background check completed by league officer \_\_\_\_\_ on \_\_\_\_\_

System(s) used for background check (minimum of one must be checked):  
**Regulation 1(c)(9) Mandates all checks include criminal records and sex offender registry records**

\* JDP       Sex Offender Registry Data and National Criminal   
 Records check, as mandated in the current season's official regulations

\*Please be advised that if you use JDP and there is a name match in the few states where only name match searches can be performed you should notify volunteers that they will receive a letter or email directly from JDP in compliance with the Fair Credit Reporting Act containing information regarding all the criminal records associated with the name, which may not necessarily be the league volunteer.

**Only attach to this application copies of background check reports that reveal convictions of this application.**

NOTE: The local Little League and Little League Baseball, Incorporated will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

Please list three references, at least one of which has knowledge of your participation as a volunteer in a youth program:  
**Name/Phone** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

IF YOU LIVE IN A STATE THAT REQUIRES A SEPARATE BACKGROUND CHECK BY LAW, PLEASE ATTACH A COPY OF THAT STATE'S BACKGROUND CHECK. FOR MORE INFORMATION ON STATE LAWS, VISIT OUR WEBSITE: [LittleLeague.org/BigStateLaws](http://LittleLeague.org/BigStateLaws)

AS A CONDITION OF VOLUNTEERING, I give permission for the Little League organization to conduct background check(s) on me now and as long as I continue to be active with the organization, which may include a review of sex offender registries (some of which contain name only searches which may result in a report being generated that may or may not be me), child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the league receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the local Little League, Little League Baseball, Incorporated, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, Little League is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension by the President and removal by the Board of Directors for violation of Little League policies or principles.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

If Minor/Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Name (please print or type) \_\_\_\_\_

Last Updated: 10/1/2019

## Team Safety Representatives

Each team has a volunteer position titled "Team Admin". This person is responsible for communicating operational and safety information to the team. The Team Admin is the safety representative as well as the team parent.

## Snack Shack – Safe Food Preparation and Handling:

Food Safety guidelines are posted in the Snack Shack for volunteers.

Please wash your hands with soap before you start your job at the snack shack and frequently thereafter. Handle all food materials in a sanitary manner and use gloves to handle food materials which are not wrapped. Only healthy workers should prepare and serve food.

1. Use only foods from approved sources (no food prepared at home)
2. Uses a food thermometer to check for proper temperatures.
  - a. Cold food should be kept at/below 41 degrees
  - b. Hot food should be kept at/above 140 degrees
3. Assure that the barbecue is cleaned thoroughly prior to cooking. Meats such as hamburgers, chicken breasts, hot dogs, and sausages should be cooked thoroughly so that there is no uncooked meat. Please make sure that the outside of the food does not get burned. Please use a meat thermometer to ensure food is cooked to a safe temperature.
  - a. Ground beef/pork cooks to 155 degrees (internal temp)
  - b. Poultry cooks to 165 degrees (internal temp)
4. Use disposable utensils for food service.
5. 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.
6. Sanitize work surfaces frequently to prevent cross-contamination and discourage flies.
7. Keep foods covered to protect them from insects.
8. The minimum age for working in the Snack Shack is 13 years old and requires adult supervision. Only adults can work the barbeque.
9. Food items such as meats, condiments, onions, cheese, etc. shall be kept out of the direct sun. Prior to closing the Snack Shack, please throw away any food that has been heated such as nacho cheese, hamburgers, etc. and sanitize the area.

## Player Safety --- To and from the Game:

While we all do our best to create a fun and safe experience for the kids, we obviously cannot supervise the children as they travel to and from games and practices. Managers and Coaches should use their best judgment to ensure that the players have a safe method of travel. Discuss travel safety with your team early in the season.

Little League recommends that families with younger players have a “Magic Word”, or password, that is known only by the child and the parents. It’s used as a code word in different ways. For example, if a parent can’t pick up the player from practice, they may send someone else. Kids should only go with that person if he or she knows the magic word. If a person who does not know the password tries to pick up a player, kids should run from them and find help from a trusted adult or call 911.

## Guidelines for Games during Inclement Weather:

### Rain:

If it is raining heavily prior to a game or if the ground is muddy or in poor condition due to rain, then the game should be postponed or canceled. Use a tarp over the dugouts to protect the players from the rain. Tarps can be found in the equipment shed. If it is only drizzling and the effect of this drizzle is negligible (that is the ground is not wet enough to create mud patches or standing water) the game may be continued. If the ground is wet and mud patches are forming or there are areas where water is pooling on the ground, then the game should be discontinued. The manager should notify the parents of the kids that the game has been stopped and that the parents should pick up the kids immediately.

### Lightning:

If a game is in progress and there is lightning (with or without rain) the game should be canceled. Assure that everyone involved is informed to stay away from metal objects and to avoid open fields and trees.

### Heavy wind:

In the event of heavy winds (25 mph and above) and dust is obstructing player’s ability to focus on the game, the game shall be delayed. The game may be resumed once the wind decreases sufficiently.

### Very Hot Sunny Days:

On days when the temperature is very high, it is strongly recommended that the dugout overhead be covered with the tarp from the equipment shed to provide some comfort to the players. Also, make sure that there is an adequate amount of cold water or sports drinks for the players. In order to guard against sunburn, encourage players to use sunscreen SFP 15 or greater.

Earthquake and Tornados:

If there is an earthquake or a tornado, the game should be canceled immediately. The Manager and Coaches should gather all of the players and remain in a safe area, near the field, if possible. The Manager and Coaches should remain in place for at least 30 minutes after an earthquake or tornado for parents to come and pick up the players. If it is unsafe to be near the field, the Manager and Coaches should gather all of the kids and go to another safe location away from the field, at the discretion of the manager. If after 30 minutes all of the kids are not picked up, the Manager should take the remaining players to his or her home. It is expected that parents will go to the Manager's house to pick up their child.

## **Submission of Annual Little League Facility Survey with the Annual ASAP Plan to Little League International**

SLL will conduct an annual survey of all facilities in accordance with Little League requirements. The annual LL lighting Safety Audit and long-range facility plan is included in the Annual Facility Survey. The purpose of this survey is to find and correct any concerns with fields, dugouts, bleachers, snack shacks and other facilities. This survey will be conducted by the SLL Vice President, the Field Director, and/or the Safety Director on or before April 16, 2018. The completed facility survey will be on file with SLL and the Safety Director and/or President shall submit the forms to Little League International.

## **Submission of League Player Registration/Roster Data and Coach and Manager Data**

SLL annually will submit League Player Registration/Roster Data and Coach and Manager Data to Little League International. The Player Agent and/or Safety Officer shall complete and file the information with Little League International.

## **Submission of Qualified Safety Plan Registration Form with the Annual ASAP Plan to Little League International**

SLL annually will submit a Qualified Safety Plan Registration form with its annual ASAP Plan to Little League International. The Safety Director and/or President shall complete and file the ASAP plan and forms with Little League International.

# Appendix A

## Basic Medical Injuries



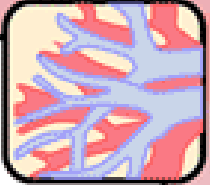
How You Can Help

2018 Sunnyvale Little League First Aid Handout

# Cuts

Many cuts can be safely treated at home. Large and deeper cuts – or any wounds that won't stop bleeding – need emergency medical treatment.

## Vein or Artery?



Bleeding from an artery flows quickly and in spurts, and the blood is bright red. Bleeding from a vein flows evenly, and the blood is dark red.



## What to Do:

If the cut is severe and you can't get the child to a hospital right away or must wait for an ambulance, begin this treatment:

1. Rinse the wound with water and apply pressure to the cut with sterile gauze, a bandage, or a clean cloth.
2. If blood soaks through, place another bandage over the first and continue applying pressure.
3. Raise the injured body part to slow bleeding, but don't apply a tourniquet. When bleeding stops, cover the wound with a new, clean bandage.

**For cuts that are not severe, contact a doctor if the cut:**

- seems deep or the edges of the cut are widely separated
- is on the lip and crosses the pink border onto the face
- continues to ooze and bleed even after applying pressure
- is from a bite (animal or human)

**Seek emergency medical care: call 911 if the child:**

- has a body part that is partially or fully amputated
- has a cut and the blood is spurting out and difficult to control
- is bleeding so much that bandages are becoming soaked with blood

## Think Prevention!

Childproof so that infants and toddlers are less likely to become injured on table corners, windows, or doors that may slam shut. Take precautions to prevent falls and supervise teens when they are cutting with sharp knives.

Note: All information is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult a doctor. Review this with a doctor prior to use.

Reviewed by: Kate Cronan, MD Date reviewed: June 2007



# Strains and Sprains

What's the difference between a strain and a sprain? Sprains involve a stretch or partial tear of ligaments (which connect two bones) or tendons (which connect muscle to bone). The ankle is where sprains occur most commonly.

## What to Expect:

- pain
- difficulty moving the injured part
- decreased strength
- swelling and bruising



## What to Do:

1. Stop activity right away.
2. Think R.I.C.E. for the first 48 hours after the injury:

**Rest:** Rest the injured part until it's less painful.

**Ice:** Wrap an ice pack or cold compress in a towel and place over the injury immediately. Continue for no more than 20 minutes at a time, four to eight times a day.

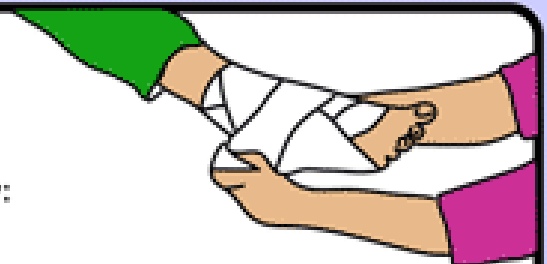
**Compression:** Support the injury with an elastic compression bandage for at least 2 days.

**Elevation:** Raise the injured part above heart level to decrease swelling.

3. Give the child ibuprofen (such as Motrin) for pain and to reduce swelling.
4. The doctor will prescribe an exercise program to prevent stiffness.

## Seek emergency medical care if the child has:

- severe pain when the injured part is touched or moved
- trouble bearing weight and the child can't walk more than 4 steps after an injury
- increasing bruising
- numbness or a feeling of "pins and needles" in the injured area
- a limb that looks "bent" or misshapen
- signs of infection (increasing warmth, redness, streaks, swelling, and pain)
- a strain or sprain that doesn't seem to be improving after 5 to 7 days



## Think Prevention!

Teach children to warm up properly and to stretch before participating in any sports activity, and make sure they always wear appropriate protective equipment.

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Reviewed by: Kate Cronan, MD Date reviewed: June 2007

# Falls

Falls are common in young children who are walking, running, and climbing for the first time. Although most result in mild bumps and bruises, some falls can cause serious injuries that require immediate medical attention.

## What to Do:

Do not move the child and call for emergency help (911) if the child:

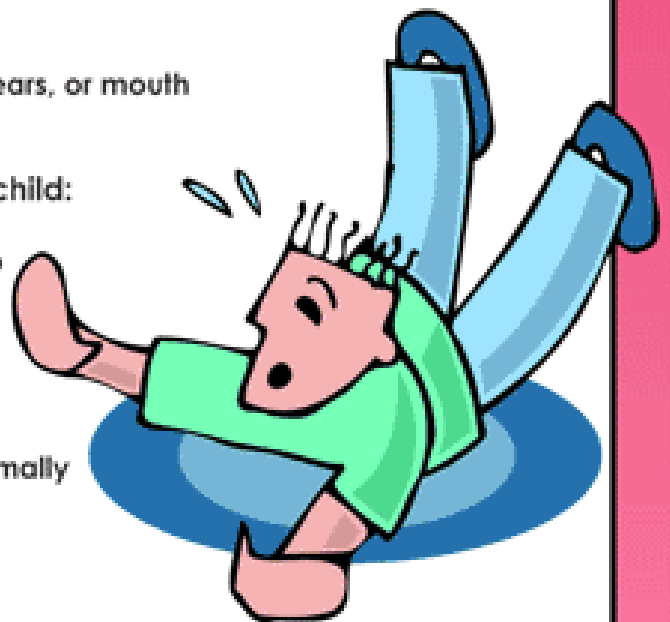
- may have seriously injured the head, neck, back, hipbones, or thighs
- is unconscious, or was briefly unconscious
- is having difficulty breathing
- isn't breathing (start CPR)
- has a seizure
- has clear fluid or blood coming from the nose, ears, or mouth

Call a doctor or seek medical attention if the child:

- won't stop crying
- becomes very sleepy and is difficult to wake up
- becomes irritable and difficult to console
- vomits
- complains of neck or back pain
- complains of increasing pain
- isn't walking normally
- doesn't seem to be focusing his or her eyes normally
- has any behavior or symptoms that worry you

If you think it's safe to move the child:

1. Hold the child and comfort him or her until crying stops.
2. Place a cold compress or ice pack on any bumps or bruises.
3. Give acetaminophen for pain.
4. Let the child rest, as needed, for the next few hours.
5. Watch the child closely for the next 24 hours for any unusual symptoms or behavior.



## Think Prevention!

Never leave young children on any bed or other furniture unsupervised. Childproof against falls and avoid using walkers. Always strap children into high chairs, changing tables, shopping carts, and strollers. Always buckle kids into age-appropriate safety seats when riding in motor vehicles, and make sure they always wear helmets when biking or skating, or when using skateboards or scooters.

Note: All information is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult a doctor. Review this with a doctor prior to use.

Reviewed by: Larissa Hirsch, MD Date reviewed: June 2007

# Broken Bones



Broken bones are not uncommon in children - especially after a fall. A broken bone requires emergency medical care.



The child may have a broken bone if:



- you or the child heard a "snap" or a grinding noise during the injury
- there is swelling, bruising, tenderness, or a feeling of "pins and needles"
- it's painful to bear weight on the injured area or to move it



## What to Do:

1. Remove clothing from the injured part.
2. Apply a cold compress or ice pack wrapped in cloth.
3. Keep the injured limb in the position you find it
4. Seek medical care, and don't allow the child to eat, in case surgery is needed.

**Do not move the child - and call for emergency medical care - if:**

- the child may have seriously injured the head, neck, or back
- a broken bone comes through the skin (apply constant pressure with a clean gauze pad or thick cloth, and keep the child lying down until help arrives; do not wash the wound or push in any part of the bone that is sticking out)

## Think Prevention!

Prevent injuries as children grow: use safety gates at bedroom doors and at the top and bottom of any stairs for toddlers, make sure children playing sports always wear helmets and safety gear, and use car seats or seatbelts at all ages.

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Reviewed by: [Larissa Hirsch, MD](#) Date reviewed: June 2007



# Parent/Athlete Concussion Information Sheet

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

## WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports **one or more** symptoms of concussion listed below after a bump, blow, or jolt to

### Did You Know?

- Most concussions occur *without* loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

the head or body, she should be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says she is symptom-free and it's OK to return to play.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETES
Appears dazed or stunned	Headache or "pressure" in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balance problems or dizziness
Is unsure of game, score, or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness ( <i>even briefly</i> )	Feeling sluggish, hazy, foggy, or groggy
Shows mood, behavior, or personality changes	Concentration or memory problems
Can't recall events <i>prior</i> to hit or fall	Confusion
Can't recall events <i>after</i> hit or fall	Just not "feeling right" or "feeling down"

## CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (*even a brief loss of consciousness should be taken seriously!*)

## WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. *They can even be fatal.*

It's better to miss one game than the whole season. For more information on concussions, visit: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).

### *Remember*

Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

## WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

\_\_\_\_\_  
Student-Athlete Name Printed

\_\_\_\_\_  
Student-Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Printed

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

# Knocked-Out Tooth

A knocked-out permanent tooth is a dental emergency. Baby teeth do not need to be put back in, but quickly putting a permanent tooth back in its socket is key to preserving the tooth.

## WATCH THE CLOCK!



Every minute a tooth is out of its socket means the less chance that it will survive. A tooth has the best chance of survival if replaced within 30 minutes.



## What to Do:

1. Find the knocked-out permanent tooth. If you're not sure whether it's a baby or permanent tooth (a baby tooth has a smooth edge), call a dentist or doctor or go to your local emergency room immediately.
2. Handle the tooth only by its crown (the top part), never by the root.
3. Gently rinse (don't scrub) the tooth immediately with saline solution or milk. (Tap water should only be used as a last resort; it contains chlorine, which may damage the root.)
4. Keep the tooth from drying out until you see the dentist by:
  - inserting the tooth back into its socket in the child's mouth if he or she is old enough to hold it in place
  - storing the tooth in milk (not water), or
  - placing the tooth between your cheek and lower gum
5. See the child's dentist or go to your local emergency room right away.

## Think Prevention!

Children often lose teeth from playing contact sports such as football or ice hockey, from riding bikes, or from being in a motor vehicle crash. Children should wear mouth guards and protective gear when playing a contact sport. They should also always be buckled up in an age-appropriate car seat, booster seat, or seatbelt when in a motor vehicle.

Note: All information is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult a doctor. Review this with a doctor prior to use.

Reviewed by: [Larissa Hirsch, MD](#) Date reviewed: June 2007

# Nosebleeds

Although they can be scary, nosebleeds are common in children ages 3 to 10 years and usually aren't serious. In fact, most nosebleeds stop on their own and can be treated safely at home.

## Did You Know?



If a child's bed is near a heater – in the wintertime, especially – the membranes inside the nose can become dry and itchy, causing the child to pick at his or her nose and further irritate the nasal tissue.



## What to Do:

1. Have the child sit up with his or her head tilted slightly forward. Do not have the child lean back (this may cause gagging, coughing, or vomiting).
2. Pinch the soft part of the nose (just below the bony part) for at least 10 minutes.

### Call a doctor if the child:

- has frequent nosebleeds
- may have put something in his or her nose
- tends to bruise easily, or has heavy bleeding from minor wounds
- recently started a new medication

### Seek emergency medical care or call the child's doctor if bleeding:

- is heavy, or is accompanied by dizziness or weakness
- continues after two attempts of applying pressure for 10 minutes each
- is the result of a blow to the head or a fall

## Think Prevention!

Most childhood nosebleeds are caused by dryness and nose picking. To help combat dryness, use saline (salt water) nasal spray or drops (or put petroleum jelly on the inside edges of the child's nostrils) and use a humidifier in the child's room. To help prevent damage from nose picking, keep the child's fingernails short.

Note: All information is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult a doctor. Review this with a doctor prior to use.

Reviewed by: [Larissa Hirsch, MD](#) Date reviewed: June 2007

# Insect Stings



Although insect stings can be irritating, symptoms usually don't require treatment by a doctor. However, kids who are highly allergic to insect stings may have life-threatening symptoms and may require emergency treatment.



## Signs of a Severe Allergic Reaction:

- swelling of the face or mouth
- difficulty swallowing or speaking
- chest tightness, wheezing, or difficulty breathing
- dizziness or fainting
- abdominal pain, nausea, or vomiting



## What to Do:

If there are signs of a severe reaction, call for emergency medical care, and give diphenhydramine while waiting for the ambulance. If your child has been previously prescribed injectable epinephrine, it should be given if signs of a severe reaction are present.

If there are not signs of a severe reaction:

1. Remove the child from the area where he or she was stung.
2. If the child was stung by a honeybee, wasp, hornet, or yellow jacket, and the stinger is visible, remove it by gently scraping the skin horizontally with the edge of a credit card or your fingernail.
3. Wash the area with soap and water.
4. Apply ice or a cool wet cloth to the area to relieve pain and swelling.
5. If the area is itchy, apply a paste of baking soda and water, or calamine lotion (do not apply calamine to the child's face or genitals).

Seek emergency medical care if:

- the child shows symptoms of a severe allergic reaction
- the sting is anywhere in the mouth
- the child has a known severe allergy to a stinging insect
- injectable epinephrine (EpiPen) was used

## Think Prevention!

Try to have the child avoid: walking barefoot while on grass; using scented soaps, perfumes, or hair spray; dressing in bright colors or flowery prints; areas where insects nest or congregate; and drinking from soda cans. Also make sure that: outside garbage cans have tight-fitting lids; there are no stagnant pools of water (in rain gutters, flower pots, birdbaths, etc.); and food is covered when eating outside.

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Reviewed by: Larissa Hirsch, MD Date reviewed: June 2007



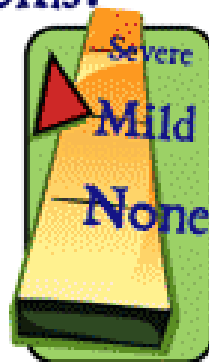
# Allergic Reactions

Allergic reactions can be triggered by foods, medications, insect stings, pollen, or other substances. Although most allergic reactions aren't serious, severe reactions can be life-threatening and can require immediate medical attention.

## Signs and Symptoms:

### Mild Reaction

- itchiness
- mild skin redness
- mild swelling
- stuffy, runny nose
- sneezing
- itchy, watery eyes
- red bumps (hives) that occur anywhere



### Severe Reaction

- swelling of the face or mouth
- difficulty swallowing or speaking
- wheezing or difficulty breathing
- abdominal pain, nausea, vomiting, or diarrhea
- dizziness or fainting

## What to Do:



1. Contact a doctor if a child has an allergic reaction that is more than mild or the reaction concerns you.
2. If the child has symptoms of a mild reaction, give an oral antihistamine such as diphenhydramine.
3. If the child has symptoms of a severe allergic reaction and you have injectable epinephrine, immediately use it as directed and call for emergency medical help.

## Seek emergency medical care if the child:

- has any symptoms of a severe allergic reaction
- was exposed to a food or substance that has triggered a severe reaction in the past
- was given injectable epinephrine

## Think Prevention!

Avoid substances that are known to trigger an allergic reaction in the child. Keep an oral antihistamine such as diphenhydramine available. If the child has a severe allergy, be sure that doctor-prescribed injectable epinephrine is kept with or near the child at all times, and that you, caretakers, and the child (if old enough) know how to use it.

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# Dehydration

Children can become dehydrated when they lose abnormally large amounts of water and salts through fever, failure to drink fluids during illness, diarrhea, vomiting, or long periods of exercise. Because water accounts for two-thirds of the body's weight, it's important to replenish fluid losses as quickly as possible.

## What to Do:

Mild dehydration can often be treated at home. If the child has diarrhea but no vomiting, continue feeding a normal diet, while closely monitoring fluid intake and how often the child is urinating.

If the child is vomiting, stop milk products and solid foods and:

- Give infants an oral electrolyte solution – about 1 tablespoon every 15-20 minutes. Breastfed infants should be fed smaller amounts, but more frequently than usual.
- Give children over 1 year old sips of clear fluids such as an oral electrolyte solution, ice chips, flat ginger ale or lemon-lime soda, clear broth, ice pops, or diluted juices – 1 to 2 tablespoons every 15-20 minutes.
- Monitor a child who is mildly dehydrated carefully to make sure the dehydration doesn't become severe.

## Signs of Mild to Moderate Dehydration:

- dry mouth
- few or no tears when crying
- fussiness in infants
- no wet diapers in 4 to 6 hours in an infant
- no urination for 6 to 8 hours in children
- flat or slightly sunken soft spot in an infant



## Signs of Severe Dehydration:

- very dry mouth (looks "sticky" inside)
- dry, wrinkly, or doughy skin (especially on the belly and upper arms and legs)
- inactivity or decreased alertness
- appears weak or limp
- sunken eyes
- sunken soft spot in an infant
- excessive sleepiness or disorientation
- muscle cramps or contractions
- no urination for more than 6 to 8 hours in infants and more than 8 to 10 hours in children
- deep, rapid breathing
- fast or weakened pulse



## Seek emergency medical care if the child:

- shows any sign of severe dehydration
- is unable to keep any fluids down

## Think Prevention!

Frequent hand washing is key to avoiding many of the illnesses that can lead to dehydration. Encourage kids to drink frequent, small amounts of fluids to avoid dehydration during illnesses.

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Reviewed by: Larissa Hirsch, MD Date reviewed: June 2007

# Heat Exhaustion and Heatstroke



## Signs and Symptoms:

### Heat Exhaustion:

- severe thirst
- muscle weakness
- nausea, sometimes vomiting
- fast, shallow breathing
- irritability
- headache
- increased sweating
- cool, clammy skin
- elevation of body temperature to less than 104 degrees Fahrenheit (40 degrees Celsius)

### Heatstroke:

- severe, throbbing headache
- weakness, dizziness, or confusion
- difficulty breathing
- decreased responsiveness or loss of consciousness
- may not be sweating
- flushed, hot, dry skin
- elevation of body temperature to 104 degrees Fahrenheit (40 degrees Celsius) or higher



During hot, humid weather, the body's internal temperature can rise and can result in heat exhaustion and heatstroke. If not quickly treated, heat exhaustion can progress to heatstroke, which requires immediate emergency medical care and can be fatal.



## What to Do:

If the child has a temperature of 104 degrees Fahrenheit (40 degrees Celsius) or more, or shows any symptoms of heatstroke, seek emergency medical care immediately. In cases of heat exhaustion and while awaiting help for a child with possible heatstroke:

1. Bring the child indoors or into the shade immediately.
2. Undress the child.
3. Have the child lie down; elevate feet slightly.
4. If the child is alert, place in cool (not cold) bath water, or sponge bathe the child repeatedly. If outside, spray the child with mist from a garden hose.
5. If the child is alert, give frequent sips of cool, clear fluids (clear juices or sports drinks are best).
6. If the child is vomiting, turn his or her body to the side to prevent choking.
7. Monitor the child's temperature.

## Think Prevention!

Teach children to always drink plenty of fluids before and during any activity in hot, sunny weather – even if they aren't thirsty. Make sure kids wear light-colored loose clothing and only participate in heavy activity outdoors before noon or after 6 PM. Teach children to come indoors immediately whenever they feel overheated.

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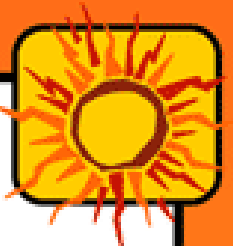
Reviewed by: [Larissa Hirsch, MD](#) Date reviewed: June 2007

# Sunburn

The best treatment for sunburn is prevention. Mild sunburn results in skin irritation and redness and can be safely treated at home. Severe sunburn requires medical attention.

## Did You Know?

More than 90% of skin cancers are the result of sun exposure. Unprotected sun exposure is even more dangerous for kids who have many moles or freckles, very fair skin and hair, or a family history of skin cancer.



## What to Do:

1. Remove the child from the sun right away.
2. Place the child in a cool (not cold) shower or bath – or apply cool compresses – several times a day.
3. Offer the child extra fluids for the next 2 to 3 days.
4. Give the child ibuprofen or acetaminophen as directed, if needed, to relieve pain.
5. Make sure all sunburned areas are fully covered to protect the child from the sun until healed.



## Call a Doctor if the Child Has:

- a sunburn that forms blisters or is extremely painful
- facial swelling from a sunburn
- a sunburn that covers a large area
- fever or chills after getting sunburned
- headache, confusion, or a feeling of faintness
- signs of dehydration (increased thirst, or dry eyes and mouth)
- signs of infection on the skin (increasing redness, warmth, pain, swelling, or pus)

## Think Prevention!

Before kids go out in the sun, remember, “*Slip Slap Slop*”:

**Slip** on a shirt.

**Slap** on a brimmed hat and sunglasses.

**Slop** on sunscreen with an SPF of at least 15 (reapply sunscreen every 2 hours or if the child has been in water or sweating a lot).

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Reviewed by: [Larissa Hirsch, MD](#) Date reviewed: June 2007

# BURNS

Burns from fire or other sources of heat range from mild to life-threatening. Some burns can be treated at home; others need emergency medical care.

## Types of Burns



- First-degree burns, usually caused by brief contact with heat, can cause redness, pain, and some swelling.
- Second-degree burns are more severe and usually result in blisters and more intense redness.
- Third-degree burns are the deepest and may be painless due to nerve damage.



## What to Do:

If you can't get the child to a hospital right away or must wait for an ambulance, begin this treatment:

1. Remove clothing from the burned areas, except clothing stuck to the skin.
2. Run cool (not cold) water over the burn until the pain lessens.
3. Do not put any ointments, butter, or other remedies on the burn – these can make the burn worse.
4. Lightly apply a gauze bandage if it's a small first-degree burn.

## Seek emergency medical care if:

- it's a second- or third-degree burn
- the burned area is large (cover the area with a clean, soft cloth or towel)
- the burn came from a fire, an electrical wire or socket, or chemicals
- the burn is on the face, scalp, hands, or genitals
- the burn looks infected (with swelling, pus, or increasing redness or red streaking of the skin near the wound)

## Think Prevention!

You can help prevent burn injuries by being careful when using candles, space heaters, and curling irons, and by not allowing young children to play in the kitchen while someone is cooking. Keep children away from hot drinks and radiators, and always check the temperature of bath water before putting a child in the tub.

Note: All information is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult a doctor. Review this with a doctor prior to use.

Reviewed by: [Larissa Hirsch, MD](#) and [Mary Mondozi, MSN, RN, CPNP](#) Date reviewed: June 2007

