2026 Safety Manual

For Managers, Coaches and Volunteers

Hopkins Area Little League

Minnesota District One

Hopkins, Minnesota

League ID Number 1230109

Last updated: 4/18/2026

Table of Contents

Table of Contents……………………………………………………………………..5-9

Season Safety Highlights & Rule Changes 11-16

HALL and Little League Baseball Mission Statement...17-18

HALL Safety Statement / ASAP Program 19

Board of Directors 20

Hopkins Area Little League Code of Conduct 21-22

Sport Parent Code of Conduct 23-24

Emergency Phone Numbers and Maps.. 25

Emergency Numbers & Care Center Locations 26

When Calling 9-1-1/Field Addresses..27-28

Maps to Hospitals & Clinic 29-30

Maps to Fields 31-32

Boundary Map 33

Safety Policies/Procedures/Responsibilities.. 34

Concussion Training 35-37

HCC One Voice...38

Designated Warm-Up Areas...39

Bat Compliance Policy...40

Injury reporting……………..41

Missing Child Protocol... 42

Level 3 Sex Offender Information.. 43

Safety Officer Responsibilities.. 44

League President Responsibilities.. 45

Board Member Responsibilities 45

Information Officer Responsibilities *45-46*

Accident Reporting Policies 46

General Facility Policies.. 47

Volunteer Policies 47

Field Maintenance Policies.. 48

Weather Policies.. 48

Equipment Policies.. 48

Game Preparation Policies 49

Conditioning/Hydration Policies.. 49

Concession Stand Policies.. 50

Officer of the Day Responsibilities.. 51

Team Coordinator 52

Umpire Guidelines..53-56

Safety Responsibilities 54

Umpire Guidelines.. 55

Managers & Coaches Guidelines 56-58

Safety Responsibilities.. 57

Coaches Code of Conduct 58

Playing Rules… 59-85

Majors..59-63

Minors A 64-69

Minors B 70-74

Minors C 75-77

Tee Ball 78-79

Challenger 80-82

End of Game Rules........ 83-84

Miscellaneous Regulations/All Divisions 85

Field Prep 86

Game Postponements and Cancellations 86

General Regulations 86

Concession Stand Safety and Instructions 87-93

Concession Coordinator Safety Responsibilities 88

Hand washing Protocol 89

Hot Dog Roller 90

Nacho Machine 91

Popcorn Machine 92

Slushie Mixture 93

Pizza Machine 93

Field Maintenance 94

Safety Responsibilities 95

Pre-Game and Post-Game Field Maintenance Detail 95-97

Field Setup Checklist 98

Reach For Resources-Challenger Division 99

Points to Remember 100

First Terminology 101

Definitions 102-103

25 Ways to be Inclusive 104

First Aid Section 105

Good Samaritan Laws 105

When to Call 9-1-1 106

A.E.D. (Automated External Defibrillator) 107

Bites-Human and Animal 108

Black Eye 109

Blisters 109-111

Breathing Problems 111-112

Broken Bones 113-115

Burns 115-118

Choking 118-121

Concussions 122-123

CPR 124-126

Cuts/Wounds 126-130

Dehydration 130-131

Dental 131-133

Expired Air Resuscitation (Rescue Breathing) 133-134

Eye Injuries 135

Falls 136

Fainting 137

Heart Attack 138-139

Heat Illness 139-142

Insect Bites / Stings 143-146

Lightning 146-147

Muscle Cramps 148

Nausea and Vomiting 149-150

Nosebleeds....................151-152

Poison Ivy, Oak and Sumac....................152-156

Seizures.................... 157

Splinters.................... 158

Sprains and Dislocations....................159-160

Air Quality Statement ………………………… 160

First Aid Kit.................... 161

Equipment Bag 162

Coaches/ Managers Signature Sheet…………………………163

2026 Safety Highlights and Rule Changes

2026 Baseball Regulation IV – The Players

(a) **Little League (Majors) Division:** Any candidate with amateur status who will attain the age of 9 years on or after May 1, 2019, and who will not attain the age of 13 before May 1 of the year in question shall be eligible to compete in Little League Baseball (subject to the local league Board of Directors alignment of this division). This means that a participant who will be 13 years old on May 1 or later, is eligible to play that year; a participant who will be 13 years old on April 30 or earlier will not be eligible for either local league play or tournament play at any time during the calendar year in question. **NOTE:** League age 12-year old's may participate in Minors Division under certain circumstances.

Minor League Division: Any candidate with amateur status who will attain the age of 7 years on or after January 1, 2019, and who will not attain the age of 13 before May 1 of the year in question shall be eligible to compete in the Minor League Division Baseball (subject to the local league Board of Directors alignment of this division). This means that a participant who will be 13 years old on May 1 or later, is eligible to play that year; a participant who will be 13 years old on April 30 or earlier will not be eligible for either local league play or tournament play at any time during the calendar year in question.

Tee Ball Division: Any candidate with amateur status who will attain the age of 4 years on or after January 1, (2019, and who will not attain the age of 8 on or before December 31, (2019, of the year in question shall be eligible to compete in the Tee Ball Division Baseball (subject to the local league Board of Directors alignment of this division). This means that a participant who will be 7 years old on or before December 31, is eligible to play that year; a participant who will be 8 years old on December 31 or earlier, will not be eligible for either local league play or tournament play at any time during the calendar year in question.

Other Safety Highlights:

- **Concussion Awareness Training:** The state of Minnesota (along with several other states) passed legislation in 2011 requiring youth sports organizations to provide for concussion training for all youth level coaches. All HALL Managers and Coaches will be asked to complete the concussion training program on-line at: http://www.cdc.gov/concussion/headsup/online_training.html.

- **Suspension of Play Clarification (temperature):** As a result of unseasonably cold and rainy weather in the spring of 2011, an amendment to the general HALL rules was made that states that the HALL board strongly recommends that games be postponed and rescheduled when air temperatures are less than 40F.

- **Drug and Alcohol Awareness:** HALL has always promoted a chemical free life-style by prohibiting the use of alcohol and tobacco on HALL fields and grounds, in the presence of players, and at any team related function. We strengthened that position this season by partnering with Hopkins Community Coalition (HCC) One Voice. HCC One Voice is a community-wide effort aimed at decreasing the use of alcohol, tobacco, and other drugs among youth in Hopkins Schools and member communities. The HCC One Voice website link will be posted on the HALL website and posters supporting drug free athletes and families will be posted at Maetzold Field. We will also review this resource during our parent meetings.

- **Designated Warm-Up Areas:** Established designated pre-game warm-up areas at the Maetzold Fields. Warm-ups will now be prohibited in front of our new batting cages. This grassy area is relatively small and has forced play closer to spectator seating areas. Furthermore, this area is susceptible to foul balls during adult softball games on an adjacent field. These changes are included in the 2011 Rules and are noted in the safety manual and coaches packets. These changes will improve overall player and spectator safety.

- **Bat Compliance Policy:** Responsibility to ensure that all bats are legal and allowable per Little League rules has been assigned to team Managers. Managers are tasked with checking all bats at the beginning of the year and communicating to all players and parents that if a player obtains a new bat at any point, it must be presented to the Manager for

inspection before being allowed for practice or game use. A listing of Little League USA approved bats is included in the safety manual and the most recent version will also be available in the concession stand. This policy will also be communicated to Managers during pre-season meetings.

- **Increased Background Checks:** HALL will increase the number of background checks run on adult volunteers that will have regular interaction with the players. Those individuals for whom background checks will be required include, but are not limited to: Board Members, Managers, ALL coaches, all parent/adult helpers for Tee-Ball, and may include concession stand workers. Our goal is to have anyone associated with our program who has direct contact with children verified accordingly.

- **Helmet Safety Improvement:** In 2018, face masks and chin straps were added for all helmets for Tee Ball, Minors A & Minors B; and C-flaps and chin straps were added for all Majors helmets. A review of that initiative revealed that the weight of the face masks on the Tee Ball helmets caused the helmets to tilt forward, requiring players to wear their caps under the helmets in most cases. This created some discomfort and compliance issues. For 2018, adjustable helmets will be provided for the Tee Ball division to improve fit, comfort, and overall head/face safety.

- **Provide Access to ASAP Newsletter League Wide:** The website link to the ASAP newsletter will be posted on the HALL website in order to promote the newsletter and help keep all league officials and interested parties up to date with the latest ASAP newsletter items.

- **Helmet Safety Initiative:** Face masks and chin straps will continue to be utilized on all helmets for Tee Ball, Minors A & Minors B. C-flaps and chin straps will be utilized on all Majors helmets. If players use their own helmets, face masks or C-flaps if Majors, and chin straps are required.

- **Heart-Guards:** HALL will continue to require heart-guards be used by pitchers in Minors A & Majors. Each team has been supplied with two heart-guards that are required to be worn during practice and games. Parents will be provided information on how to order one for their player should they want one of their own.

- **BATS DOWN!** As stated in the *Safety Code for Little League*, no player shall handle a bat until it is his/her time at bat. This is now clearly stated in

our rules and managers/coaches will be asked to enforce this rule in the dugout.

- In addition to being a latex-free park (no balloons & latex-free gloves and supplies in all first aid kits) Maetzold Field's concession stand, and dugouts will be **PEANUT /SEED FREE**. This further ensures the safety of our players with severe food allergies.

- **New backstop fencing** was installed on Fields 1 & 2. The old fencing had begun to curl up out of the ground making it a safety hazard for players.

- Construction of **two batting cages and three pitching mounds in a new bullpen** has been completed. These facilities will be used in practice and pregame warm–ups. This will allow Majors teams to warm-up at Maetzold prior to their games. Managers/coaches/parents will no longer have to transport players from warm-ups back to the park.

- An AED was installed in 2009 and updated in April of 2025. According to the Hopkins Fire Chief the AEDs are inspected every May. The team's representatives (Managers, Asst Managers, and Team Parent) will be required to complete an online safety training course (unless already works in the medical profession). Training is provided through the USA Baseball "A" Certification program. Contact the Safety Coordinator for more information.

- The Missing Child protocol was instituted in 2009 as a proactive response to the disclosure of a Level 3 Offender living in close proximity of Maetzold Field. The offender is no longer living in the area. ***However, we remain in contact with the authorities regarding the status of an offender should the need arise.***

- Continuation of partnership with the Hopkins Police Department to coordinate patrols at Maetzold Field.

- On-line registration system that allows for tracking of Medical Waivers and Volunteer deposits.

- Continued equipment inspections for each team. Coaches and managers are responsible for discarding equipment in poor shape and work with HALL Equipment Coordinator should the need arise.

- Annual comprehensive review of this manual. Updated Field Safety Policies and Equipment.

- Challenger equipment including Velcro style catchers shin guards and chest protectors to allow the players to get equipment on and off more independently. Smaller catcher's equipment has been purchased to allow any player the opportunity to safely play that position.

- Challenger Buddy training - This training helps buddies understand how to communicate and interact with Challenger players before, during and after games.

- An I.D. badges will be issued and worn by the Officer on Duty (OD) who will oversee the activities on their posted days to work an event.

- Player/coach/parent clinics will be held in February thru March on posted days. We involve parents/guardians of the players and coaches in our player clinics in an effort to teach everyone proper mechanics for the game of baseball.

- 2026 Safety Handbook to be provided to coaches. Any families wishing to have a copy of the handbook can be found online or by available hardcopy request. The Handbook will reiterate the Helmet Safety Initiative and Heart-Guard requirements and will include information on the HCC One Voice chemical awareness partnership, ASAP website link information, and Little League composite bat moratorium and local HALL compliance policy.

- Parent meetings to be held in April.

- All Coachers, Board Members, and Parent Helpers will need to complete the Little League Abuse Awareness Course. This course will be taken annually Certificates of completion will be sent to the HALL Safety Coordinator and kept on file for the season.

- All Coaches, assistant Coaches and HALL board members will be required to take the concussion online training. Certificates of completion will be sent to the HALL Safety Coordinator and kept on file for the season.

- Continuation of the Junior Development Program supervised by our player development coordinator. This program offers incentives to players in our T-Ball, Minors C and Minors B divisions to practice their skills on their own away from practice.

- Continuation of the Team Coordinator program. Each Team Coordinator is responsible for communication with the board, coaches, players and parents for their team

- Continued use of reduced impact balls in Tee Ball and Challenger.

- Continued use of double-first base and disengage-able bases.

- Continuation of mandatory Medical Waivers for all players – now tracked via out new registration system.

- Updated concession stand policies including hand washing and rules regarding food preparation and handling of money.

- Copy of Safety Manual posted in concession stand and available.

- Evacuation Plan posted in concession stand.

- Accident reporting process posted in concession stand.

Hopkins Area Little League

Mission Statement

As a charter member of Little League Baseball, Hopkins Area Little League, Incorporated, in full agreement with the above mission statement, endeavors to provide a safe, affordable, well-organized program through which boys and girls can learn and enjoy the game of baseball. In addition, we aspire towards an environment of community in which children, parents, and volunteers can participate freely and work toward our common goal of becoming responsible adults.

Little League Baseball

Mission Statement

Little League Baseball, Incorporated is a non-profit organization whose mission is "to promote, develop, supervise, and voluntarily assist in all lawful ways, the interest of those who will participate in Little League Baseball." Through proper guidance and exemplary leadership, the Little League program assists youth in developing the qualities of citizenship, discipline, teamwork and physical well-being. By espousing the virtues of character, courage and loyalty, the Little League Baseball program is designed to develop superior citizens rather than superior athletes.

Hopkins Area Little League Safety Statement

Hopkins Area Little League, a not-for-profit organization, and member of Little League Baseball, Inc., strives to provide and promote the structured, organized, teaching of baseball skills and associated values, through a safe and secure environment which enhances the self-esteem and well-being of children.

H.A.L.L President Paul Hurth and Safety Officer Brian Zimmer accept the National and Regional A.S.A.P Safety Awards at the 2011 Musco Safety Awards Breakfast in Williamsport, PA.

A.S.A.P.

A Safety Awareness Program

Hopkins Area Little League participates in the ASAP program sponsored by Little League International and corporate sponsors Musco Lighting and AIG Insurance. Hopkins Area Little League was selected as the winner of the National ASAP award in 2011 and was recognized in 2003, 2007, 2008, 2009, and 2010 as having the Central Region’s 1st Place Safety Program.

2026 H.A.L.L. Board of Directors

- **President, Joey Kerber**
- **Treasurer, Luke Meilner**
- **Secretary, Brian Hunke**
- **VP of Administration, Aisha Robinson**
- **VP of Operations, Brian McCloskey**
- **VP of Baseball, Brady Hanson**
- **IT Coordinator, Heidi Garrido**
- **Majors Division Coordinator, Robb Stephens**
- **Field Maintenance Coordinator, Brad Hoese**
- **Communications Coordinator, Bethany Gilbertson**
- **Minors A Division Coordinator, Robb Stephens**
- **Registration Coordinator, Mel Higgins**
- **Minors B Division Coordinator,**
- **Uniform/Spirit Wear Coordinator, Afton Cape**
- **Concessions Coordinator, Rahul Dhuria**
- **Minors C Division Coordinator,**
- **Equipment Coordinator, Joe Weier**
- **Safety Coordinator, Shawn Larkin**
- **T-Ball Division Coordinator,**
- **Fundraising/Sponsorship Coordinator, Molly Jeatran**
- **Challenger Division Coordinator, Andy Schultz**
- **Scheduling Coordinator, Mike Bartow**
- **Player Agent,**
- **Fall Ball / All Star Coordinator,**
- **Volunteer Coordinator, Jess Busse**
- **Tournament Director,**
- **Umpire Coordinator,**

Vacant Board Positions will be filled by existing members until filled by new Volunteers

Hopkins Area Little League Code of Conduct

As a Player or Coach, I agree that I will at all times show RESPECT and GOOD SPORTSMANSHIP towards ALL Coaches, teammates, opposing players, spectators, & officials by:

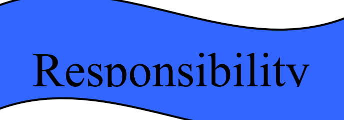
* RESPECTING umpire judgment and interpretation of the rules

* Never harassing, bullying or insulting teammates or opponents

* Following the rules of Little League Baseball and HALL including equipment regulations

* Prioritizing the TEAM over self or any individual player

Fairness



Sport Parent Code of Conduct

Preamble:

The essential elements of character building and ethics in sports are

embodied in the concept of sportsmanship and six core principles:

trustworthiness, respect, responsibility,

fairness, caring and good citizenship.

The highest potential of sports is achieved when competition reflects these

“Six pillars of character.”

I therefore agree:

- I will not force my child to participate in sports.
- I will remember that children participate to have fun and that the game is for youth, not adults.
- I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
- I will learn the rules of the game and the policies of the league.
- I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or other sporting event.
- I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing and taunting; refusing to shake hands; or using profane language or gestures.
- I will not encourage any behaviors or practices that would endanger the health and well-being of the athletes.
- I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
- I will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.
- I will teach my child that doing one’s best is more important than winning, so that my child will never feel defeated by the outcome of a game or his/her performance.
- I will praise my child for competing fairly and trying hard, and make my child feel like a winner every time.
- I will never ridicule or yell at my child or other participant for making a mistake or losing a competition.
- I will emphasize skill development and practices and how they benefit my child over winning. I will also de-emphasize games and competition in the lower age groups.

- I will promote the emotional and physical well-being of the athletes ahead of any personal desire I may have for my child to win.

- I will respect the officials and their authority during games and will never question, discuss, or confront coaches at the game field, and will take time to speak with coaches at an agreed upon time and place.
- I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol and I will refrain from their use at all sports events.
- I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.

Trustworthiness *Respect* *Good Citizenship* *Caring*

Emergency Phone Numbers

Maps

Emergency Numbers / Care Center Locations

EMERGENCY……………………………………………………..….911

Hopkins Police (Non-Emergency)**……………………….…………952-938-8885**

Methodist Hospital-Emergency Room……………..…………952-993-5000

6500 Excelsior Blvd., St. Louis Park - Open 24 Hours/day

Park Nicollet Urgent Care / St. Louis Park…………...………952-993-1000

3850 Park Nicollet Blvd., St. Louis Park

Monday – Friday 8:00-8:00

Saturday, Sunday, and Holidays 8:00-5:00

Park Nicollet Urgent Care / Carlson Clinic…………………...952-993-4500

15111 Twelve Oaks Center Drive, Minnetonka

Monday – Friday 8:00-8:00 Saturday & Sunday 8:00-5:00

TRIA Orthopedic Center……………………………………...952-831-8742

8100 Northland Drive (SE Corner of 494 & France)

Acute Injury Clinic Staffed by Orthopedic Specialists

Walk-in, no appointments

Everyday 8:00-8:00

ALL injuries must be reported to the HALL Safety Officer. First Report of Injury

First Report of Injury Forms are available in the mailbox in the concession stand.

WHEN CALLING 9-1-1

1. **Give the dispatcher the necessary information.**

2. **Answer any questions that he or she might ask including:**

   The exact location or address of the emergency – see below for addresses

   What happened — i.e., a baseball-related accident, heart attack, etc.

   How many people are involved?

   The condition of the injured person - i.e., unconscious or severe bleeding

   What help is being given (first aid, CPR, etc.)?

Do not hang up until the dispatcher hangs up.

Continue to care for the victim until professional help arrives.

Appoint someone to go to the street to watch for and direct rescue personnel.

HALL Field Addresses

Maetzold Field………………………. 1215 1st Street North, Hopkins

Concession Stand……………………………………952-939-0255

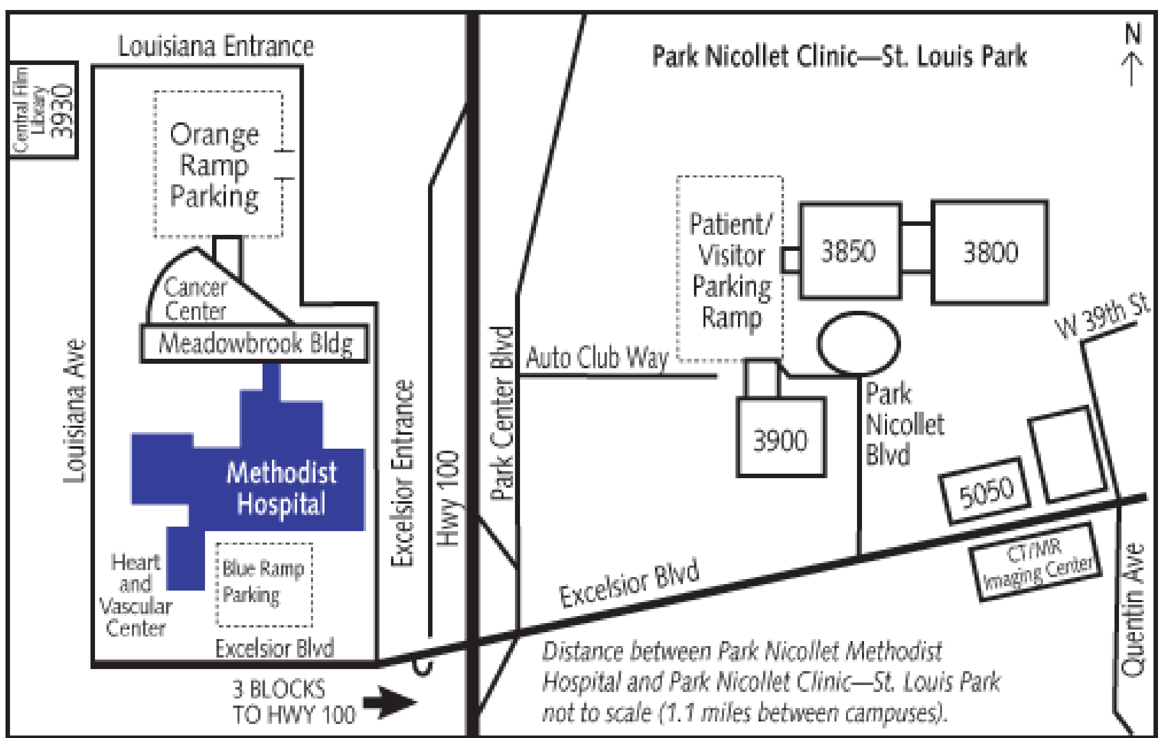
Buffer Park ……………..……………400 5th Street South, Hopkins

Burnes Park………………………….. 301 2nd Street North, Hopkins

Central Park……………………………101 16th Ave. North, Hopkins

Harley Hopkins Park………………108 Jackson Ave South, Hopkins

Valley Park……………………………….801 7th Ave. South, Hopkins



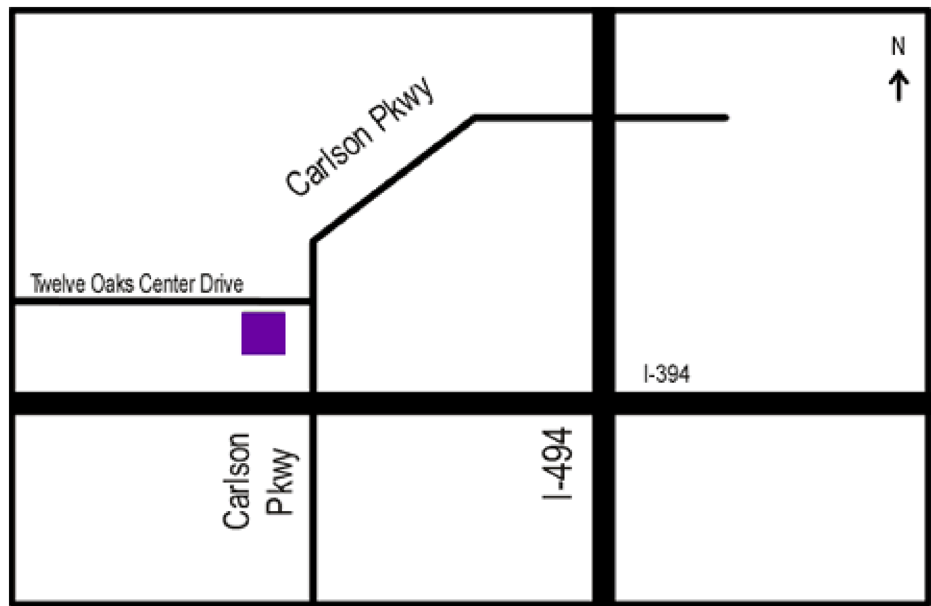
Directions to Methodist Hospital & Park Nicollet Clinic – St. Louis Park

TO METHODIST HOSPITAL FROM MAETZOLD FIELD:

East on Excelsior Boulevard. Park Nicollet Methodist Hospital has two entrances. One is at 6500 Excelsior Blvd. The other is around is off of Louisiana Avenue. To access it, take Excelsior Blvd.; go north (left) on Louisiana Ave.; and right into the Methodist Hospital and Meadowbrook Building entrance.

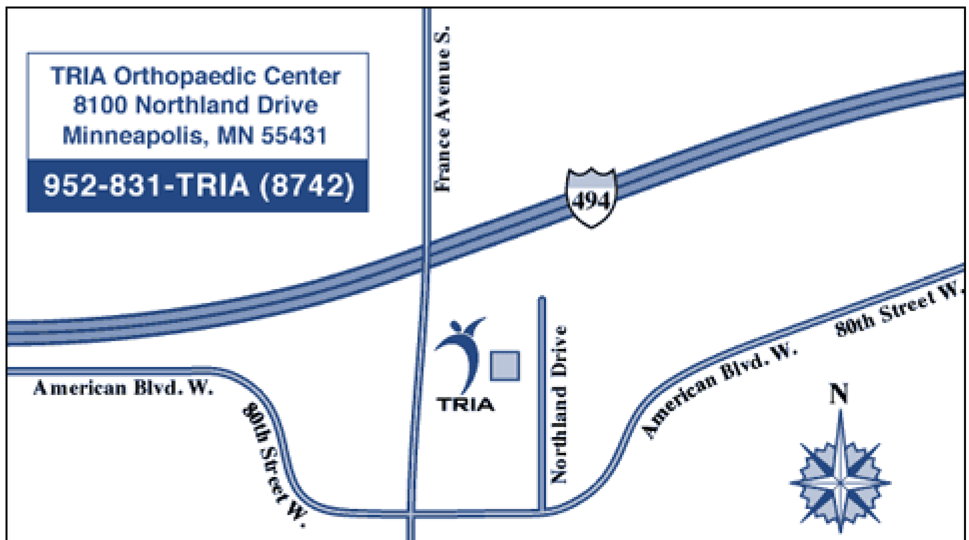
TO PARK NICOLLET CLINIC FROM MAETZOLD FIELD:

Excelsior Blvd.; East to Park Nicollet Blvd. (across from Miracle Mile shopping center). Turn left into clinic and follow signs, going straight and then left, to parking ramp. The clinic campus is made up of three buildings - 3800, 3850 and 3900. If you are a new patient or unfamiliar with the clinic campus, we suggest you call the clinic in advance to verify the exact location of your appointment. Parking is free.



Directions to Park Nicollet Clinic – Carlson Parkway

I-394 to Carlson Pkwy; north to Twelve Oaks Center Drive; west to clinic on the left. Parking is free.



Directions to TRIA Orthopedic Center

From the West: Take I-494 East to the France Avenue South exit. Turn right on France Avenue South and proceed to American Boulevard W. Turn left at the stoplight on American Boulevard W. Turn left on Northland Drive and follow it to the TRIA parking ramp.

H.A.L.L. Practice Fields

Please inform your players that some of these fields do not have drinking fountains or restroom facilities. Come prepared!

Buffer Park

400 5th Street South

Burnes Park

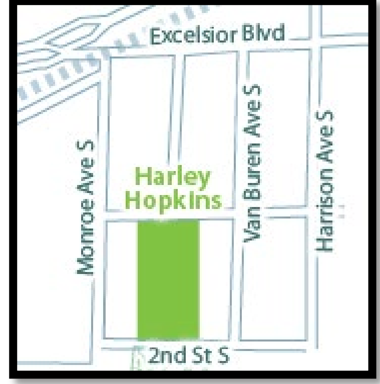
301 2nd Street North

Central Park

101 16th Ave N

Harley Hopkins Park

108 Jackson Ave S



Valley Park

801 7th Ave S

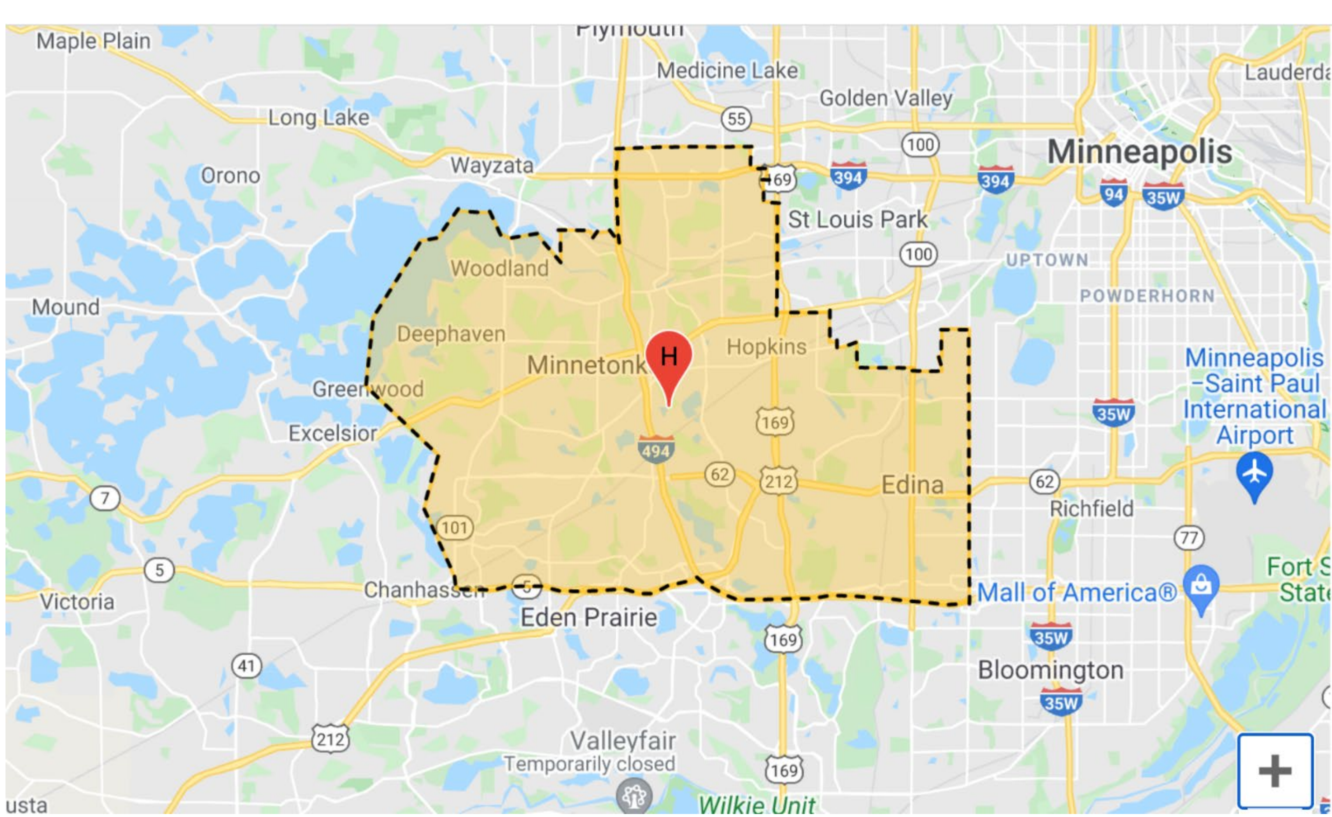
Hopkins Area Little League Boundaries

Official Little League programs like Hopkins Area Little League, and other neighboring Little Leagues, are assigned charter boundaries for their programs to operate within. The program you can play in is based on the where a player lives OR where they go to school. Boundaries are set up based on population and intended to keep leagues fair and balanced so there is not a competitive advantage for any team at the District, State, Regional or Little League World Series tournament. Below is the HALL boundary map. Our boundary has expanded to include the area in pink.

If you are unsure whether you are within the HALL boundary please use the League Finder to enter your address and confirm. More information can be found on our webpage at https://www.hopkinslittleleague.com/page/show/4709016-hopkins-area-little-league-boundaries

If your child lives OR attends school within our boundary, they can play for HALL! If you are not within the HALL boundary, it's OK, your child can still play! Fill out sections 1 and 4 of the Out of Boundary Waiver and send it to the registration coordinator along with your reason for choosing HALL so we can submit it for approval. Once approved your child can play in the regular season, but unfortunately, out of boundary players will not be able to play All Stars.

2026 League Boundary Map



Overview of Safety Policies, Procedures & Responsibilities

2026 Safety Officer

952-212-7761 (C)

District Safety Officer

Shawn Larkin

Concussion Training

Governor Dayton signed HF 905 & SF 612 into law on May 27, 2011. This law can be found at section 121A.37 and 121A.38 of the Minnesota Code, as part of the education code and the chapter on student rights, responsibilities and behavior. (Minn. Stat. §§ 121A.37 trough 121A.38).

Section 121A.37 requires that any organization that organizes youth sports activities for which any fee is charged must make information about concussions available to coaches, parents and youth athletes. This section also mandates concussion training for coaches. **Coaches are required to remove a player suspected of sustaining a concussion, and the player may not return until evaluated by a medical professional and given written clearance.** Section 121A.38 provides definitions of the important terms in the previous section and also delineates rules and procedures for concussions in

school-based or school-sponsored sports which are substantially similar to the requirements under 121A.37.

The official versions of these sections are currently available online at:

https://www.revisor.mn.gov/statutes/?id=121A.37

https://www.revisor.mn.gov/statutes/?id=121A.38

The text of the bill can be viewed online at:

https://www.revisor.mn.gov/bin/bldbill.php?bill=H0905.0.html&session=ls87

121A.37 YOUTH SPORTS PROGRAMS.

(a) Consistent with section 121A.38, any municipality, business, or nonprofit organization that organizes a youth athletic activity for which an activity fee is charged shall:

(1) make information accessible to all participating coaches, officials, and youth athletes and their parents or guardians about the nature and risks of concussions, including the effects and risks of continuing to play after receiving a concussion, and the protocols and content, consistent with current medical knowledge from the Centers for Disease Control and Prevention, related to:

(i) the nature and risks of concussions associated with athletic activity;

(ii) the signs, symptoms, and behaviors consistent with a concussion;

(iii) the need to alert appropriate medical professionals for urgent diagnosis and treatment when a youth athlete is suspected or observed to have received a concussion; and

(iv) the need for a youth athlete who sustains a concussion to follow proper medical direction and protocols for treatment and returning to play; and

(2) require all participating coaches and officials to receive initial online training and online training at least once every three calendar years thereafter, consistent with clause (1) and the Concussion in Youth Sports online training program available on the Centers for Disease Control and Prevention Web site.

(b) A coach or official shall remove a youth athlete from participating in any youth athletic activity when the youth athlete:

(1) exhibits signs, symptoms, or behaviors consistent with a concussion; or

(2) is suspected of sustaining a concussion.

(c) When a coach or official removes a youth athlete from participating in a youth athletic activity because of a concussion, the youth athlete may not again participate in the activity until the youth athlete:

(1) no longer exhibits signs, symptoms, or behaviors consistent with a concussion; and

(2) is evaluated by a provider trained and experienced in evaluating and managing concussions and the provider gives the youth athlete written permission to again participate in the activity.

(d) Failing to remove a youth athlete from an activity under this section does not violate section 604A.11, subdivision 2, clause (6), consistent with paragraph (e).

(e) This section does not create any additional liability for, or create any new cause of legal action against, a municipality, business, or nonprofit organization or any officer, employee, or volunteer of a municipality, business, or nonprofit organization.

(f) For the purposes of this section, a municipality means a home rule charter city, a statutory city, or a town.

Managers/Coaches Training and Education

All HALL Board Members, Coaches, and Team Managers must:

1) Complete a training course on signs and symptoms of a concussion and Little League Abuse Awareness Training,

The training is located at the following link:

- http://www.cdc.gov/headsup/youthsports/coach.html
- https://www.littleleague.org/university/resources/training/

2) Be aware of a player's actions and observe how they act when coming off the field after suffering a potential concussion.

3) Be aware that a concussion may occur anytime during play. A concussion is not always caused by big hits. Managers/Coaches should be aware of the players actions and responses after any potential concussion event. Players who appear injured should be removed from play and assessed in the dugout. Parents know their player BEST. If a parent feels their child is exhibiting signs of an injury, the parent should immediately notify the coaches so players can be assessed in the dugout.

4) If a player showing any visual, neurological, or complaining of any signs or symptoms of a concussion, managers/coaches should immediately get medical attention for the player. If no immediate medical professional is available, the parent should be summoned (if on site). If parent(s) are not on site, 9-1-1 will be called by the O.D.

5) A player who after communicating or showing signs of visual or neurological impairment, will sit out a minimum of 15 minutes for rest and assessment. The player should be re-assessed after 15 minutes. If NO visual or neurological impairments are noted the player may return to play at the discretion of the Manager. If any visual or neurological impairments remain after the rest period, the player may NOT return to play until seen by a qualified physician.

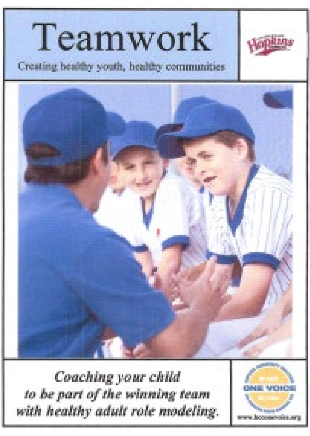
6) 9-1-1 will be called for a player in the following instances (if no EMT or qualified medical provider is available on-site):
   a) Unconscious player or any player with total or momentary loss of consciousness or memory during or after play.
   b) Complaint of neck or back pain, or loss of mobility or feeling in any arm or leg.
   c) Complaint of headache and/or dizziness getting worse.
   d) Any player who vomits during or after play.

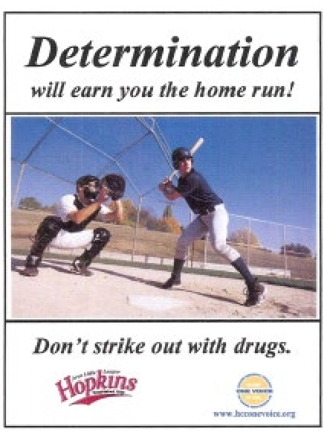
7) If parent(s) are on site it is their discretion if they wish to have their child transported. Let the parents communicate with the ambulance crew regarding transport and care.

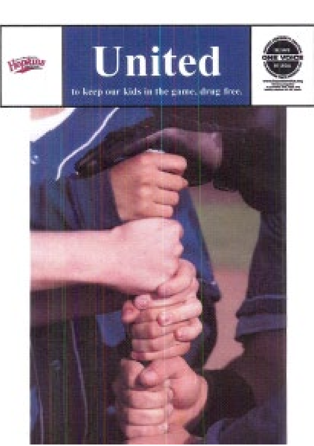
HCC One Voice Partnership for Drug and Alcohol Awareness

A link to the HCC One Voice website (www.hcconevoice.org) will be posted on the HALL website in order to provide additional information to parents and families to support chemical free efforts.

Posters promoting chemical free youth and athletics will be posted at Maetzold Field and the partnership will be introduced during the parent meeting.







Designated Warm-Up Areas

Division Rules have been modified to include provisions for designated pre-game warm-up areas. Warm –ups are allowed in the outfield of Fields 1, 2, and 3, beyond the outfield fence of Fields 1 and 3, and on the soccer field north of Field 1 (when available). Warm-up is **prohibited** in the grassy area between fields 1 & 2 (in front of the concession stand) as well as the grassy space west of the

batting cage entrances between fields 2 & 3.

Bat Compliance Policy

- Managers are responsible for checking the bats of every player on their roster to ensure that the bat is allowable for Little League play.
- All players and parents will be made aware of the bat policy during initial Parent meetings and initial team meetings.
- Managers will ask players to present current bats and any new bats throughout the year for inspection.
- The current Approved Composite Bat list and the Licensed Non-Wood/Non-Composite list on the day of printing of this manual is located in Appendix D.
- The most current lists are available on the Little League baseball bat resource page at: http://www.littleleague.org/learn/equipment/baseballbatinfo.htm
- A copy of the most current lists will be maintained in the concession stand.
- Composite handle, non-composite barrel bats are generally acceptable.

Injury Reporting

If an injury occurs on a playing filed requiring medical attention:

- Scorers or manager need to Officer on Duty immediately.
- OD and team safety assistant to access injury
- If ice is needed, OD to radio need to concession stand
- Concession workers get ice bag ready for the OD
- OD to deliver ice to the field and file report if needed

If 9-1-1 needs to be called, please follow this protocol:

- OD must take charge and assess the situation as needed.
- Concession stand personal will call 9-1-1
- One person, from the concession stand, will need to post themselves at the field entrance to direct safety personnel.
- Managers and a parent/guardian must stay with the child until medical personal arrive.
- Explain the situation to the medical personal and have them address the injury accordingly.

ALL injuries must be reported to the HALL Safety Officer ASAP.

First Report of Injury Forms are available in the mailbox in the concession stand.

Missing Child Protocol

IF A CHILD IS REPORTED AS MISSING:

Obtain information about child including:

- Name
- Age
- Gender
- A description of the clothing they have on
- Ask for a picture

If possible, have parents/guardians wait in concession stand area.

Communicate this information immediately to:

- Officer of the Day
- Both scorers sheds
- Concession stand

Officer on Duty:

Post themselves at parking lot entrance on 1st Street.

While there, do a visual survey of parking lot and dumpsters.

Lead Concession Stand Worker:

Check bathrooms and sheds – especially Field 3 Shed.

Check playground near the batting cage.

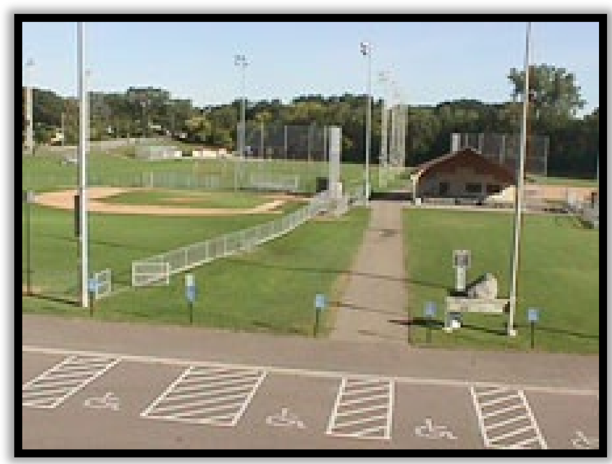
Scorers:

Between pitches, make an announcement with missing child's information.

Calling 9-1-1

Call 9-1-1 from concession stand phone if the child is not found after checking the parking lot, sheds & playground.

Most missing children are found quickly but we are better to err on the side of caution and call 9-1-1 if the child is not found after a brief inspection of Maetzold Field.



Level 3 Sex Offender Information

Currently, there are 0 registered Level 3 Sex Offenders living in the HALL Boundaries. 4/23/2026

https://coms.doc.state.mn.us/publicregistrantsearch

Safety Officer Responsibilities

- ☆ Serve as liaison between Board of Directors and Managers, Coaches, and Team Parents.
- ☆ Develop and maintain a qualified safety plan, which provides for a safe playing environment. The plan is to be reviewed by HALL President, District Safety Officer and National Officials.
- ☆ Ensure Facility survey is completed annually.
- ☆ Develop a good understanding of the insurance program. Explain program to members when required and provide claimants the necessary guidance regarding accident and claims forms.
- ☆ Serve as main contact with insurance company. Assisting participants with insurance claims throughout.
- ☆ Constantly refine accident prevention plan.
- ☆ Ensure that each team receives its Safety Manual and its First-Aid Kit at the beginning of the season with equipment pick-up.
- ☆ Ensure that each team has a Team Safety Officer (TSO) with appropriate training.
- ☆ Promote H.A.L.L's code of conduct and Sport Parent Code of Conduct.
- ☆ Inspect concession stand First Aid Kit and contact Hopkins Fire Chief to inspect fire extinguisher beginning of each season.
- ☆ Track and coordinate online training thru USA Baseball - First Aid Training. Online Training and Tracking will be kept on file. All Certifications will be good for 2 years from date of issue.
- ☆ Notify Field Maintenace director of any issue involving on-field safety.
- ☆ Serve as liaison to City of Hopkins regarding all safety issues.
- ☆ Serve as Board Member with a focus toward Safety. Discuss issues at all Board Meetings.
- ☆ Work closely with Equipment Director to ensure all equipment is safe and meets the standards set in Safety Manual. Ensure that damaged or worn-out items are not used and destroyed and establish a policy for coaches to exchange such items for properly inspected, safe equipment.
- ☆ Establish equipment and ground inspection procedure.
- ☆ Work closely with division coordinators to ensure safety policies are followed and that dangerous issue or situations are reported and resolved.
- ☆ Perform and complete background checks on all volunteers using J.D. Palatine (JDP). https://www.littleleague.org/player-safety/child-protection-program/jdp-faqs/ Little League requires that all volunteers complete a Volunteer Application each year published by Little League Baseball prior to working with kids.
- ☆ Copies of the annually updated Safety Manual will be accessible in Concession Stand.
- ☆ Maintain First Aid Kits. One will be in the concession stand and one kit in each teams equipment bag – all supplied with latex free supplies.

Safety Responsibilities of the League President

- ☆ Creating awareness, through education and information, of the opportunities to provide a safer environment for youngsters and all participants of Little League Baseball.
- ☆ Develop and implement a plan, in partnership with the Safety Officer, for increasing safety of activities, equipment and facilities through education, compliance and reporting.
- ☆ Oversee all Safety Programs in coordination with Safety Officer.
- ☆ Hold informational meetings for all parents new to the league.
- ☆ Appoint League Safety Officer and notify District and National Little League officials.

Board Member Responsibilities

- ☆ Support Safety Officer, Safety Committee, President, and League Safety Plan with regard to all Safety issues.
- ☆ Take appropriate action when an unsafe situation is observed.
- ☆ Suggest new safety ideas and concepts to safety committee and board.
- ☆ Allocate appropriate funds for safety in yearly budget.
- ☆ Bring safety issues to the attention of the Safety Officer, Safety Committee, and board of directors.

Safety Responsibilities of the Information Officer

- ☆ Post ASAP newsletter link on our website.
- ☆ Post Safety Plan on our website.
- ☆ Post Safety messages on our website.

- All incidents should be reported to the Safety Officer, no matter how minor. Accidents to anyone (spectators, coaches, players), if any first aid is required, it should be reported.
- The Officer of the Day will complete an Incident / Injury Tracking Report which is kept in the red Safety Binder in the concession stand.
- The Officer of the Day will provide Safety Officer with the following information: the injured person's name, the date and time of the injury, where the injury occurred, a summary of what happened, an assessment of the injury, and the reporting individual's name and phone number.
- Safety Officer will follow up with the injured person's family within 24 hours.
- The Safety Officer will file an AIG insurance claim, if necessary.
- First Report of Injury Forms and Claim forms will be kept in the concession stand.

Activities/Reporting — A Safety Awareness Program's Incident/Injury Tracking Report

League Name: ______ League ID: ___ - ___ - ___ Incident Date: ______
Field Name/Location: ______ Incident Time: ______
Injured Person's Name: ______ Date of Birth: ______
Address: ______ Age: ___ Sex: ☐ Male ☐ Female
City: ______ State ___ ZIP: ___ Home Phone: ( ) ______
Parent's Name (If Player): ______ Work Phone: ( ) ______
Parents' Address (If Different): ______ City ______

Incident occurred while participating in:

A.) ☐ Baseball ☐ Softball ☐ Challenger ☐ TAD
B.) ☐ Challenger ☐ T-Ball (5-8) ☐ Minor (7-12) ☐ Major (9-12) ☐ Junior (13-14) ☐ Senior (14-16) ☐ Big League (16-18)
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
☐ Base Path: ☐ Running *or* ☐ Sliding
☐ Hit by Ball: ☐ Pitched *or* ☐ Thrown *or* ☐ Batted
☐ Collision with: ☐ Player *or* ☐ Structure
☐ Grounds Defect
☐ Other: ______

B.) Adjacent to Playing Field
☐ Seating Area
☐ Parking Area

C.) Concession Area
☐ Volunteer Worker
☐ Customer/Bystander

D.) Off Ball Field
☐ Travel:
☐ Car *or* ☐ Bike *or*
☐ Walking
☐ League Activity
☐ Other: ______

Please give a short description of incident: ______

Could this accident have been avoided? How: ______

This form is for 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. For all claims or injuries which could become claims, please fill out and turn in the official Little League Baseball Accident Notification Form available from your league president and send to Little League Headquarters in Williamsport (Attention: Dan Kirby, Risk Management Department). Also, provide your District Safety Officer with a copy for District files. All personal injuries should be reported to Williamsport as soon as possible.

Prepared By/Position: ______ Phone Number: ( ) ______
Signature: Date:

General Facility Policies

- No climbing will be allowed on the fences or backs of the bleachers.
- No wall ball will be allowed on concession stand building.
- Skateboards, in-line skates, roller skates, scooters and bikes will be allowed in designated areas only. They will not be allowed in the concession area or in the bleacher area.
- Bat swinging is not allowed anywhere except the batter's box during a game or practice.
- The green apron which extends from the concession stand shelter to the parking lot and from Field #1 to Field #2, and the grassy area between the batting cages and the concession stand on Field #2 are off limits for baseball warm-up, practice, or bullpen work. Baseball is restricted to the areas noted in this manual.
- Each day, that games take place, a predetermined Board Member or Parent Volunteer will be present at Maetzold Field as Officer of the Day. This has been proven to be an effective way to maintain a safe environment for players and families while at Maetzold Field.
- Pitchers are only allowed to warm up in two areas; 1) the bullpen area behind Field #2 outfield fence or 2) along the outfield foul lines ***inside*** the field area. The pitcher must be nearest the infield and be protected by a coach or player wearing a batting helmet and using a baseball glove in area #2.
- To announce or score a game, you must be at least 16 years of age or accompanied by someone who is.
- **NO ONE under the age of 16 is allowed in the concession stand area**.
- No motor vehicles will be allowed to drive up to the concession area or up to the field during game times.

Volunteer Policies

- Each team will have at least one volunteer trained in First Aid. This can be a coach, manager, or parent and will serve as the team's safety coordinator (TSC).
- All Managers, Coaches, Board Members, team coordinators, and all other volunteers or hired workers with repetitive access to players and/or teams, will fill out the Little League's Volunteer Application on our website www.hopkinslittleleague.com and submit it to the HALL Safety Officer and undergo a background check prior to working with the kids.
- There will be two adults present any time there is a team gathering, practice or game.
- All volunteers must abide by the HALL Code of Conduct.

Field Maintenance

- Storage sheds are to be locked when not in use, to avoid children playing with equipment.
- Coaches are assigned responsibility for locking storage sheds at the end of a game.
- Fields will be regularly inspected for holes, debris, etc. Coaches will walk the field before games.
- There will be mandatory Coach training for field set-up and tear-down.

Weather –

- The Lightning Detector, located in the concession stand, should be consulted on a regular basis, particularly if storms are known to be approaching. Our lightning detector will sound an alarm when lightning is within 3-8 miles. All play is to be suspended immediately when the alarm sounds. This is true for games or practices.
- The NOAA Weather Radio will alert when severe weather is detected.
- REMEMBER: If thunder can be heard, you are already within range of a lightning strike. For more information about lightning safety, see First Aid section of this manual.
- If play is suspended, players, coaches and parents should move immediately to the interior of a car or take shelter under the concession canopy during a thunder and lightning storm.
- Umpires or coaches can suspend a game due to weather. If an umpire OR a coach feels there is a risk, either can suspend play.
- Games will not be played when the temperature is below 40 degrees Fahrenheit

Equipment –

- All batters must wear a batting helmet in practices and games. As of 2010, face guards or C-flaps and chin straps are required on all helmets.
- Catchers must wear a catcher's helmet, facemask, throat guard, chest protector (long style), shin guards and athletic cup. Throat guards are required even on hockey style catchers' masks.
- Heart-Guards are to be worn by pitchers in the Majors and Minors A divisions.
- Protective cups and mouth guards are encouraged for all players.
- Equipment must be inspected regularly to assure it is in good condition. **Equipment checklist included in this manual.**
- Faulty equipment must be discarded and destroyed immediately.
- Softer baseballs will be used by lower levels.

Game Preparation

- Coaches, parents, volunteers, or paid workers will handle equipment to prepare fields. Players will not do field prep. No one under age 16 drives the Cushman Utility Cart.
- Each team is issued a first aid kit with the team equipment. Larger kit in concession stand. Inventory will be taken by the Safety Coordinator so that the kits are fully stocked. As items are used it will be the team coaches and managers duty to notify the safety coordinator of the need to update used items.
- Players will not be allowed to wear rings, watches or chains during play.
- Players are to pay attention to the game at all times. **Food will not be allowed in the dugout during the game (i.e., sunflower seeds & peanuts.)**
- Headfirst slides are not allowed in the game unless a player is returning to the bag.
- Players are to remain in the dugout unless they are participating on the field. Players will not take practice swings on deck, behind or in the dugout.
- **Bats are to stay on the bat rack until the player is leaving the dugout.**
- Coaches will walk the fields prior to the game for rocks, holes and other safety hazards.

Conditioning/Hydration

- Coaches will lead or teach players stretching exercises prior to a practice or game.
- Players will be spaced out during throwing practice to avoid being hit by a wild throw.
- A water bottle fill station is installed in the park near the concession stand. Players will be responsible to bring their own water bottles to practices and games. Players should be encouraged to drink even if they don't feel thirsty.
- If the heat index is above 90º Fahrenheit, coaches will keep towels soaked in ice water in the dugouts for players to use to cool down.
- Players should be encouraged to drink water or sports drink, not pop, as pop is a diuretic and can dehydrate a person.

Concession Stand

- 2026 Safety Manual accessible in Concession Stand.
- First Aid kit available. (Each team equipment bag also had a fully stocked kit for use)
- Refrigerators must be maintained at 40º Fahrenheit.
- Perishables must be refrigerated until cooked.
- Cooked food must be served immediately. Most bacteria begin to form on prepared foods that are left standing. All cooked food left at the end of the night, will be thrown away.
- All non-perishable food will be stored at least six inches off the ground.
- Food must be handled with utensils, paper sheets, or gloves. There should be no direct contact with food.
- A fire extinguisher is available in the concession stand, near the front door.
- All workers are to be trained in all areas of working the concession stand.
- All workers must be in good health.
- Only individuals 16 years of age or older are allowed in the concession area.
- Dishes, cooking surfaces and preparation areas will be cleaned with hot, soapy water, rinsed with hot water or rinsed with a sanitizing rinse (bleach in water) and allowed to air dry.
- Clean towels and rags are to be used each night.
- For detailed procedures regarding concession stand opening, closing and cleaning procedures, see instructions posted in the stand. There is also details posted in this manual that cover the procedures.

Officer on Duty- Duties List

1. Oversee daily operation of games and field.
2. Police area – No wall ball ANYWHERE.
3. No roller skates, bikes, skateboard, scooters in picnic area.
4. No baseball on the front skirt area between fields 1 & 2.
5. Verify that the concession stand, restrooms, and all sheds are locked prior to leaving.
6. Make sure at least one announcer in each shed is 16 or older.
7. Make sure Field Crew is on time and completes all duties (tournaments)
8. Answer any Tournament questions from coaches, players, and parents.
9. Make sure all teams know where and when they play.
10. Fill out any injury reports if required. Kept in log book in concession stand. Place in Safety Officer's Mailbox.
11. Check Restrooms periodically for supplies and vandalism.
12. Continually monitor for unsafe situations including lightning detector. Log in book or report to Safety Officer, if appropriate. Games must be suspended if lightning detector indicates lightning within 3–8-mile range.
13. Ascertain that concession stand is manned. Notify appropriate person if not.
14. Assist in concession stand during busy times.
15. Run errands when needed - groceries, equipment failures, change for cash drawer.
16. Help make game decisions with regard to missing umpires, weather, rules, and safety issues. Rules Booklet is in OD box.
17. Enlist kids to pick up trash around field. Reward with Popcorn.
18. Sign volunteer time cards for concession and scorekeeping volunteers. Put time cards in completed pouch.
19. Make certain the 7 garbage containers (4 in the dugouts, 2 garbage containers under the concession stand roof, and 1 in the concession stand) are emptied by the end of the day/night and brought to dumpster in parking lot. It is recommended that you don't wait until they are full otherwise you can't get the bags out and they attract bees. You may use the Cushman cart if you want. Dumpster is locked; key is hanging between above cash drawer.
20. Periodically, throughout the day or evening the OD should remove cash from the drawer and place it in the drop box on the shelves.
21. Ensure Managers have inspected fields before play.

Team Coordinator-H.A.L.L

1. The responsibilities of a Team Coordinator include:
2. Complete Volunteer Application to be checked by Safety Officer.
3. Attend Team Coordinator training session – Concession Stand Coordinator will schedule dates for concession stand training. You will need to attend training to help train your team's parents in the concession stand. At the beginning of each shift assigned to your team, the team coordinator will assist with opening the concession stand and make sure the assigned parents arrive. If a parent does not show up for their assigned shift, there is a list of on-call volunteers that you can call to get a replacement.
4. Schedule concession stand assignments – the volunteer coordinator will be scheduling teams in the concession stand on specific dates. You will receive two concession stand sign- up sheets to complete with parents names.
5. Appoint a Team Safety Officer who will attend first aid training and provide assistance should a player become injured.
6. Schedule score keeping assignments – each parent must work in the scorekeeping shed for one home game. You will receive a sign-up sheet. Again, you can sign the parents up or have them choose a date. This does not apply to T-Ball parents.
7. Picture Day – Information will come from your team manager. Your responsibility will be to get the information to the parents and help the photographer on picture day.
8. Any other communication from the league.
9. Thank you for volunteering as your team's Team Coordinator. The league appreciates your time and efforts making a successful season for your team. If you have any questions, please contact the volunteer coordinator at volunteer@hopkinslittleleague.com

Umpires
&
Umpiring Guidelines

Safety Responsibilities of the Umpires

- ☆ Oversee all Majors and Minors A games according to Official Little League and HALL Rules.
- ☆ Umpires are expected to control players, fans, managers, and coaches to ensure they adhere to League conduct policy.
- ☆ Determining when games should be suspended or postponed. The following are reasons for suspending, postponing, or terminating a game:
  - Unsuitable weather conditions
  - Lightning in area
  - Unsafe playing surface or environment (fields must be inspected before every game)
  - Poor visibility due to darkness or weather conditions

- ☆ Be aware of proper equipment usage and watch for faulty, illegal, or ill-fitting equipment. They should bring this to the attention of the Manager.
- ☆ Attend First Aid Training
- ☆ Discuss all decisions on game terminations or participant expulsion with the Officer on Duty.
- ☆ Conduct game in the spirit Little League is intended, with the welfare and better of the children as the primary goal.
- ☆ Report all issues to the Officer on Duty. When necessary log any issue into the Daily Log book.

Umpire Guidelines

Before the Game

Meet at home plate

- Introduce plate and base umpires, managers/coaches
- Receive official lineup cards from each team and make sure scorekeepers booth has cards also
- Discuss any local playing rules (time limit, playing boundaries, etc.)
- Discuss the strike zone
- Discuss unsportsmanlike conduct by the players
- Discuss the pitches pitched by a pitcher rule
- Clarify calling the game due to weather or darkness
- Inspect playing field for unsafe conditions
- Make sure scorekeepers booth is manned
- Discuss no head-first slides, no on-deck circle rules
- Get 2 game balls from home team
- Be sure players not wearing any jewelry
- Be sure players are in uniform (shirts tucked in, hats on)
- Inspect equipment for damage and to meet regulations
- Ensure that games start promptly

During the Game

Umpires and Coaches

- Encourage coaches to help speed play by having catchers and players on the bench prepared and ready to take the field with two outs
- Make sure catchers are wearing proper safety equipment, including throat protector and extended chest protector
- Continually watch the field for safety and playability
- Pitchers warming up in foul territory must have a spotter with glove and catcher with full equipment
- Keep game moving-one minute or eight pitches to warm up the pitcher between innings or in case of mid-inning replacement
- Make calls loud and clear, signaling each properly
- Umpires should be in position to make the call
- No protesting of any judgment calls by the umpire
- Managers are responsible for keeping their fans and players on their best behavior
- Encourage everyone to think "Safety First"

Managers & Coaches Guidelines

- ☆ Accountable for the player's safety while on the field or in the dugouts.
- ☆ Inspect fields before every game.
- ☆ Conduct themselves according to the HALL Code of Conduct and Coaches Code of Conduct outlined in this manual below.
- ☆ Abide by Little League rules as defined in official Little League Book and local rule forms. Little League Rule book provided to each team.
- ☆ Accountable for the behavior of the players during all practices, games, or other team functions.
- ☆ Attend at least 2 of the 4-coach/player clinics or the coaches' clinic. Player Fundamentals Clinic dates and Coaches Clinic dates are posted earlier in this manual and on the HALL website (www.hopkinslittleleague.com)
- ☆ Conduct online Concussion Training and USA Baseball Coaches "A" Certification. Certifications are good for 2 years from the date of issue.
- ☆ Ensure a properly stocked First Aid kit is with you at all practices and games. Notify Safety Officer if you are in need of additional supplies.
- ☆ Ensure that at least two adults are present at each practice.
- ☆ Report any and all safety issues to the Officer of the Day, President, or other board member, or fill out the daily logbook.
- ☆ Abide by current pitch count guidelines and rules. *Hopkins Area Little League participates in the pitch count program.*
- ☆ Manager should continually check equipment and replace/destroy when damaged or worn out. Notify Equipment Coordinator when replacement equipment is needed.

Coaches Code of Conduct

Coaches are Role Models and should follow and support this code and enforce these rules:

- No Alcohol allowed in any parking lot, field or common areas.
- No Smoking or Tobacco products of any kind (including spit tobacco) allowed in any common areas.
- No playing in parking lots at any time.
- No playing on or around lawn/maintenance equipment.
- No profanity allowed in any parking lot, field or common areas.
- No swinging bats or throwing baseballs at any time within the walkways and common areas.
- No throwing balls against dugouts or against backstop.
- No throwing rocks.
- No climbing fences or bleachers.
- During game, players MUST remain in the dugout area.
- Bats must stay hanging up until player is going up to bat.
- Each team must clean the dugout of trash.

Failure to comply with the above could result in action by the Board of Directors, including suspension or expulsion from the league.

2026 Playing Rules for

Hopkins Area Little League

Majors Division

2024 Little League rules and regulations will govern all Majors Division play, including the following local rules:

THE GAME INFO:

1. Umpire Cost: The league that is hosting a game will select and pay for an umpire(s).
2. Late Players: Players arriving after the official start of the game are added to the batting order in the last position of the original batting order (example, if the late arriving player is the 12th player to arrive, he/she would follow the 11th player in the original batting order. If the 11th player in the batting order is scheduled to lead off the next inning the late arriving player would bat second that inning).
3. Home/Away Team: There will be a designated home and away team for each game. The home team will use the third base dugout and the away team will use the first base dugout. For inter-league games, the host team will always be the home team.
4. Warm Ups: On Hopkins fields there are no pre-game infield warm-ups. The visiting team may use whatever space is available outside the fences away from spectators, excluding the common space between field 2 and Tucker Field (from the concession stand to the parking lot) and the common space between field 1 and 2 (from the concession stand to the batting cages), but including unused adjacent baseball fields or the outfield grass. On all fields the managers will meet with the umpire(s) at five (5) minutes before game time.
5. 10 Run Rule: If after four (4) innings, 3 and one-half innings if the home team is ahead, one team has a lead of 10 runs or more the manager of the team with the least runs shall concede victory to the opponent. This rules also applies for inter league games at Hopkins fields.
6. 15 Run Rule: If after three (3) innings, two (2) and one-half innings if the home team is ahead, one (1) team has a lead of 15 runs or more the manager of the team with the least runs shall concede victory to the opponent. This rules also applies for inter league games at Hopkins fields.
7. Score Book: Home team has the official score book which is to be kept by the home team during the game. The scorebook can be electronic (Game Changer) or written.
8. End of Game/Final Inning: A game is considered a regulation game if four (4) innings are completed, three and a half innings if the home team is ahead. If the game is stopped before a regulation game is reached, the game will resume at the point of the last completed inning. Any partial inning will be void, and will not count. All pitches thrown in an inning that is void will be counted towards a pitchers pitch count. No new inning will start after 1 hour 45 minutes into the game. For games that end prior to six (6) innings due to time constraints, umpires must

announce that the last inning is about to begin by notifying both team managers prior to the start of the last inning. Both managers must acknowledge their understanding. A game can end in a tie if four (4) full innings have been played if there isn't enough time to finish more innings. However, if a game is tied at the end of six full innings and it is less than 1 hour and 45 minutes into the game, extra innings may be played until that 1:45 deadline is reached. (Zimmer 1:45 Rule)

9. Substitutions: A call-up is a player substitution from a lower division. A call-over is a player substitution from another Majors team. Substitute players may play if a coach knows that 8 or fewer players will be present for a particular game. All player substitutions must be approved by the league's player agents (This can be any one of: the League President, Vice Presidents, or Majors Coordinator, whoever is an uninterested party). The number of substitutions shall not be more than required to have 9 players. A player's first responsibility is always to their assigned team and may not play if the assigned team has a game scheduled at the same time. A call over from another Majors team should be prioritized before a call up from another Minors A team. Using the draft as a reference, call over players should be of equal draft value, which both managers must agree. The opposing manager must be notified in advance about he substitution. Each substitute will wear his or her regular team jersey. A call over/call up will be placed at the end of the batting order for that particular game and may only play in the outfield on defense, a call up is eligible to play anywhere with the exception of pitcher and catcher.

10. Season Tie Breaker Procedure: Should league play end with teams tied for first play, the following information will be used to determine the league winner:
    - #1 If only two teams: Head-to-Head Record
    - If multiple teams: Overall record between tied teams to identify top team and/or reduce tied teams to 2 and revert to the Head-to-Head Record breaker.
    - #2 Least runs allowed
    - #3 Runs scored/allowed differential
    - #4 Most runs scored
    - #5 Coin flip

AT BAT:

11. Batting order: Continuous batting order in a game.

12. Third Strike Out: Official LL Rule 6.05(b) defines when a batter is out –
    - a third strike is legally caught by the catcher
    - a third strike is not caught by the catcher when first base is occupied before two are out.

    A batter may advance to first if the third strike is not caught by the catcher, first base is not occupied and there are less than two outs. The batter may also advance to first if the third strike not caught by the catcher, first base is occupied and there are two outs.

13. Breakaway Base: If the breakaway base breaks away from the original spot, the player uses the place where the magnetic peg is as the base. Do not chase the base that has broken away.

IN THE FIELD:

14. Minimum Play: Each player must play a minimum of three (3) defensive innings in the field and bat at least one (1) time if a complete six (6) inning game is played. An "at-bat" is defined as: A player enters the batter's box with no count and completes that time at bat by being put out, called out by an umpire or by reaching base safely. If a complete game is not played and a player fails to get his/her

required playing time, that player must start the next game to assure the player of three (3) innings of play. All players must have entered the game defensively by the 4th inning. Exception: A player may be removed or held out of a game for disciplinary or health reasons. The manager should discuss the situation with the umpire and opposing manager and there must be an agreement reached. The manager should also discuss the situation with the player's guardian after the game.

15. Substitutions: Free substitution of defensive players is allowed except that a pitcher, once removed, may not pitch again in that game. Since all players bat, managers can move players in and out of the defensive lineup anytime. The only constraint being that each player must meet the minimum playing time as described in rule #13.

16. Catcher: A catcher may not catch more than 12 defensive outs during a game. A catcher may re-enter the game as catcher after having been previously removed as the catcher provided they did not pitch. Since catching requires the same repetitive arm motion as pitching:

- A player that catches in three (3) innings or more cannot be moved to pitcher. Catching one (1) pitch in an inning counts as catching in that inning.
- Players catching for less than three (3) innings are limited to 40 pitches.

17. Contact Avoidance: The contact avoidance rule follows Official LL Rules 7.08 a(3), 7.08 a(4), and 7.06 b (Note2).

- Rule 7.08 a(3) The runner is out when the runner does not slide or attempt to get around a fielder who has the ball and is waiting to make the tag.
- Rule 7.08 a(4) The runner is out when the runner slides head first when advancing.
- Rule 7.06 b(Note 2) If the defensive player blocks the base (plate) or base line clearly without possession of the ball, obstruction shall be called. The runner is safe and a delayed dead ball shall be called.

18. Blocking the Plate: A player may block the plate or base only if in possession of the ball at the point of contact with the runner (umpire's judgment). Players shall not, at any time, block access to a base when no play is in progress on the approaching base runner.

Pitching

1. Any player is eligible to pitch in Majors.
2. A player once removed as a pitcher may not pitch again in the same game
3. There is no limit to the number of pitchers a team may use.|
4. A player may not pitch more than 85 pitches in a game. 75 pitches if 10 years of age.
5. Pitchers must adhere to the following rest requirements:
    - 1-20 pitches in a game, 0 calendar days of rest required
    - 21-35 pitches in a game, 1 calendar days of rest required
    - 36-50 pitches in a game, 2 calendar days of rest required
    - 51-65 pitches in a game, 3 calendar days of rest required
    - For 10 year old's: 66-75 pitches in a game, 4 calendar days of rest required
    - For 11 and 12 year old's: 66-85 pitches in a game, 4 calendar days of rest required

6. A pitcher cannot pitch in more than one game a day. (i.e., double headers, continuation of a game, and another game).

7. A manager is responsible for knowing when a pitcher must be removed from a game. Use of an ineligible pitcher may result in a forfeiture of the game after the remainder of the game is played out. A forfeiture will be determined by the HALL Executive Committee if needed.

8. Intentional walks are not allowed. A pitcher may not deliver the ball to a catcher who is not set in the catcher's box. A pitcher who delivers 21 or more pitches in a game cannot play the position of catcher for the remainder of that day.

9. The withdrawal of an ineligible pitcher after that pitcher is announced, or after a warm-up pitch is delivered, but before the player has pitched a ball to the batter, shall not be considered a violation.

10. Pitches thrown in games declared "Regulation Tie Games" or "Suspended Games" shall be charged against the pitchers eligibility. The Pitcher may pitch in subsequent games according to the pitch count rules above.

11. The home team will be the designated "official scorekeeper" and will also be responsible for official pitch count. All foul balls and hit balls must be counted as pitches. Managers from each team should confirm and agree on the number of pitches thrown after each half inning.

12. The home team (official scorekeeper and pitch count recorder) shall inform the umpire when a pitcher has reached his/her 85th pitch of the game (75th if age 10). The umpire will notify the pitcher's manager that the pitcher must be removed in accordance with the above rules. The pitcher is allowed to finish pitching to a batter if he/she reaches the 85th/75th pitch while pitching to that batter. **Failure by the scorekeeper or the umpire does not relieve the manager of the responsibility to remove the pitcher when that pitcher is no longer eligible.**

13. All pitch counts must be logged in the online pitch count spreadsheet by each pitcher's team manager within 24 hours of the beginning of the game played. A link to this spreadsheet will be shared with the managers prior to the season.

14. Pitchers can wear arm sleeve if it is a solid color (not white, gray or patterned)

15. Pitchers can wear sunglasses on their face but NOT on their hat.

16. It is in the best interest of your team and our league to develop as many pitchers and catchers as possible.

Safety:

- Use helmets equipped with c-flaps or face masks and chin straps that fit. This is true whether the player is wearing a helmet they supply themselves or a helmet supplied by HALL.
- It is strongly suggested that all players wear a cup or pelvic protector.
- Players must not wear jewelry such as, but not limited to, rings, watches, earrings, bracelets, necklaces, or any hard cosmetic / decorative items. (EXCEPTION: Jewelry that alerts medical personnel to a specific condition is permissible).
- Catchers must always wear a cup and a mask with a throat guard and full catcher's gear.

- All pitchers must wear either the league provided heart guard or an undershirt with integrated heart guard.
- Make sure kids use necessary equipment. Check to make sure equipment is operational and safe.
- No sliding head first.
- No on-deck batter is permitted. Players must remain in the dugouts at all times unless: coaching a base, warming up as a pitcher, catcher, or protector for previous two players. The person protecting must wear a helmet.
- Only the player batting can hold a bat. No players in dugouts can hold bats.
- Coaches may not warm up pitchers before or during the game unless they have 10 or fewer players and get permission from the head umpire. A facemask IS required for adults.
- During a game, pitchers must warm-up in bullpen area between the outfield foul line and the fence, inside the playing field. At no time are pitchers allowed to warm up outside the fenced area.
- All managers and coaches will remain fully within the dugout or within the base coaches' boxes.
- No parents are allowed in the dugouts unless approved by the Manager/Coaches and have completed HALL Volunteer forms.

General:

- Learn baseball. Keep the game fun. Keep it organized. Good sportsmanship is important! Players respond better when the coach imposes control over the game's process.
- Play according to the league and division rules. Don't change things because you don't agree with them.
- Parents will be called upon to help set up and take down the fields. Coaches are responsible for training parents how to set up and take down the fields. HALL does not have staff for field preparation and clean up.
- Starting in 2018, Little League requires bats must meet the USA Baseball standard – approved bats will display the USA Baseball logo. An illegal bat must be removed. Any bat that has been altered shall be removed from play.
- Starting in 2025 No fat ends or knobs added to the end of the bats.

2026 Rule Update

- Both pitchers and catchers are eligible to receive a courtesy runner with two outs.

2026 Playing Rules for

Hopkins Area Little League

Minors A

Little League rules and regulations will govern all Minors A Division play, including the following local rules:

GAME INFORMATION:

1. Umpire: The league that is hosting a game will select and pay for an umpire(s).

2. Coaches Meeting: Before the game, coaches will meet to agree on end of game time with the umpire and share any other pertinent information.

3. Home/Away Team: There will be a designated home and away team for each game. The home team will use the third base dugout and the away team will use the first base dugout. For inter-league games, the host team will always be the home team.

4. Warm Ups: On Hopkins fields there are no pre-game infield warm-ups. The home team will have the third base dugout. The visiting team may use whatever space is available outside the fences away from spectators, excluding the common space between Field 2 and Tucker Field (from the concession stand to the parking lot) and the common space between Field 1 and Field 2 (from the concession stand to the batting cages), but including unused adjacent baseball fields or the outfield grass. On all fields the managers will meet with the umpire(s) at five (5) minutes before game time.

5. Score Book: The home team will be the designated "official scorekeeper" and will also be responsible for official pitch count. All foul balls and hit balls must be counted as pitches. Managers from each team should confirm and agree on the number of pitches thrown after each half inning. The score book may be electronic (Game Changer) or written.

6. 5 Run Rule: Maximum five (5) runs may be scored in one inning. If five (5) runs are scored in an inning, that inning is over regardless of the number of outs. The inning is over as soon as the 5th run crosses the plate, except in the case of an out-of-the-park home run, in which case all runners and the batter will be allowed to score. The five (5) run rule does not apply in the top and last halves of the last inning.

7. 10 Run Rule: The 10 run rule (Rule 4.10(e)) will not be waived (see 4.10(e)(2)), but modified to the following: If after five (5) innings, four (4) and one-half innings if the home team is ahead, one (1) team has a lead of 10 runs or more the manager of the team with the least runs shall concede victory to the opponent. This rules also applies for inter league games at Hopkins fields.

8. 15 Run Rule: If after four (4) innings, three (3) and one-half innings if the home team is ahead, one (1) team has a lead of 15 runs or more the manager of the team with the least runs shall concede victory to the opponent. This rules also applies for inter league games at Hopkins fields.

9. End of Game: A game is considered a regulation game if four (4) innings are completed, three and a half innings if the home team is ahead. If the game is stopped before a regulation game is reached, the game will resume at the point of the last completed inning. Any partial inning will be void, and will not count. All pitches thrown in an inning that is void will be counted in the pitcher's pitch count. For games that end prior to six (6) innings due to time constraints, managers and umpires must announce that the last inning is about to begin. The games last inning should be announced prior to 90 minutes from the start of the game. Both managers must acknowledge their understanding. A game can end in a tie if four (4) full innings have been played if there isn't enough time to finish playing six (6) innings. A new inning cannot be started after 90 minutes from the actual start time. Also, coaches are required to communicate to the umpire at the beginning of the game the actual start time to limit the first pitcher from each team to four warmup pitches each inning. The intention of this rule is to speed up play and encourage coaches to get their pitchers warmed up while their team is at bat.

AT BAT:

10. Batting Order: A continuous batting order will be used in a game.

Batting Out of Order:

- If batting out of order is discovered while the incorrect batter is still at bat.
  - Incorrect batter is removed
  - The proper batter takes their place
  - The ball/strike count carries over to the proper batter
  - No penalty beyond correcting the order
- If discovered after the improper batter completes the At-Bat (but before the next pitch)
  - The proper batter is called out
  - The improper batter's action is erased.
  - All runners return to the base they occupied at the time of the pitch.
  - The next batter is the one who follows the batter who was called out.
- If discovered after a pitch to the next batter
  - The improper batter's at bat becomes legal.
  - The batting order continues from the improper batters spot.
  - No outs are recorded.

11. Late Players: Players arriving after the official start of the game are added to the batting order in the last position of the original batting order (example, if the late arriving player was the 12th player to arrive, he/she would follow the 11th player in the original batting order. If the 11th player in the batting order were scheduled to lead off the next inning the late arriving player would bat second that inning).

12. Sliding: Sliding feet first is required when advancing to second, third and home base if a player is stationed at the base and has the ball or is prepared to catch the ball. Under no circumstance may a runner intentionally collide with a fielder. (Modification to Rule 7.08(a)(3).) If a player does not abide by these rules, he/she will be called out. Coaches should teach their fielders not to occupy a base or stand in the base paths unless a throw is coming to that fielder. Umpires may impose appropriate penalties, including awarding runners extra bases, when fielders obstruct or hinder runners. Rule 7.06 b(Note 2) If the defensive player blocks the base (plate) or base line clearly without possession of the ball, obstruction shall be called. The runner is safe and a delayed dead ball shall be called.

13. Advancing (Stealing): Once a player has reached any base they are able to advance to the next base (steal.) There is no leading off. Base runners can advance as soon as the ball cross the plate. Base runners on third base may advance on any play to home (e.g., a passed ball, error, etc.). They cannot remain in a leadoff position "taunting" the pitcher. Once the pitcher is in control of the ball on the mound, base runner must get on the current base or be advancing to the next base.

14. Base Breakaway: If the breakaway base breaks away from the original spot, the player uses the place where the magnetic peg is as the base. Do not chase the base that has broken away.

IN THE FIELD:

15. Positional Play: Every player of a team roster will play a minimum of two (2) innings (six (6) outs) in the infield and a minimum of one (1) inning (three (3) outs) in the outfield for each six (6) innings game. No player will play more than two (2) innings at any one position during a game (except pitchers, see below). Free substitution of defensive players is allowed except that a pitcher, once removed, may not pitch again in that game. (Modification to Rule 3.03.) Coaches must prepare a roster with positions for each player for all six (6)innings and provide a copy to the opposing team.

16. Minimum Play: Minimum playing time rules (modifications to regulation IV(i)):

a. No more than six (6) defensive outs at any one (1) position during a game, with the following exceptions:

   i. A pitcher may pitch more than six (6) defensive outs during a game, subject to established pitching rest rules. A pitcher may not re-enter the game to pitch after being removed as the pitcher.
   ii. A catcher may not catch more than 6 defensive outs during a game. A catcher may reenter the game as catcher after having been previously removed as the catcher provided they did not pitch.
   iii. Since catching requires the same repetitive arm motion as pitching: Players catching two (2) innings are limited to 40 pitches.

b. No player may sit out a second inning until all players have entered the game. Exception: A player may be removed or held out of a game for disciplinary or health reasons. The manager should discuss the situation with the umpire and opposing manager and there must be an agreement reached. The manager should also discuss the situation with the player's guardian after the game
c. Each player must play a minimum of three (3) defensive innings in the field and bat at least one (1)time if a complete six (6) inning game is played. If a complete game is not played and a player fails to get his required playing time, that player must start the next game to assure the player of three (3) innings of play. All players must have entered the game defensively by the 4th inning. Exception: A player may be removed or held out of a game for disciplinary or health reasons. The manager should discuss the situation with the umpire and opposing manager and there must be an agreement reached. The manager should also discuss the situation with the player's guardian after the game.
d. Starting positions should be varied during the season and a variety of pitchers should be used. Player Count: A team may place up to 9 fielders in the field during a game. A minimum of eight (8) players are required to play a game.

17. Player Count: A team may place up to 9 Fielders in the field during a game. A minimum of eight (8) players are required to play a game.
18. Defensive Positions: Only six (6) infielders are allowed. An outfielder will not be placed on the infield dirt or used as a short fielder in the outfield.

19. Hit Batters: A pitcher who hits three (3) batters with pitches in one (1) inning or hits four (4) total batters during a game must be immediately removed from the pitcher position for the duration of that game.

20. Player Substitutions: A call-up is a player substitution from a lower division. A call-over is a player substitution from another Minors A team. All player substitutions must be approved by the player agent or Minors A coordinator. Call-ups or call-overs may be made if a coach knows that 8 or fewer players will be present for a particular game. A player's first responsibility is always to their assigned team and thus cannot play up if he/she has a game scheduled at the same time. Each such substitute will wear his or her regular team jersey. A call over/call up will be placed at the end of the batting order for that particular game and may only play in the outfield on defense, a call up is eligible to play anywhere with the exception of pitcher and catcher.

Pitching

21. A player who has attained the league age of 12 (before September 1) is not eligible to pitch in Minors A.

22. A player once removed as a pitcher may not pitch again in the same game.

23. There is no limit to the number of pitchers a team may use.

24. A player who is 11 years old may not pitch more than 85 pitches in a game. A player who is 9-10 years old may not pitch more than 75 pitches in a game. A player who is 8 years old may not pitch more than 50 pitches in a game.

25. Pitchers must adhere to the following rest requirements:

a. 1-20 pitches in a game, 0 calendar days of rest required

b. 21-35 pitches in a game, 1 calendar days of rest required

c. 36-50 pitches in a game, 2 calendar days of rest required

d. 51-65 pitches in a game, 3 calendar days of rest require

e. For 10 year olds: 66-75 pitches in a game, 4 calendar days of must be observed

f. For 11 year olds: 66-85 pitches in a game, 4 calendar days of rest required

26. A pitcher cannot pitch in more than one game a day. (i.e., double headers, continuation of a game, and another game).

27. A manager is responsible for knowing when a pitcher must be removed from a game. Use of an ineligible pitcher may result in a forfeiture of the game after the remainder of the game is played out. A forfeiture will be determined by the HALL Executive Committee if needed.

28. Intentional walks are not allowed. A pitcher may not deliver the ball to a catcher who is not set in the catcher's box.

29. A pitcher who delivers 21 or more pitches in a game cannot play the position of catcher for the remainder of that day.

30. The withdrawal of an ineligible pitcher after that pitcher is announced, or after a warm-up pitch is delivered, but before the player has pitched a ball to the batter, shall not be considered a violation.

31. Pitches thrown in games declared “Regulation Tie Games” or “Suspended Games” shall be charged against the pitcher’s eligibility. The Pitcher may pitch in subsequent games according to the pitch count rules above.

32. Breaking pitches (curve balls, sliders, etc.) are not allowed and considered illegal pitches. Breaking pitches should not be thrown in practices. If a breaking pitch is thrown in a game, the umpires and coaches will conference and the pitcher will be given a warning. This pitch will be considered a ball. If the pitcher throws a second breaking pitch, the pitcher will be removed as pitcher for the remainder of the game and will not play in the remainder of the inning he/she was removed from.

33. The home team (official scorekeeper and pitch count recorder) shall inform the umpire when a pitcher has reached his/her 85th pitch of the game (75th if age 9 or 10, and 50th if age 8). The umpire will notify the pitcher’s manager that the pitcher must be removed in accordance with the above rules. The pitcher is allowed to finish pitching to a batter if he/she reaches the 85th/75th/50th pitch while pitching to that batter. **Failure by the scorekeeper or the umpire does not relieve the manager of the responsibility to remove the pitcher when that pitcher is no longer eligible.**

34. All pitch counts must be logged into the online Minors A pitching spreadsheet by each pitcher’s manager within 24 hours of the start of each game played. The Minors A pitching spreadsheet will be shared with coaches at the beginning of each respective season.

35. It is in the best interest of your team and our league to develop as many pitchers and catchers as possible.

Safety:

- Use helmets equipped with face masks. This is true whether the player is wearing a helmet they supply themselves or a helmet supplied by HALL.
- It is strongly suggested that all players wear a cup or pelvic protector.
- Players must not wear jewelry such as, but not limited to, rings, watches, earrings, bracelets, necklaces, or any hard cosmetic / decorative items. (EXCEPTION: Jewelry that alerts medical personnel to a specific condition is permissible).
- Catchers must always wear a cup and a mask with a throat guard and full catcher’s gear.
- All pitchers must wear either the league provided heart guard or an undershirt with integrated heart guard.
- Make sure kids use necessary equipment. Check to make sure equipment is operational and safe.
- No on-deck batter is permitted. Players must remain in the dugouts at all times unless: coaching a base, warming up as a pitcher, catcher, or protector for previous two players. The person protecting must wear a helmet.
- Only the player batting can hold a bat. No players in dugouts can hold bats.
- Coaches may not warm up pitchers before or during the game unless they have 10 or fewer players and get permission from the head umpire. A face mask IS required for adults.
- During a game, pitchers must warm-up in the bullpen area between the outfield foul line and the fence, inside the playing field. At no time are pitchers allowed to warm up outside the fenced area.

- All managers and coaches will remain fully within the dugout or within the base coaches' boxes.
- No parents are allowed in the dugouts unless approved by the Manager/Coaches and have completed HALL Volunteer forms.
- Pitchers can wear sunglasses on their face but NOT on their hat.
- Fielders can wear sunglasses or have them on the back of their head but NOT on the brim of their hat (this will be interpreted and enforced by umpires).
- Little League requires bats must meet the USA Baseball standard – approved bats will display the USA Baseball logo. An illegal bat must be removed. Any bat that has been altered shall be removed from play.
- No fat ends or knobs added to the end of bats.

General:

- Learn baseball. Keep the game fun. Keep it organized. Good sportsmanship is important! Players respond better when the coach imposes control over the game's process.
- Play according to the league and division rules. Don't change things because you don't agree with them.
- Parents will be called upon to help set up and take down the fields. Coaches are responsible for training parents how to set up and take down the fields. HALL does not have staff for field preparation and clean up.
- Pitchers can wear an arm sleeve if it is a solid color (not white, gray or patterned)

2026 Rule Update

- Both pitchers and catchers are eligible to receive a courtesy runner with two outs.

2026 Playing Rules for

Hopkins Area Little League

Minors B

Development Division

<u>Little League rules and regulations will govern all Minors B Division play, including the following local rules:</u>

<u>GAME INFO:</u>

1. <u>Home Team:</u> Home team will occupy the 3rd base dugout.

2. <u>Pre-Game Meeting:</u> Coaches of both teams should meet before the game and ensure they understand end of game rules, number of missed pitches for a strikeout, and share any other pertinent information.

3. <u>Umpire:</u> The coach that is running the pitching machine is the umpire for that half of the inning. The coach of the batting team will pitch/run the machine.

4. <u>5 Run Rule:</u> A maximum of five (5) runs may be scored in one inning. If five (5) runs are scored in an inning, that inning is over regardless of the number of outs. The inning is over as soon as the 5th run crosses home plate, except in the case of an extra base hit in which case all runners and the batter will be allowed to advance and score. However, only the first five runs scored in the inning count.

5. <u>10 Run Rule:</u> The 10 run rule (Rule 4.10(e)) will not be waived (see 4.10(e)(2)), but modified to the following: If after five (5) innings, four (4) and one-half innings if the home team is ahead, one (1) team has a lead of 10 runs or more the manager of the team with the least runs shall concede victory to the opponent. This rules also applies for inter league games at Hopkins fields.

6. <u>End of Game:</u> For games that end prior to six (6) innings due to time constraints, the two coaches must agree and announce that the last inning is about to begin. Both managers must acknowledge their understanding. Any inning that begins after 75 minutes of play is deemed to be the last inning. The games will end no later than 15 minutes prior to time the next game is

scheduled to begin. There is a 1 1/2 hour time limit on the game regardless if there is another game scheduled after the game. Because no Minors B standings are kept, a game may end during the course of an inning (rather than at the end of an inning) due to the need to start the next game. The final score reverts to the last complete inning.

AT BAT:

7. Batting: Batting is round robin.

8. Strike Outs: Each batter will receive five (5) good pitches until Memorial Day. After Memorial Day players will receive three (3) good pitches. Foul balls will be counted towards the pitch count except as the last strike. However, batters should not be penalized for swinging at pitches that are out of the strike zone. Use this sparingly and only for those batters that need the extra opportunity. There will be no walks. In order to strike out, a batter must either: not swing at a pitch in the strike zone as defined by the umpire (5th good pitch) or swing at and miss a pitch in the strike zone as defined by the umpire. A batter either hits a pitch or strikes out.

9. Bunting: Bunting is not allowed.

10. Sliding: Sliding feet first only is required at second, third and home base if a player is stationed at the base and has the ball or is prepared to catch the ball. Under no circumstance may a runner intentionally collide with a fielder. (Modification to Rule 7.08(a)(3).) If a player does not abide by these rules, he/she will be called out. Coaches should teach their fielders not to occupy a base or stand in the base paths unless a throw is coming to that fielder. Umpires (coaching staff) may impose appropriate penalties, including awarding runners extra bases, when fielders obstruct or hinder runners. Rule 7.06 b(Note 2) If the defensive player blocks the base (plate) or base line clearly without possession of the ball, obstruction shall be called. The runner is safe and a delayed dead ball shall be called.

11. Stealing: Base stealing or advancing on a passed ball is not allowed. No advancing on a throwback to the pitcher after a pitch.

12. Pitching Machine: When a ball is hit into the pitching machine it is a dead ball. The batter/runner is awarded first base and all runners advance one (1) base. When a ball in play is thrown into the pitching machine, the ball is dead and the batter-runner and other runners are awarded the base to which they were advancing when the ball hit the machine. Determination of whether a runner was attempting to advance at the time the ball is thrown into the machine is a judgment call for the umpire

under Rule 9.02.

13. Over-Throws: When a ball is thrown out of bounds (outside the fence or dugout), all runners advance a maximum of one (1) base. After the runner(s) has advanced the play is over.

14. Base Running:
a. Advancing on hits to the outfield: Runners can advance as far as possible as long as the ball remains in the outfield. Once the ball is returned to the infield (as judged by the umpire) runners cannot advance. The base to which the runner is advancing when the ball reaches the infield is the farthest that runner can advance on that play. The ball is considered in the infield once it reaches the base paths (dirt area) regardless of whether in the possession of a player.

b. Advancing on hits to the infield: If the ball does not leave the infield, all runners can only advance one (1) base. No extra base is allowed on a misplayed or overthrown ball in the infield. For example, on an infield hit, the batter can only reach first base, and a runner on first base can only reach second base, even if the play to first is overthrown. If the overthrow goes out of bounds, then runners can advance one (1) base.

15. Infield Fly: The infield fly rule is not used. Play should continue according to the rules listed.

16. Base Breakaway: If the breakaway base breaks away from the original spot, the player uses the place where the magnetic peg is as the base. Do not chase the base that has broken away.

IN THE FIELD:

17. Minimum Play: Every player of a team roster will play a minimum of two (2) innings (six (6) outs) in the infield, a minimum of one (1) inning (three (3) outs) in the outfield for each six (6) innings game. No player will play more than two (2) innings at any one position during a game. Coaches must prepare a roster with positions for each player for all six (6) innings and provide a copy to the opposing team. No player will play in the outfield two innings in a row. Players will rotate through positions evenly throughout the season. Starting positions will vary from game to game.

18. Field Positions: Only six (6) infielders are allowed including the catcher. An outfielder will not be placed on the infield dirt.

19. Number of Fielders: A team may place up to 10 fielders in the field during a game. A minimum of six (6) players is required to play a game. In any case where a team has less than 9 players, the manager may select one (1) or more substitute Minors B players from any other Minors B teams to make a roster of 8 players for that game. Each such substitute will wear his/her regular team jersey. A substitute may not play in the infield. A substitute will be placed at the end of the batting order for that particular game. The coach will notify the opposing coach and division coordinator of this substitution

if they have found a substitute.

20. Substitutions: Free substitution of defensive players is allowed. (Modification to Rule 3.03.)

21. Sitting Out: **No player may sit out a second inning until all players have sat out once in the game**. Exception: A player may be removed or held out of a game for disciplinary or health reasons. The manager should discuss the situation with the umpire and opposing manager and there must be an agreement reached. The manager should also discuss the situation with the player's guardian after the game.

22. Catchers: Catchers must wear a cup and be outfitted with full catchers equipment and place themselves behind home plate in position to receive the pitch. The function of this position will be no different than at the higher divisions.

23. Coaching on the Field: Managers and coaches are not allowed in the infield. Two (2) defensive managers or coaches may station themselves in the outfield to provide direction to the fielders. A team may use managers and coaches for both base coach positions.

Safety:

- All players that are preparing to bat, batting, or running the bases shall wear helmets equipped with face masks and chin straps that fit. This is true whether the player is wearing a helmet they supply themselves or a helmet supplied by HALL.
- No players shall hold any bats while in the dugout.
- It is strongly suggested that all players wear a cup or pelvic protector.
- Players must not wear jewelry such as, but not limited to, rings, watches, non-medical bracelets, necklaces, or any hard cosmetic/decorative items.
- Catchers must always wear a cup and a mask with a throat guard and full catcher's gear.
- Make sure kids use necessary equipment. Check to make sure equipment is operational and safe.
- No head-first sliding.
- No on-deck batter is permitted. Players must remain in the dugouts at all times.
- Only the player batting can hold a bat. No players in dugouts can hold bats.
- Use leather hard balls only, no vinyl hard balls can be used.
- No parents are allowed in the dugouts or on the field unless approved by the Manager/Coaches and have completed HALL Volunteer forms.

General:

- Learn baseball. Keep the game fun. Keep it organized. Good sportsmanship is important! Players respond better when the coach imposes control over the game's process. **Emphasize defense as well as offense**.
- Have a team meeting out on the field after each game to discuss went well during the game.
- Play according to the league and division rules. Don't change things because you don't agree with them.
- Pitching machine speed measurements vary. Pitching machines should be set to approximately 40 mph and will be periodically calibrated by Player Development. Coaches should attempt to keep the amount of arc to a minimum and the speed at a hittable rate.
- Pitcher should stand slightly to one side, and behind the machine.
- Rotate batting order each game so each player has the chance to bat first and there is a different lead off batter for each game.
- Rotate positions every inning: See "minimum play" rule above.
- Parents will be called upon to help set up and take down the fields. Coaches are responsible for training parents how to set up and take down the fields. HALL does not have staff for field preparation and clean up.
- All bats must be Little League approved. Starting in 2018, Little League requires bats must meet the USA Baseball standard - approved bats will display the USA Baseball logo. An Illegal bat must be removed. Any bat that has been altered shall be removed from play.

2026 Playing Rules for

Hopkins Area Little League

Minors C Division:

<u>Little League rules and regulations will govern all Minors C Division play, including the following local rules:</u>

THE GAME:

1. <u>Pre-Game Meeting</u>: Coaches of both teams should meet before the game and ensure they agree to game time ending and share any other pertinent information.

2. <u>Home Team</u>: Home team will occupy the dugout on the 3rd base line.

3. <u>Game Time</u>**: Games will run for 1 hour**. Because no Minors C standings are kept, a game may end during the course of an inning (rather than at the end of an inning) due to the need to start the next game. The final score reverts to the last complete inning.

AT BAT:

4. <u>Pitching:</u> The Batting team's coach will pitch to his/her team's batters and serve as the umpire for the half inning while their team is batting. Thus, they are pitcher/umpire/coach while their team is batting. The coach pitcher is also responsible for calling balls, strikes and outs.

5. <u>Batting:</u> Batting is round robin and each team will bat their entire lineup each inning.

6. <u>Batting rules</u>:
   a. Each batter will receive five (5) good pitches through Memorial Day. If after 5 good pitches the batter has not successfully hit the ball, she/he will use the tee until he/she gets a hit.
   b. After Memorial Day, the pitching machine will be introduced set to the lowest speed possible. Players will receive five (5) good pitches. The same rule of using the tee after the five good pitches applies.

7. <u>Bunting</u>: Bunting is not allowed.

<u>BASE RUNNING:</u>

8. <u>Sliding:</u> Feet first sliding only, never slide head first. Coaches should teach their fielders not to occupy a base or stand in the base paths unless a throw is coming to that fielder. Umpires (coaching staff) may impose appropriate penalties, including awarding runners extra bases, when fielders obstruct or hinder runners. Rule 7.06 b(Note 2) If the defensive player blocks the base (plate) or base line clearly without possession of the ball, obstruction shall be called. The runner is safe and a delayed dead ball shall be called.

9. <u>Stealing</u>: Base stealing or advancing on a passed ball is not allowed. No advancing on a throwback to the pitcher after a pitch.

10. Advancing on hits:

a. Advancing on hits to the outfield: Runners can advance as far as possible as long as the ball remains in the outfield. Once the ball is returned to the infield (as judged by the umpire) runners cannot advance. The base to which the runner is advancing when the ball reaches the infield is the farthest that runner can advance on that play. The ball is considered in the infield once it reaches the base paths (dirt area) regardless of whether in the possession of a player.

b. Advancing on hits to the infield: If the ball does not leave the infield, all runners can only advance one (1) base. No extra base is allowed on a misplayed or overthrown ball in the infield. For example, on an infield hit, the batter can only reach first base, and a runner on first base can only reach second base, even if the play to first is overthrown.

11. Breakaway Base: If the breakaway base breaks away from the original spot, the player uses the place where the magnetic peg is as the base. Do not chase the base that has broken away.

IN THE FIELD:

12. Rotate positions every inning. No one should play in the outfield two innings in a row.

13. Positions: Only six (6) infielders are allowed including the catcher.

14. Substitutions: Free substitution of defensive players is allowed. (Modification to Rule 3.03.)

15. Catchers: Catchers must wear a cup and be outfitted with full catchers equipment and place themselves behind home plate in position to receive the pitch. The function of this position will be no different than at the higher divisions.

16. Coaching on the Field: Managers and coaches are allowed anywhere on the field. A team may use managers and coaches for both base coach positions. Parent volunteering is encouraged and welcome, but no parents are allowed in the dugouts unless approved by the Manager/Coaches and have completed HALL Volunteer forms.

17. Outs: Fielding team is encouraged to make outs.

a. Prior to Memorial Day, if a player is out, the defense celebrates the “out” but the runner stays on the base.

b. After Memorial Day through the end of the regular season, when an out occurs, the player shall return to his/her bench, however there are no maximum outs as the batting team will bat their entire line up each inning.

Safety:

- All players that are preparing to bat, batting, or running the bases shall wear helmets equipped with face masks and chin straps that fit. This is true whether the player is wearing a helmet they supply themselves or a helmet supplied by HALL.
- No bats are allowed in the dugout. If there is an approved volunteer parent or coach assisting with the dugout, they may assist players with bats; otherwise, bats will be stored behind Homeplate and managed by the coach who is assisting with home plate.
- It is strongly suggested that all players wear a cup or pelvic protector.
- Players must not wear jewelry such as, but not limited to, rings, watches, non-medical bracelets, necklaces, or any hard cosmetic/decorative items.
- Catchers must always wear a cup and a mask with a throat guard and full catcher's gear.
- Make sure kids use necessary equipment. Check to make sure equipment is operational and safe.
- No on-deck batter is permitted. Players must remain in the dugouts at all times.
- Use flex-balls only.
- No parents are allowed in the dugouts unless approved by the Manager/Coaches and have completed HALL Volunteer forms.

General:

- Learn baseball. Keep the game fun. Keep it organized. Good sportsmanship is important! Players respond better when the coach imposes control over the game's process.
- Coaches should have a short team meeting out on the field after the game to debrief, recognized went well, and celebrate the team's efforts/progress.
- Coach pitchers should focus on consistent, hittable pitches to encourage success.
- Coaches should also emphasize defense and celebrate after the game how many outs were made by the team.
- Rotate batting order each game so each player has the chance to bat first and there is a different lead-off batter for each game.
- Parents will be called upon to help set up and take down the fields. Coaches are responsible for training parents how to set up and take down the fields. HALL does not have staff for field preparation and clean up.
- All bats must be Little League approved. Starting in 2018, Little League requires bats must meet the USA Baseball standard - approved bats will display the USA Baseball logo. An Illegal bat must be removed. Any bat that has been altered shall be removed from play.

2026 Playing Rules for

Hopkins Area Little League

T-Ball Division

Little League rules and regulations will govern all T-Ball Division play - including the following local rules:

AT BAT:

1. Score keeping: No score will be kept. Everyone's a Winner!

2. Batting: Batting is round robin and each team will bat their entire lineup each inning. When running to first, runners must run to the safety base (just outside the foul line). The last batter of the inning will run the bases and score a "homerun".

3. Tee Use/Pitching: Until Memorial Day players will hit the ball off the tee. After Memorial Day coaches will pitch three (3) good pitches to their own team's hitters for games. If after three (3) pitches, the batter is unsuccessful, the batter must use the tee.

4. Strike Outs: No player will strike out.

5. Foul Ball: A hit ball is considered foul if it doesn't go beyond 5 feet.

6. Bunting: Bunting is not allowed.

7. Stealing: Base stealing is not allowed.

8. Over Throws: Runners may not advance on an overthrow.

9. Outs: If a player is thrown out, the defense celebrates the "out" but the runner stays on the base.

IN THE FIELD:

10. Playing Time: Every player of a team roster will play in the field for the entire game. (Modification to Rule IV(I)) Exception: A player may be removed or held out of a game for disciplinary or health reasons. The manager should discuss the situation with the player's guardian after the game.

11. Minimum Players: A minimum of six (6) players is preferred to play a game.

12. Coaching on the Field: Managers and coaches are allowed anywhere on the field. A team may use managers and coaches for both base coach positions.

End of Game: Games will be last a minimum of 2 innings, ideally lasting no more than 50 minutes as this will assure to complete innings.

Safety:

- All players that are preparing to bat, batting, or running the bases shall wear helmets equipped with face masks and chin straps that fit. This is true whether the player is wearing a helmet they supply themselves or a helmet supplied by HALL.
- No bats are allowed in the dugout. If there is an approved volunteer parent or coach assisting with the dugout, they may assist players with bats; otherwise, bats will be stored behind Homeplate and managed by the coach who is assisting with home plate.
- Players must not wear jewelry such as, but not limited to, rings, watches, non-medical bracelets, necklaces, or any hard cosmetic / decorative items.
- Catchers should stand behind the coach/umpire while there is a player at bat.
- No sliding head first.
- No on-deck batter is permitted. Players must remain in the dugouts at all times.
- Use soft tee balls/flex balls only.
- No parents are allowed in the dugouts or on the field unless approved by the Manager/Coaches and have completed HALL Volunteer forms.

General:

- Learn baseball. Keep the game fun. Keep it organized. Good sportsmanship is important! Players respond better when the coach imposes control over the game's process.
- Coaches should have a brief team meeting on the field after the game to state what the players did well.
- Play according to the league and division rules. Don't change things because you don't agree with them.
- Rotate batting order every game so each player has the chance to bat first and there is a different lead off batter for each inning
- Rotate positions every inning.
- Parents will be called upon to help set up and take down the fields. Coaches are responsible for training parents how to set up and take down the fields. HALL does not have staff for field preparation and clean up.
- All bats must be Little League approved. Starting in 2018, Little League requires bats must meet the USA Baseball standard - approved bats will display the USA Baseball logo. An Illegal bat must be removed. Any bat that has been altered shall be removed from play.

2026 Playing Rules for

Hopkins Area Little League

Challenger Division

Little League rules and regulations will govern all Challenger Division play, including the following local rules:

1. There will be a designated home and away team for each game. Home team will occupy the 3rd base dugout.
2. We will keep score but both teams will be winners.
3. Players may choose whether to use the tee or to have the coach pitch to them.
4. Under no circumstance may a runner intentionally collide with a fielder. Coaches should teach their fielders not to occupy a base or stand in the base paths unless a throw is coming to that fielder.
5. Bunting is not allowed (unless an exception is made by the coaches).
6. Bat maximum of seven (7) kids per inning depending on the number of players on each team.
7. No player will strike out or walk
8. Once an inning has ended, fielders should stay in the field until all runners have cleared the bases. This is a safety issue aimed at reducing the number of collisions.
9. Batting is round robin.
10. Free substitution of defensive players is allowed (modification to Rule 3.03).
11. All players may play in the field when on defense. A minimum of six (6) players are required to play a game. In any case where a team has less than six (6) players, the manager may select one (1) or more substitute players from any other teams to make a roster of six (6) or more players for that game.
12. Base stealing or advancing on a passed ball is not allowed.
13. Runners may advance one (1) extra base only, at their own risk, on an overthrow to the outfield or foul territory in the outfield. After the runner(s) has (have) advanced or been thrown out, the play is over. This rule is designed to prevent out of control plays and multiple overthrows.
14. Managers, coaches, and buddies are allowed anywhere on the infield. Buddies are encouraged to assist players during games and practices.
15. A team may use managers, coaches, parents, or buddies for both base coach positions.

Safety:

- Use helmets that fit.
- Buddies wear helmets when helping players bat and run bases.
- It is strongly suggested that ALL players wear a cup.
- Catchers stand off to the side. Catchers must always wear a cup and a mask with a throat guard and full catcher's gear.
- Make sure kids use necessary equipment. Check to make sure equipment is operational and safe.
- No sliding head first.
- No on-deck batter is permitted. Players must remain in the dugouts at all times.
- Only the player batting can hold a bat. No players in dugouts can hold bats.
- Use soft tee balls only.
- No parents are allowed in the dugouts unless approved by the Manager/Coaches and have completed HALL Volunteer forms and background checks.

General:

- Learn baseball. Keep the game fun. Keep it organized. Good sportsmanship is important! Players respond better when the coach imposes control over the game's process.

- Play according to the league and division rules. Don't change things because you don't agree with them.
- Rotate batting order every game so each player has the chance to bat first and there is a different lead off batter for each game.
- Rotate positions every inning. One inning in the infield, the next in the outfield.
- All bats must be Little League approved. Little League requires bats must meet the USA Baseball standard – approved bats will display a USA Baseball logo.
- An Illegal bat must be removed. Any bat that has been altered shall be removed from play.

END OF GAME Rules

for Hopkins Area Little League 2026 Season

Majors: A game is considered a regulation game if four (4) innings are completed, three and a half innings if the home team is ahead. If the game is stopped before a regulation game is reached, the game will resume at the point of the last completed inning. Any partial inning will be void, and will not count. All pitches thrown in an inning that is void will be counted towards a pitcher's pitch count. No new inning will start after 1 hour 45 minutes into the game. For games that end prior to six (6) innings due to time constraints, umpires must announce that the last inning is about to begin by notifying both team managers prior to the start of the last inning. Both managers must acknowledge their understanding. A game can end in a tie if four (4) full innings have been played if there isn't enough time to finish more innings. However, if a game is tied at the end of six full innings and it is less than 1 hour and 45 minutes into the game, extra innings may be played until that 1:45 deadline is reached. (Zimmer 1:45 Rule)

Minors A: A game is considered a regulation game if four (4) innings are completed, three and a half innings if the home team is ahead. If the game is stopped before a regulation game is reached, the game will resume at the point of the last completed inning. Any partial inning will be void, and will not count. All pitches thrown in an inning that is void will be counted in the pitcher's pitch count.

For games that end prior to six (6) innings due to time constraints, managers and umpires must announce that the last inning is about to begin. Both managers must acknowledge their understanding. Any inning that begins less than 30 minutes prior to the next scheduled game will be the last inning. For night games at Hopkins no new inning will begin after 9:30 pm. A game can end in a tie if four (4) full innings have been played if there isn't enough time to finish playing six (6) innings.

School Night End of Game: A new inning cannot be started after 90 minutes from the scheduled start time on a school night. Also, coaches are required to communicate to the umpire at the beginning of the game to limit the first pitcher from each team to four warmup pitches each inning. The intention of this rule is to speed up play and encourage coaches to get their pitchers warmed up while their team is at bat.

Minors B: For games that end prior to six (6) innings due to time constraints, the two coaches must agree and announce that the last inning is about to begin. Both managers must acknowledge their understanding. Any inning that begins after 75 minutes of play is deemed to be the last inning. The games will end no later than 15 minutes prior to time the next game is scheduled to begin. There is a 1 1/2-hour time limit on the game regardless if there is another game scheduled after the game. Because no Minors B standings are kept, a game may end during the course of an inning (rather than at the end of an inning) due to the need to start the next game. The final score reverts to the last complete inning.

<u>Minors C:</u> Games will run for 1 hour. Because no Minors C standings are kept, a game may end during the course of an inning (rather than at the end of an inning) due to the need to start the next game. The final score reverts to the last complete inning.

<u>Tee Ball</u>: Games will be last a minimum of 50 minutes, ideally this will assure two complete innings. Games may go to all 60 minutes allotted even if an inning will not be completed

2026 Miscellaneous Regulations for

Hopkins Area Little League

All Divisions

Home Team

It is the responsibility of the home team to prepare the field. However, it is recommended both teams help with field preparation. This includes:

- Dragging and raking the field. Rake base paths length wise to keep aglime out of the grass.
- Applying turf-dry or draining water when necessary.
- Installing bases.
- Chalking baselines and the batter's box (only baselines need chalking in T-Ball).
- Setting up and testing the pitching machine (Minors B only).
- Installing bat racks and helmet bags in dugouts.
- Supplying both dugouts with water jugs and cups.
- Managers will meet 5 minutes before game time to make sure both teams are clear on the rules.

Visiting Team

The visiting team is responsible for field clean up. However, it is recommended both teams help with take down of the fields.

If there is a game scheduled to follow, this includes:

- Putting away the pitching machine in the equipment shed.
- Raking the infield after all games and placing the rakes in the equipment shed.

If there is no subsequent game scheduled, this includes all the above items plus:

- Removing bases and installing base plugs.
- Returning bat racks, helmet bags, extension cord, and bases to announcer sheds.
- Turning off the scoreboard.
- Verifying equipment and announcer sheds are locked.
- Placing mound tarp on the mound – to be held down with chains.
- After the last game of the day the field must be raked.

Field Preparation

- The coaching staff is responsible for all field preparation
- Use hose on hose cart to wet dirt.
- Rake aglime out of grass lip after dragging.
- Rake baselines and area around home plate
- Do not allow city workers to drag HALL infields.

Game Postponements and Cancellations

- The division coordinator or league president will communicate rainouts and other postponements to managers and coaches. Rainouts and other postponements are at the discretion of the division coordinator and league president. It's strongly recommended that games should be postponed if the air temperature is below 40 degrees F at the starting time. The manager of each team is responsible for communicating postponements to the team members.
- It is the home team manager's responsibility to reschedule the game with HALL's Scheduling Coordinator and make up games within two weeks of the original game date. Make-up dates and times must be cleared with the supervising umpire, league scheduler, and opposing team manager. Because of field availability, make-up or rainout games should be rescheduled as soon as possible.
- All postponed games must be rescheduled unless all of the following conditions apply:

    - Both managers agree to not reschedule the game (T-Ball, Minors B and Minors C).
    - The game does not impact the final division standings.
    - There is no available field space and/or time to reschedule the game.
    - Make up games take precedence over any practice that may be scheduled at Maetzold Field.

General Regulations

- Managers in Minors B, Minors A, and Majors must also submit a copy of the roster to the announcer's shed prior to the game.
- The umpire will resolve any disputes that arise during the game. If the umpire requires assistance from the Officer of the Day to resolve any disputes, the Rules Committee will be notified for possible future rule changes.
- A copy of these all-divisional rules will be available in the concession stand. If a manager wishes to dispute any rule he/she must have a copy of the divisional rules, Official LL rules and Special Rules in his/her possession. Dispute procedures in the official regulations will apply to disputes over any division special rules.
- If a manager believes that compliance with any of these rules will be a safety risk to anyone, he/she should report the situation to a league officer/ board member to consider whether to waive or modify a rule.

Concession Stand Safety

&

Equipment Operating Instructions

MAETZOLD CONCESSION STAND

952-939-0255

Safety Responsibilities of the Concessions Coordinator

- ☆ Operating a safe and clean concession stand.
- ☆ Post and educate members on Concession Stand Safety procedures.
- ☆ Educate members and enforce the NO PEANUT /SEED policy.
- ☆ NO NUTS POLICY.
- ☆ Post and educate members about health codes, sanitation, and food handling procedures.
- ☆ Maintain all concession stand food, products, and equipment.
- ☆ Post laminated concession stand operating procedures for all to read.
- ☆ Work with Volunteer Coordinator to make sure that these procedures are relayed at the start of the season to the parents working in the concession stand through training sessions.

Hand Washing & Money Handling Protocol

All concession stand workers must wash their hands at the start of their shift and any time they leave and return to the concession stand during their shift.

One person on the crew will be in charge of preparing and serving the “hot” foods:

- Hot dogs
- Microwaved foods
- Pizza

One person will be in charge of pop/slushies, pizza and popcorn.

THESE WORKERS WILL NOT HANDLE MONEY.

The remaining crew will take orders and handle the money.

Frequent hand washing or use of hand sanitizer in encouraged.

HOT DOG ROLLER

Opening Procedure:

- Turn red switch to on position – rollers will begin to rotate.
- Turn the two black dials to 9 or 10. These will control the heat – let warm up for 5 to 10 minutes.
- After pre-heat – turn the front rollers down to 5 or 6 – medium heat and keep the back rollers on high.
- Place 12 to 16 hotdogs on the back rollers and cook for about 10 to 15 minutes or when the hotdogs begin to swell up and a faint crack will appear down the middle.
- Place cooked hotdogs on the front rollers and replace the back rollers with more hotdogs.
- Keep rotating as long as needed. The hotdogs sell fast – especially at concession stand opening.

Closing Procedure:

- When all hotdogs are off the rollers – turn the temperature dials down to 0 but leave the rollers on.
- Let the rollers cool.
- Take a green scouring pad with warm soapy water and scrub the rollers as they rotate around. Get in between the rollers on the sides of the machine as well. ****DO NOT USE CLEANERS****
- Rinse with a spray of water and wipe down with paper towels.
- When finished – turn switch to off.
- Take out drip pan from underneath the rollers and bring to sink to wash and dry. Place back in machine.
- Wipe down the rest of the machine and the wall behind it.
- Make sure machine and rollers are off.

NACHO CHEESE MACHINE

- Place nacho tray under the dispenser.
- Push on button – fill to the top of the tray's cheese pocket.
- Fill the other pocket on the tray with nacho chips.
- Cheese Bag Replacement

  Be Careful-CHEESE IS HOT!

  - Open door and remove top tray with heated replacement bag from machine.

  - Twist off cap from bag (a can opener works good).
  - Remove replacement tube from plastic wrap and push into bag opening. Set aside.
  - To get empty bag out - open tube clamp by rotating cam counter clockwise.

  - Remove bag and throw in trash.
  - Place new bag on tray with spout and tube directed downward.
  - Guide the tube through pump slot from top to bottom.
  - Close clamp by rotating clockwise.
  - Place a new bag of cheese in tray and place in top tray of machine to heat.
  - Close door. (Door will not close properly when clamp is not in proper position)

  Remember:

- The nacho dispenser will remain on. Do not turn off when the concession stand closes.
- Simply wipe the machine clean with warm water and soap at the end of your shift

POPCORN MACHINE

Opening Procedures for popcorn machine:

- ✓ Open front doors and flip on all three switches –light, motor and kettle.
- ✓ Let it warm up for 5 minutes.
- ✓ Cut open bag of pre-measured popcorn mix (only use one bag at a time).
- ✓ Flip open one side on the top of the kettle.
- ✓ Squeeze mixture into the kettle. The kettle is **hot** - be careful not to burn yourself!
- ✓ Flip top back down and close front doors.
- ✓ It usually takes about 5 minutes for a batch to pop.
- ✓ Listen for when the popcorn stops popping.(1-2 seconds in between pops) Immediately dump the popcorn that is left inside the kettle.
- ✓ Continue to make 3 for 4 batches at the beginning of the shift.
- ✓ Turn off the kettle and motor when finished making popcorn. Anticipate when you will need to pop more. Turn on the motor and kettle and pop as many batches as needed.

Closing Procedures for popcorn machine:

- ✓ Turn machine completely off. *Be sure that all three switches –light, motor and kettle have been turned off.*
- ✓ Take out the drip pan to discard old kernels and clean at sink with warm soapy water.
- ✓ Lift the bottom tray up and unplug. Remove the tray carefully and bring over to the sink. Carefully wipe down with a warm soapy cloth/paper towel. Be sure not to get heating element wet on the backside of the tray. Place back into machine when dried.
- ✓ Wipe out the bottom of the machine.
- ✓ Clean glass inside and out.
- ✓ Wipe down kettle.

SLUSHIE MIXTURE

One ½ Gallons Concentrate = 2 ½ Gallons of Mixture

- Take ½ gallon of concentrate
- Fill gallon jug with concentrate to the line as indicated on the jug then fill jug with water.
- Put cap on and place in the bottom shelf of the cooler until needed.
- When needed, fill Slushy machine according to indication line on the side of the machine.
- Do not put a jug of concentrate in the refrigerator without diluting.
- Remember to rinse out and clean any empty mix containers to reuse.

PIZZA OVEN

Opening Procedures:

- Prepare the warmer section for operation. Turn "oven control" heat switch to "on" position.
- Fill the water pan in the warmer section of the machine to provide humidity as needed.
- Turn both the light and heat switches to the "on" position.
- Place the pizza in the oven when the temperature reaches 300 degrees.
- Turn timer switch to "on" position. (The first pizza should take 9 ½ minutes. For additional pizzas, adjust the timer to 8 minutes. If continually cooking pizza leave timer at 8 minutes. If oven cools down, turn the timer back to 9 ½ minutes.)
- When the buzzer goes off, take the pizza out of the oven using 2 oven mitts/gloves and the spatula provided.
- Cut the pizza into 4 pieces (quarters) and place in the warmer section on a tray.

Closing Procedures:

- Turn off all switches. Allow 20 minutes to cool.
- Clean all trays with hot soapy water
- Wipe down all areas inside and outside the pizza warmer with hot soapy water.

NOTE: To avoid excess pizza at the end of the day, DO NOT cook more pizzas 30 minutes prior to the last game.

Field Maintenance & Equipment

Field Maintenance Coordinator: Brad Hoese

Safety Responsibilities of the Field and Grounds Coordinator

- ☆ Ensure the fields are in good playing condition.
- ☆ All bases and base posts are working and attached properly.
- ☆ ALL fields are equipped with disengage-able bases.
- ☆ All fields are equipped with double-first bases.
- ☆ Ensure protective fence tops are intact and in good condition.
- ☆ Inspect fences protecting spectator s for any signs of holes/abuse.
- ☆ All structures are safe according to City and League guidelines.

Safety Responsibilities of the Equipment Coordinator

- ☆ Maintain equipment in good working condition.
- ☆ Identify, remove, and replace from use any faulty, ill-fitting, or unsafe equipment.
- ☆ Verify that all teams are issued a first aid kit with supplies as noted on page 151.

Hopkins Area Little League Pre-Game & Post Game Field Maintenance Detail

All field equipment is located in the equipment shed on the Softball Field – Field #3. Scorekeeping equipment and water jugs are kept in the Concession Stand.

Field Prep ***–Home team*** must prepare field prior to game…***Visiting team*** must tear down ***with field help*** from ***Home team***

Field Prep applies to all divisions except Challenger. This includes Majors, Minors A, Minors B, & T-ball.

*****Minors A only- home and visiting teams*** share responsibilities.

Unlock restrooms, equipment and announcer shed.

If the field is wet please follow the procedure below prior to dragging, raking, or chalking.

Standing water: If standing water is present around home plate and the bases, use the manual hand water pump. Pump water into the green 5 gallon pail. With the pump, you can remove about 80% of the standing water from the puddle. For the last 20%, use a squeegee or shovel to flick away the remaining puddle, or a small cup to remove the remaining water. Then use the Turf-Dry Compound to

dry up the remaining area. By using this manual water removal pump, you'll remove the standing water in very little time, and avoid using excess Turf-Dry Compound - saving us money - and be ready to play ball sooner.

Dragging the field: The field drag may be pulled manually or with the cart. It is important to drag the field in order to level out uneven areas. Please be careful not to create your own mounds and **do not drag the infield dirt up on to the grass**. This creates the raised edges of the grass (lips) that can be very dangerous to infielders.

Raking the Infield Dirt: Please rake the first and third base-paths **the long way, NOT across.** Gullies form when we rake side to side and the dirt and chalk is pushed out into the grass. Rake the mound area toward the pitching rubber (up hill). This keeps the dirt and clay on the mound and not in the grass. Pack the pitching area with clay and sprinkle with water, using sprinkler cans, to firm it up. Clay is located in the storage bin in the Scorekeeping Shed. Fill in the toe hole until even with the top of the rubber. Do not allow the pitchers to dig this area out. **When raking around bases, rake toward the base. Dirt gets pushed outward creating a depression in the base area.**

Chalking: Base paths should be chalked prior to all games. Always use a 2" path **NOT the 4".** You may use the chalk line from the fence across the back corner of home plate to the left side of third base and over the color divider on the first base side. If you are also chalking the batter's box do not chalk the base line any further than the edge of the batter's box. **Do not chalk the batter's box for Minors B or Tee-Ball but only for Majors and Minors A.** The lime in the chalk, when mixed with the dirt and clay on the field can become extremely hard. This makes the field dangerous and difficult to properly maintain. For this reason, we do not want to use chalk unnecessarily. When chalking you may need to occasionally clear the chalker's drop chute. Chalk the batter's box using the metal batter's box marking frame as your guide. This frame is also located in the equipment shack.

Bases: Bases are located in the back of the cart. They can be left in the cart when not on the fields. There are special tools for cleaning out the base posts. These should be on the cart. Base plugs should also be on the cart or in the base posts. When installing the bases please remove the base plugs from the field and place them in the cart. They will go back on to the base stems when bases are removed. When installing the safety base at first always install the orange side in foul territory.

Dugout Equipment: Bat racks and Helmet bags should be hung in the dugouts during field prep. Make sure each player has filled their water bottles from the water bottle fill station prior playing.

Pitching Machine: All Minors B games include the use of the pitching machine. The home team will also set the machine up so the pitching chute is slightly in front of the pitching rubber. Legs should be dug in enough to stabilize the machine throughout the course of the game. The electrical cord is underground on Field #1 and # 2. There is a small lid on the back side of the pitchers mound that holds the electrical cord plug in, which is connected to the power in the announcers shed.

Remember to replace lid. **DO NOT PULL CORD OUT!**

Scorekeeper Shed setup: Get scorekeeping box, cord, and microphone from the concession stand. Unlock scorekeeper shed and plug score box into jack. Plug in power cord. Test machine functionality.

Cart Rules and Care:

Unless using the cart for specific purpose stay off cart.

No one is allowed to ride in the back of the cart. All riders must be on the seat.

Maximum of 2 people on the cart at any time. Please don't use cart to give rides to kids.

Driver must be a licensed driver.

Officer on Duty will monitor cart use.

Drag field slowly – **DO NOT DRAG INTO GRASS**

DO NOT drag baselines or home plate area.

Stay on asphalt whenever possible

Stay in foul territory until entering infield area.

Batting Cage Care - Please rake the cage after you are done. Put all items back inside the building, including the L screen and the pitching machine. Lock both the building door and the cage door. Use the chain and padlock for the cage door.

Use of the Field Lights: The circuit breakers on/off switches are located on (2) separate electrical panels in the concession stand building. The panels are located in the small room in the back, left hand side of the building. You must enter through the concession stand to reach this room. For Maetzold #1, the circuit breaker switches are marked and are on the **existing panel** on the left side of the wall - you need to throw 4 switches - to turn on all 4 light columns. For Maetzold #2, the switches are on the **new panel** on the right hand side of the wall - you will need to throw 4 switches as well. The lights take several minutes to warm up - they turn off instantly. **The lights must be turned off by 9:55 PM on any game night.** If a game runs long, and teardown is running late, after 10:00 pm, shut down 3 light column lights, and finish with tear down and lock up with reduced illumination

Field Setup Checklist (Also Hung in the Sheds with Equipment)

Before First Game:

- Put helmet bags and bat racks in dugouts
- Empty dugout garbage if necessary
- Install bases
  - Dig out posts if necessary, bottom of base must contact ground
  - Put plugs in equipment shed
- Rake dirt areas if necessary
- Repair mound if necessary
- Water infield dirt
- Chalk batters boxes, foul lines and catchers box

Between Games:

- Rake infield dirt
  - Level high use areas (batters boxes, areas around bases)
- Repair mound
- Water infield dirt
- Re-chalk
- Re-fill water jugs in dugouts
- Clean dugouts

After Last Game:

- Remove bases
- Install base post plugs
- Rake infield dirt
- Level high use areas (batters boxes, areas around bases)
- Repair mound
- Sweep dirt from edges of grass
- Heavily water infield dirt, especially high use areas
- Put helmet bags and bat racks away
- Clean dugout
- Empty dugout garbage
- **Do not water the mounds**
- Only use quick dry in very extreme cases and never on field #1 mound.
- If mounds become slippery, spread some of the top dressing located in buckets in the batting cage building on it.
- **Water the infield dirt before raking if it is very dry in order to keep dust down.**
- **Only chalk 2" lines!**

Reach For Resources

Training for Hopkins Area Little League

Challenger Division

Challenger Division Coordinator Andy Schultz

Points To Remember When You Meet a Person Who Has a Disability

- Remember that a person who has a disability is a person like anyone else. Don't generalize! Set aside stereotypes.
- Relax. If you don't know what to do or say allow the person to put you at ease.
- Explore your mutual interests.
- Offer assistance if asked or if the need seems obvious, but don't overdo it or insist on it. Respect the person's right to indicate the kind of help needed. Avoid being overprotective.
- Talk about the disability if it comes up naturally without prying.
- Appreciate what the person can do.
- Let the person set the pace in walking or talking.
- Speak directly to a person who has a disability.
- Don't move a wheelchair or crutches out of reach of person who uses them.
- Never start to push a wheelchair without first asking the occupant if you may do so.
- Don't lean on a person's wheelchair when talking.
- Give whole, unhurried attention to the person who has difficulty speaking. Don't talk for the person, but give help when needed.

- Speak calmly, slowly and distinctly to a person who has a hearing problem or other difficulty understanding. Stand in front of the person and use gestures to aid communication.
- When dining with a person who has trouble cutting, offer to help if needed.

Credited to the June 1989 PACER Center Early Childhood Connection and September 1989 PACER Center PACESETTER

First Terminology

"Person First" then the disability

- Language is a powerful tool and often reflects an attitude.
- Individual or person with a disability is the current proper term to use. The use of an adjective as a noun such as the disabled, or the handicapped is out. Putting the adjective first focuses too much on the disability.
- Consider how you would introduce someone without a disability. You would introduce him or her by his/her name and then discuss where she lives, what she does, her interests, etc. This should be the same rule for a person who has a disability. Each person is made up of many characteristics, both physical and mental. Rarely do people want to be identified by their hair color, their love of sports, or their favorite food. Each individual is made of many characteristics and interests. Remember that people have many parts to them, other than just their disability.
- Emphasize a person's abilities, not their limitations. Keeping in mind not to give excessive praise or attention to a person with a disability.

Some examples:

Say…	**Instead of…**
Child with a disability	disabled or handicapped child
Uses a wheelchair	confined to a wheelchair
Person with mental retardation	retarded

Person who has…	**Afflicted with or suffers from…**
Quadriplegia	quadriplegic
Developmental delay	slow

DEFINITIONS

ADAPTATIONS-Alterations, modifications, or other changes to an activity that enables all people to participate. These are always made within the framework of the person's current age level.

ADD (Attention Deficit Disorder) - One or more learning disabilities that interfere with life activities. May be hyperactive or easily distracted with a short attention span. Most people with ADD have average intelligence, but may have problems paying attention and have problems with organization and distractibility.

ADHD (Attention Deficit Hyperactivity Disorder)

AUTISM-A lifelong developmental brain disorder with an onset usually in the first three years of life. Characteristics may include: slowness in understanding messages, problems in the sensory system, hearing and language difficulties and inappropriate physical and social responses. It can occur by itself or be coupled with other disorders such as mental retardation.

DEFIANT- Purposefully not cooperating or responding to direction

DEVELOPMENTAL DISABILITY (DD)-A disability attributed to physical and/or mental impairment that develops before age 22, and causes limitation in 3 of more life activities. Life activities include: self-care, language, learning, self-direction, capacity for independent living and economic self-sufficiency. Approx. 3% of the population has a Developmental Disability.

DISABILITY-A physical or a mental condition, which limits that individual's daily living activities or life functioning capabilities.

DOWN SYNDROME-Developmental Disability caused by an extra chromosome being present at conception. Downs Syndrome causes mild to severe mental retardation and other typically characteristic physical features, such as smaller limbs and body frame with a round face and eyes that slant upward.

EPILEPSY- A chronic nervous disease characterized by recurring seizures.

INCLUSION- Bringing individuals together with and without disabilities.

INCLUSION FACILITATOR, PARA, PCA (Personal Care Aide) One-to-One-All terms used to describe a staff person who is specifically trained to work with a person with a disability in order to adapt and create ways to successfully include them in a program with "typical" peers.

MENTAL RETARDATION (MR)-A disability that affects academic and language learning as well as the development of social and emotional skills; learning usually is at a slower rate than that of the average person

DEFINITIONS cont'd

REDIRECTION-Suggested way to deal with an inappropriate behavior. Take a walk, change the conversation, start a new activity or create a new twist to the activity in order to take the focus away from the problem.

SEIZURE-A sudden uncontrolled electrical discharge of the brain. A seizure cannot be stopped once it has started and do not try to restrain the participant. Carefully observe participant actions during the seizure and make sure they rest after the seizure is over. Most seizures will only last a couple minutes, call 911 if seizure lasts more than 4 minutes, or at the direction of family or care providers.

THERAPEUTIC RECREATION-Therapeutic Recreation uses treatment, education and recreation services to help people with illnesses, disabilities and other conditions to develop and use their leisure in ways that enhance their health, functional abilities, independence and quality of life.

Reach For Resources (REACH) An agency serving people with developmental disabilities through Recreation, Education, Advocacy, Counseling and mental Health. Please call if you need any assistance, 952-988-4177.

25 Ways to Be Inclusive

1. Relate to the participant as a PERSON first, and then take into account their disability.

2. Acceptance by the instructor first is often a prerequisite to acceptance by other participants.
3. Teach how to develop capabilities, not focus on disabilities.
4. Teach them to do it for themselves, not for the instructor.
5. We all have the right to fail; we learn from our failures.
6. Encourage personal choice and independence.
7. Don't expect perfect finished projects or performance. Participating in the group is often accomplishment enough.
8. Reinforce the positive by praising progress and small triumphs.
9. Present opportunities that are appropriately matched to the chronological age of the participant.
10. Instruct the participant, not the staff person, or one to one aid.
11. Communicate in a clear, respectful, and direct manner.
12. Focus on the do's not the don'ts.
13. Behavior is not limited but redirected.
14. We are not caregivers, we are teachers.
15. Establish a friendly environment where people value each other.
16. Think of it as not doing more but doing "differently".
17. Ask the individual if they need assistance before automatically helping.
18. Encourage each participant's involvement.
19. Strive to appreciate and understand the personality as well as the disability.
20. Allow the person with a disability to choose the activities in which they participate.
21. Avoid using jargon and "initials such as "MR" and "CP"
22. Emphasize the things people have in common rather than their differences.
23. Remember that the activity is the tool to accomplish positive outcomes. It is not what they do; it is who they are that's important.
24. Use focus groups where people who share a common concern, but typically have diverse viewpoints come together to express their opinions, discuss issues, exchange ideas, and generate solutions.
25. Above all, RELAX!! This is supposed to be fun!

FIRST AID

Good Samaritan Laws

*** The following information comes from www.wikipedia.org. It is given here solely to allow those who give first aid to others to understand their rights. ***

Good Samaritan laws are laws aimed at protecting from blame those who choose to aid others who are injured or ill in the United States. Law of other countries may be fairly different. The name *Good Samaritan* refers to the famous parable told by Jesus in the New Testament.

Though the details of Good Samaritan laws in various jurisdictions vary, some commonalities are nearly universal:

- Unless a prior caretaker relationship (such as a parent-child or doctor patient relationship) exists prior to the illness or injury, or the "Good Samaritan" is responsible for the existence of the illness or injury, no person is required to give aid of any sort to a victim.
- Any first aid provided must not be in exchange for any reward or financial compensation. As a result, security guards are typically *not* protected by Good Samaritan laws when performing first aid in connection with their employment.
- If aid begins, the responder must not leave the scene until:
    - It is necessary in order to call for needed medical assistance.
    - Somebody of equal or higher training arrives to take over.
    - Continuing to give aid is unsafe (this can be as simple as a lack of adequate protection against potential diseases, such as latex gloves to protect against HIV) -- the responder can **never** be forced to put him or herself in danger to aid another person.
- The responder is not legally liable for the death, disfigurement or disability of the victim as long as the responder acted as a calm and rational person of the same level of training would have under the same circumstances.
- The responder must not commit assault by giving aid to a patient without consent.
    - Consent may be implied if the patient is unconscious, delusional or intoxicated -- or if the responder had a reasonable belief that this was so; courts tend to be very forgiving in adjudicating this.
    - If the victim is not an adult (generally, at least 18 years old), consent must come from the legal parent or guardian.
        - If the legal parent or guardian is not immediately reachable, consent is implied (no matter what the patient claims)
        - If the legal parent or guardian is unconscious, delusional or intoxicated, consent is implied (with the same caveat as above).
        - If child abuse is suspected, no parental consent is needed.

When To Call 911

What is an emergency?

If you are unsure whether or not a situation is an emergency, it is ok to call 911 for help because it is better to be safe than sorry.

Who do you call, and what to expect when calling 911

If you call 911 answer all the questions as best as you can. If you do not know the answer to something, it's ok to say "I don't know". It's important that you understand what to say and what not to say, you need to stay focused on the emergency (as opposed to what else happened that day) so you can give as much information and details about the situation as needed. Know that you should stay on the phone until help arrives or you are told by the operator that you should hang up. Here are some example of what the operator might ask you.

Where are you calling from? (Where do you live?) What type of emergency is this? Who needs help? Is the person awake and breathing? Is there anyone there who can help you?

Know that even if you are scared, which is OK, you must try to stay calm and speak as slowly, and clearly as you can. If asked, you should try to provide the operator with any details about the situation, how it happened- if you were there, how long the person has been 'sick', if they ate anything or touched something that made them sick, if they are diabetic, epileptic, asthmatic etc. You might be given instructions for CPR (or other first aid) if the person is not breathing and while you are waiting for help to arrive.

These days, most 911 calls can be traced to your location- however you should give a name, address and phone number anyways just to be certain that help arrives at the right location.

If at all possible, call from a land line to aid emergency vehicles.

It takes longer for 9-1-1 to locate a mobile phone.

A.E.D

Automated External Defibrillator

With financial support from the Hopkins/Minnetonka Recreation Services, Hopkins Dynamos, H.A.L.L. purchased an A.E.D. Was installed in the concession stand in 2009. AED Pads were updated in April of 2025. All coachers and assistants are required to have USA Baseball Coaches "A" Certification which covers First Aid, this certification is good for 2 years.
https://usabdevelops.com/USAB/Certification/ACertification.aspx

The automated external defibrillator (AED) is a computerized medical device that can check a person's heart rhythm. It can recognize a rhythm that requires a shock. And it can advise the rescuer when a shock is needed. The AED uses voice prompts, lights and text messages to tell the rescuer the steps to take.

Next to the AED in the Concession Stand is a Control Bleeding Kit

Bites

Bites of all kinds are serious, as bacteria and diseases are released directly into the body, and can spread quickly. Below is an outline of different kinds of bites and how to handle them.

Human bites- these should usually be treated as minor puncture wounds, and the area should be washed thoroughly with soap and water and then bandaged. Human bites can kill.

Animal Bites- These can be superficial, but they can also be very serious. These can be superficial, but they can also be very serious.

Most bite and scratches from household pets are superficial and can be treated with a simple washing of the wound, dab of antibacterial ointment and an adhesive bandage. But sometimes, Fido and Fluffy get a bit too frisky and really take a good bite out of you. When this happens, and when you are bitten by an animal that is not a pet of yours, you need to follow a different procedure.

Most bite and scratches from household pets are superficial and can be treated with a simple washing of the wound, dab of antibacterial ointment and an adhesive bandage. But sometimes, Fido and Fluffy get a bit too frisky and really take a good bite out of you. When this happens, and when you are bitten by an animal that is not a pet of yours, you need to follow a different procedure.

- Wash well with soap and water unless there is heavy bleeding. Then, consult your doctor to determine if stitches are needed. If the wound appears serious do not attempt to clean it yourself.
- If the wound is large or deep you should see your doctor as soon as possible, as the wounds must be cleaned and bandaged properly to prevent the spread of bacteria and lower the risk of infection. If the wound is large and deep, stitches will be needed. In some cases, a tetanus shot and antibiotics will be necessary.
- If swelling, bruising, extreme pain, increasing redness (sometimes seen as streaks), tenderness, warmth or drainage around the bite area occurs then consult your doctor immediately.
- Also any flu-like symptoms, such as fever, exhaustion, and swollen glands that occur soon after the bite or scratch should be reported to your doctor as soon as they appear. This is crucial as it could be signs of infection or a disease.
- If someone else’s pet bit you, you must notify the owner and determine when the animals’ last rabies shot was. Vicious animals that were allowed to roam free should be reported to the local health departments.

Black Eye

While a black eye may not be a very pleasant injury, it's usually not serious.

First aid

Gently apply some ice or a cold packed wrapped in a towel to the area around the eye. Keep the towel there for 10 –15 minutes, while being careful not to apply pressure to the actual eye. Fast application of the ice will help keep the swelling down.

Sometimes black eyes are a real emergency though, and action needs to be taken quickly.

When to seek help:

- If the black eye was accompanied by any additional head trauma it may be a sign of a skull fracture, one sign of this is bruising around both eyes. However, if there has been additional trauma, it's a good idea to bring the person in for treatment anyway, just to be safe.
- If there appears to be any bleeding in the eye (called a Hyphema) or if the black eye is accompanied by a nosebleed.
- Vision problems such as blurriness or double vision.
- When the person is in severe pain

Blisters

A blister is a minor injury that unless it becomes infected, is found in unusual places, or reoccurs frequently can be treated at home without the assistance of a doctor. Blisters are formed by repeated the rubbing and friction in a particular area, which then fills up with fluid. Because they are so often exposed to friction the hands and feet are the most common place for blisters. Blisters will also form more easily on skin that is warm and moist, as opposed to dry or soaked, which again makes hands and feet an ideal place for blisters.

Types of blisters

There are two main kinds of blisters, friction and burn, and both are treated the same way. Leave the blister alone for a period of about 24 hours (you may cover it gently with an adhesive bandage to keep it from getting broken.). If after this time the fluid has not been re-absorbed, and you can see no apparent change in larger blisters then you may begin the following treatment.

Over small intact blisters you should place a blister bandage and leave them alone, as they should heal quickly and you should not break them.

Larger intact (or ones with only a small tear) blisters are to be treated in the following way.

- Sterilize a needle or straight pin by heating it until it turns red in a flame, placing it in boiling water or soak it in rubbing alcohol.
- Clean the blister with rubbing alcohol or antibiotic soap and water.

- After the needle has cooled, carefully pierce the blister on two opposite sides and press down gently on the blister with a sterile gauze pad to drain the fluid.
- Do not remove the loose skin!
- Cover the area with an antibiotic ointment.
- Keep in mind that you may want to avoid products containing Neomycin, which is known to cause allergic reactions.
- Then cover the blister with a blister bandage and change the dressing daily, or whenever it becomes wet, loose, or dirty.

Damaged blisters if the blister is has a large tear in it…

- Then take sterilized, fine scissors and carefully, remove the loose skin after the fluid has been drained.
- The area should then be thoroughly cleaned with antibacterial soap and water.
- Put on antibacterial ointment and cover with a blister bandage.

Infected blisters

If you see any of the following signs your blister may have become infected and you should go to a doctor to receive the proper treatment.

- Pus draining from the blister
- Very red or warm skin around the blister
- Red streaks leading away from the blister.

Preventing blisters

Blisters can be easily prevented, if the right steps are taken (no pun intended). For blisters on your feet, you should be sure that the shoes you buy are comfortable. The best time to buy shoes is in the afternoon or evening as feet tend to swell during the day. Shoes that fit right should have about a thumbs space in between your longest toe and the end of the shoe. If your shoes are too narrow they can cause blisters on your big and little toes, if the toe box is too shallow they can cause blisters on the tops of your toes, and if the shoe is too loose they can create blisters on the tops of your toes.

When buying shoes for a sport, make sure to wear the socks or padding you would normally wear around your feet to make sure that the shoe will fit comfortably. Jog or walk around the store before buying them and then wear them around the house for several hours to make sure they don't "rub" anywhere and cause uncomfortable friction.

Socks also help decrease friction in shoes, and socks made of synthetic materials remove moisture from the feet better than wool or cotton socks. This moisture removal also decreases the likelihood of getting a blister. If you know you feet will be sweating a lot, you can carry extra socks with you to change when the first pair starts to become uncomfortable.

Another step that can be taken to prevent blisters is to apply a thin layer of petroleum jelly to your feet. This will help decrease friction. This can also be used on your hands. Things like wearing gloves when doing activities such as construction, landscaping, moving, and other activities where your hands are exposed to friction will also help cut down on the likelihood of getting blisters.

Breathing Problems

Asthma

An asthma attack is when something (such as dust, pollen, and cigarette smoke) triggers a switch in the person that causes their air passages to constrict, tighten, and spasm causing the person to cough, wheeze and have difficulty breathing. They can also be caused by anxiety and tension. Most people who suffer attacks on a rather regular basis will carry their medication with them.

If someone you are with is having an attack:

- Help them assume an upright position; it will be for them to breathe than if they were lying down. You may want to encourage the person to sit with their legs crossed and their elbows on their knees as this is a relaxing position and may ease breathing.
- Talk to the person calmly and try to help them to relax.
- Make sure they are in an area where there is a good supply of clean air (as opposed to a dusty room).
- As soon as the person is sitting down, have them take their medication. If they cannot then you will have to assist them. Shake the
  puffer and give them one puff of reliever (with or without a spacer), they should then hold that breath for 4 seconds then breathe in and out normally 4 times. Repeat this step four times.
- Wait 4 or so minutes. If there is no improvement repeat the previous step again.
- If there is still no improvement, call an ambulance and continue repeating the process until help arrives.

Hyperventilation

Hyperventilation is rapid short breathing, and the symptoms usually last 15 minutes to half an hour, although to the person experiencing them it will seem much longer. It may be frightening but hyperventilation is usually harmless and can be triggered by things such as anxiety (most commonly), extensive physical injuries, severe stomach pains, and heart or lung disease.

If you are hyperventilating:

- Loosely cover your nose and mouth with a small paper bag.
- Slowly breathe into the bag and re-breathe the air in the bag about 10 times.
- Put the bag down and breathe normally for a few minutes before picking up the bag and repeating the previous step again.
- Repeat these steps until the symptoms lessen or go away.
- Try to focus on your breathing and remain clam. Try to take one breath every 5 seconds.

If someone you are with is hyperventilating:

- Stay calm and speak to the person clearly and slowly, if possible make eye contact.
- Don't crowd the person, give them space and make calming gestures and try to avoid making a scene. If they are not already sitting, have the person sit down.
- Encourage them to breathe normally, and walk them through the breathing cycle "breathe...slowly...hold…release…slowly…rest…breathe…" and do the cycle with them. You'll want to pause for 1-2 seconds while holding the breath, and before inhaling again.
- If they are doing it right, calmly encourage them to keep going while continuing to breathe evenly and slowly.

Panic Attacks

Panic attacks are brought on by social situation and activities that are perceived as a threat to the person experiencing them. They can happen to anyone, and are usually not a serious threat. They can however occur rapidly and repeatedly, and even after the attack the person may be highly anxious for many hours afterwards.

Symptoms (not all will be present at once)

- Shortness of breath with rapid breathing, or hyperventilation
- Palpitations or accelerated heart rate (when you can 'feel your heart pounding')
- Trembling or shaking
- Choking
- Chills, or flushing
- Sweating
- Nausea
- Numbness, or pins and needles in the arms and legs
- Chest pain or discomfort in the chest region (if pains persist after attack see a doctor, it may be signs of a heart attack)
- Fear of dying
- Fear of going crazy or doing something crazy
- You treat a panic attack the same way you would treat someone who is hyperventilating.

    - Stay calm and speak to the person clearly and slowly, if possible make eye contact.
    - Don't crowd the person, give them space and make calming gestures and try to avoid making a scene. If they are not already sitting, have the person sit down.
    - Encourage them to breathe normally, and walk them through the breathing cycle "breathe...slowly...hold…release…slowly...rest…breathe…" and do the cycle with them. You'll want to pause for 1-2 seconds while holding the breath, and before inhaling again.
    - If they are doing it right, calmly encourage them to keep going while continuing to breathe evenly and slowly.

Broken Bones

A broken bone is never a laughing matter and if you, or someone you're with, break a bone it's important to know what to do. Although you should **always** get medical help rather than trying to fix the problem yourself, sometimes help isn't available and you've got no choice but to try to help the person yourself. First off there are several different kinds of breaks. And before you begin any treatment, it's important to know what type you're dealing with.

Classification

- A **Greenstick Fracture** is when the bone only cracks, and does not fully break. Because these do not break the skin, they should be treated as a Single Fracture. These fractures can be determined by using x-rays.
- A **Bending Fracture** occurs in children only. In this case the bone bends but does not actually break.
- A **Single Fracture** is when the bone breaks in one place, and does not pierce the skin.
- A **Compound Fracture** is when the bone has broken into two pieces
- A **Comminuted Fracture** is when the bone is broken in more than two places or crushed.
- An **Open** or **Compound Fracture** is when the bone has actually punctured the skin and is visible. These breaks are very severe and have a high risk on infection. DO NOT try to set these breaks yourself, instead get professional medical help immediately.

Once you've determined what type of break you have, there are a few things you should know about breaks in general. While your bones are strong, they can only take so much pressure and bend so much at one time before they crack or break. Younger people tend not to break bones as easily because their bones are more pliable, but bones that break at the ends should be looked at carefully because growth plates can be damaged. Older people are the opposite, a simple fall may result in a broken bone, which will take much more time and energy to heal. When a bone breaks, most people feel a sharp pain similar to that of a bad headache. The smaller the fracture the less pain you're likely to feel, this can make it confusing if you are trying to determine whether the bone is broken. Whether you think it is or not, ask your doctor because no matter how small a break it seems, a break is always a big shock to your body. With bad breaks, some people pass out because the brain gets sent too many signals at once, others feel pain or other sensations in parts of your body that are nowhere near the fracture. Other signs of a break are dizziness, sweating, thirst, pale or ashen skin, chills, and numbness or bruising around the fracture site. It is also important to try and get treatment for breaks as soon as you can because breaks that are not properly cared for can limit movement ability and cause deformities once they have healed.

How do I treat these injuries?

Now here's what to do if someone has broken a bone. First and foremost, Stay Calm! Your staying calm will help to keep the person suffering the break stay calm and comfortable. Next, call 911 or get to an ER. If you are out of reach (say you're camping in some remote area) and cannot get to help, or are instructed by a trained professional, only then should you begin the following steps. It is very important to note the following:

- If you think the person may have injured their back, neck, or head <u>DO NOT move them unless it is Absolutely Necessary!</u>
- Try not to move the broken limb, as it could cause more damage and pain.

If you cannot reach help, or have been instructed to administer aid, here are the following steps for helping the person in need

1. Make the person as comfortable as possible before immobilizing the injured area.

2. To keep the area from moving you'll have to make a splint. This works with leg and arm breaks where the arm is not bent. This can be done using a variety of materials such as boards, rolled newspapers, sticks, an umbrella, rolled blankets etc. Place the item around the injury and gently secure it with rope, strips of cloth, a tie; whatever you have available.

3. If the above materials are unavailable, and the injury involves limbs, you may tape or tie the injured leg to the uninjured one, tape an injured arm to the chest, or to the side of the body (surround the limb with padding first) depending upon whether the elbow is bent.

4. After you have wrapped and splinted the limb, check for a pulse. If you cannot find one then it means the bonds are too tight and must be loosened. Because fractures cause swelling you should check this often to make sure the person remains comfortable. Other signs that the splint is too tight are a numbness, tingling, or bluish tint to the skin at the sight of the break.

5. If the person has broken their arm and the arm is bent at the elbow then take a cloth and fold it into a triangle. Then gently slip the widest part under the arm and tie the two ends around the neck, forming a makeshift sling. You want the arm resting at a 90° angle.

6. To keep the swelling and pain down, apply an ice pack, ice wrapped in a cloth, or, if all else fails, a bag of frozen vegetables. Do not keep the ice on for much longer than 20 minutes as it can cause numbness and discomfort.

7. Unless the person is bleeding, aspirin, ibuprofen, or another pain reliever may be used to ease the pain.

Healing Process

Once you have received professional help for a broken bone, the healing process can begin. Some bones are placed in a sling, others in a cast and depending upon the severity of the break can be in a cast for a few weeks or several months. Sometimes with more severe fractures, where the bone is crushed or broken into several pieces a steel pin is used to help repair the bone and set it in place. When the cast comes off you may notice that the area underneath the cast looks pale, dry, and smaller (where the muscles are). Don't worry this is only temporary. It's good to remember that even though you are out of a cast or sling, your bone is still very weak and sensitive and it's a good idea to avoid sports and activities where you might re-injure yourself until your doctor tells you it's ok.

Safety Tip/Prevention

When you're able to get back into the sports arena, remember, to avoid breaking another bone always play it safe! Wear any protective gear available when participating in any activity that can cause serious injury. Helmets, pads, face guards, and most importantly Seat Belts! Many states these days make wearing your seat belt a law, but don't just do it because it's the law, do it because it could save your life! If you're driving a car and want to cut down on the risk of serious injury in case of an accident, make sure all your passengers are buckled up before you start the car. Remember, it's not just a safety tip… it's the law!

Burns

What are burns?

Burns are injuries that damage and kill skin cells. These wounds often need special consideration and require a trip to the doctors. Burns can be caused from hot liquids and materials, common household chemicals, fire, radiation from the sun, and other sources. When someone has been burned there are three important factors that must be looked at, depth (first, second, or third degree), area (total body space covered), and location (where the burn is on the body).

Depth is a measure of how deep the damage to the skin goes. We will look deeper into the three degrees of damage in the section below. The total body area is also important, the skin is a barrier to protect the body, and when it's damaged, the victim is subject to fluid loss and infections. If more than 15% of the body surface is damaged the victim can go into shock, and may require hospitalization for IV fluid resuscitation and skin care. The most important factor is location. If a burn occurs on the neck or near the nose and mouth, the persons breathing passages may be affected. Burns often swell and this could become a life-threatening problem if the airways become constricted. Another facial burn that needs special attention are the eyes. These should be

looked at as soon as possible and handled very seriously as burns to the eyes may lead to clouded or lost vision. Because burned tissues shrink, burns that extend circumferentially around body structures often require the surgical removal of the dead and damages tissue, this procedure is called an escharotomy. Burns are often difficult to heal and may leave scars.

Burn Prevention

Burns of all kinds can be prevented easily. Keep household chemicals out of reach of children. Make sure hazardous chemicals are well marked and caps are screwed on tight. Keep hot object safely out of reach and make sure to turn off heaters and stovetops when finished to prevent burns. Also keep socket caps over all unused electrical sockets to protect against electrical shock, and keep all electrical wires away from water.

Classification and Treatment

***First Degree:**

Most first degree burns are superficial and can be cared for at home without the help of a medical professional. These burns are much like typical sunburns and are cared for in a similar way. You should immerse the burn in cool water (do not use ice!) and then blot it gently and apply burn cream and then cover with a dry, clean, non-stick pad.

These burns usually leave the skin red and mildly swollen. The skin sensations are intact and the burn is painful to the touch. Most average sunburns are characterized as first degree burns.

***Second Degree:**

Second degree burns are more serious and should be seen by a medical professional. If the burn seems very severe report to an emergency room or call 911. Although second degree burns often look like first degree burns, in the sense that they are red, the damage goes deeper. With these burns, the pain is more intense and blistering may occur. The burns may also be wet, or weeping and may have a shiny surface. It is advised that these burns are not touched or covered.

***Third Degree:**

These burns are the most serious. Third degree burns are very deep and the burn often appears white, deep red, or black because of skin death. These burns are often without sensation because nerve endings have been damaged. It is important that these burns are not touched, or covered unless absolutely necessary. Any contact with the burned skin can cause more damage and heighten the chance of infection.

For both second and third degree burns:

- If face is affected sit the victim up and watch for breathing difficulties, until medical help is received.
- If arms and legs are affected, keep them elevated above heart level.

Burn Treatment:

- Remove any constricting jewelry
- Do NOT use oils or butter on a burn
- Douse effected area with cool water (Except in the case of a bad third degree burn) ASAP!
- Do NOT use ice or ice cold water, this can cause additional damage
- Cover the wound with a Hydrocolloid, these dressing are a natural way of letting your body heal itself and are gently on your skin. When hydrocolloid needs to be changed (when it becomes saturated) it will fall off. In the cases of bad burns, contact your doctor (or 911) before administering any first aid.

Electrical Burns

If someone receives an electrical burn, they should seek professional attention immediately. These burns often result in serious muscle breakdowns, electrolyte abnormalities, and occasionally kidney failure. An important thing to note about these burns is that the damage is often internal and cannot be seen from the outside.

Chemical Burns

These burns should be treated like thermal burns and doused with large amounts of water to flush out the effected area. Contaminated clothing should be removed. It is also very important that you DO NOT try to neutralize the chemical burn by adding another chemical, as this could result in a chemical reaction causing thermal burns or greater skin damage. Many chemicals can be treated to reduce skin damage, so when in doubt it's a good idea to call your local poison control center or make a trip to the local ER. When working with chemicals always wear the proper protective gear to avoid burns and other injuries.

Sun Burns

A sunburn is the result of your skin being exposed to too much of the suns ultraviolet radiation. This threat varies greatly with the seasons and with changing atmosphere conditions. The amount of sunlight you are exposed to also depends on the geographic features of altitude and latitude, as well as clothing, lifestyle and occupation. Indoors, sunburn-producing rays are filtered out by ordinary window glass. Outdoors however the suns rays are able to pass through light clouds, 25 cm of clear water, and fog.

The telltale signs of sunburns appear between 1-24 hours. If the burn is light, the skin will be red, swollen and will hurt when touched. If the burn is more serious it will be very painful to the touch and blisters may develop along with redness and swelling. If a large portion of the body is burned chills, fever, weakness and even shock may be experienced. Treat your burns with care. Aloe Vera is a

healthy moisturizer and help soothe the pain and heal the skin. Other gentle moisturizers such as Noxzema may help cool and soothe the itching and pain. Anesthetics may be used to ease pain, unless blisters are present. If used around blisters they may make the problem worse! Also be careful as local anesthetic lotions may cause a sensitizing reaction. As the burn heals the burned skin peels off and new skin is revealed. This skin may be hypersensitive for the next few weeks and care should be taken.

Healing Tips:

* Drink lots of liquids

* Taking a hot shower after receiving a mild burn can bring about peeling sooner

* Vitamins E and C can be ingested as part of a daily diet or spread as an ointment over the burn. This will help prevent severe damage from the burn and shorten its effects.

* Aloe Vera will also help soothe the pain of sunburns.

*Another simple and easy summer pain reliever for sunburns is watermelon rind. Cut away the pink fruit and place the greenish white rind over the burn, it has a cooling effect and will temporarily relieve the discomfort of the burn. Not to mention the yummy treat will be a great distraction from the pain!

Sunburn Prevention The best way to deal with sunburns is to avoid them in the first place. Using sunscreen is a simple way to protect yourself that takes little time and will be invaluable towards keeping your skin looking healthy. For most people, SPF 15 is strong enough to protect them from burns, but if you burn easily (lighter skin) then remember that the higher the SPF the stronger the protection. For most sunscreens to work at their best, they should be applied at least 30 minutes before going out since they take about that much time to bind to your skin. This is especially important if you'll be in the water or participating in some high-energy activity where you will perspire. Many people think sunscreen is just a summer product, but in fact it is helpful all year round. During the summer, exposure to the midday sun should not exceed 30 minutes, even if you tan before you burn. In the winter the greatest danger comes on foggy days when the UVB levels are almost as high as on clear days, this danger is greater at higher altitudes.

Choking

Heimlich Maneuver:

This maneuver is used to stop someone from choking on a foreign object blocking the airway by removing the object. This simple first aid procedure forces air out of the lungs in an attempt to force the obstruction out of the airways. This procedure should be used on all conscious choking

adults and children from ages 1-18. If the child is under a year old, the method is not recommended and should not be used. The Heimlich maneuver is a series of under the diaphragm abdominal thrusts, which force air from the lungs to create and artificial cough. This "cough" is intended to remove the obstruction from the airway. Each thrust should be given in attempt to remove the obstruction.

Although the Heimlich maneuver is simple and effective, it can be painful for and even injurious to the victim. It's something to be reserved for genuine emergencies, and should be performed only when the situation meets the following guidelines:

- The person cannot **talk**, **cough,** or **breathe**. (If the person is coughing, they're not choking, so don't perform it.)
- The person nods yes to the question, "**Are you choking?**"
- The person is **unconscious** and your attempts to breathe for them are blocked.

<u>Method 1: Perform it on a conscious person</u>

1. Stand close behind the victim with **your thigh between their legs**. Some experts recommend that you stand sideways behind the victim (with your hip at a 90 degree angle to the victim's back). This enables you to brace your hip against their lower back or buttocks.

2. Make a fist with one hand, and place it thumb-first against the person's abdomen, **an inch (about 3 cm)** above the belly button.

3. Cover that fist with your other hand. Keeping your elbows out, sharply and quickly pull your fist **inwards and upwards**.

4. Be sure to perform this motion with sufficient force to dislodge the object; it often must be repeated **up to six times**. If the object remains stuck, lie the person on their back, and continue as if the person were unconscious (see **Method 2**). If someone else is present, have them call 911. If you're alone, proceed directly to **Method 2.**

<u>Method 2: Perform it on an unconscious person</u>

1. Lower the person to the floor and **onto their back**. If another person is present, have them call 911.

2. **Open** their mouth and try to see the object.

3. Sweep your hooked finger across the back of their throat. Remove the object if you find it.

4. Straddle the person's thighs. This will put you in the corect position to do the thrust.

5. Place **the heel of your hand** over the person's abdomen just above their belly button, and cover that hand with your other one.

6. Keeping both arms straight, press **down, and forward** into the abdomen with a quick thrust. It may be necessary to repeat this up to four more times.

7. If the object hasn't popped out, again sweep your hooked finger across the back of their throat. Remove the object if you find it. **Call 911.**

8. **If the person vomits**, turn them on their side to avoid further blockage of the air pipe.

<u>Method 3: Perform first aid for a choking small child or infant</u>

Small children and infants have much more fragile bodies than the rest of us. The two methods below are designed to minimize damage to very young bones and tissue. Go to **Step 2** if only if **Step 1** is ineffective.

The "Over your Lap" method

1. Find a chair and sit on it.

2. Place the child/infant **face-down across your lap**, with their upper torso hanging over the side of your knee.

3. Using the heel of your hand, thump the child/infant firmly but gently **four times** between the shoulder blades. Be especially careful with infants. Increase the amount of force only if a gentle thump doesn't dislodge the object.

4. If you haven't dislodged the object with several thumps, call 911. If the victim is an infant or very small child, go on to **Step 2**.

The "Upside Down by the Ankles" method

1. Hold the victim **upside-down by the ankles**. You'll need to hold the both ankles in one hand, with your thumb around one leg, your three last fingers around the other leg, and your index finger in between their legs.

2. Thump the victim's back **between the shoulder blades** firmly but gently.

Caution: Don't search blindly in a small child or infant's mouth. You can accidentally push the object further down their throat. You should remove the object if it's readily visible. If the child vomits, turn their head to the side to keep them from choking further. If the child is unconscious, **call 911.**

<u>Method 4: Perform it on yourself</u>

Your first move is to call 911. Even though you can't speak, most 911 systems can trace you to your address. Leave the phone off the hook and perform one of the methods below. It requires some willpower to administer this painful technique on yourself, but your life may be at stake. You have a bit less than two minutes before you pass out.

Use your own hands

1. Make a fist with one hand, and place it **thumb-first** against your abdomen, just above the belly button.

2. Cover that fist with your other hand, and pull your fist **inwards and upwards** sharply**,** quickly and forcefully. Repeat several times if necessary.

Use a sharp-edged object

Use this method if **Step 1** doesn't dislodge the object.

1. Locate **a straight-backed chair** and place it firmly against a wall or angle it in a corner.

2. If a chair isn't available, use a sharp counter top, deck railing, staircase railing, or the sharp edge of a table, stove, or piano.

3. Run into the object. Attempt to meet it at the spot **just above your belly button**. Run at the object repeatedly and with as much force as you can muster until the object is dislodged.

The Heimlich maneuver is simple and effective on choking victims when used by itself. If you also know CPR, you'll have another powerful life-saving technique to use on an unconscious person. Your local hospital or city administration offices should be able to provide you with the location of CPR classes near you.

(Heimlich maneuver methods taken from www.learn2.com)

Concussions

A concussion is by definition "any impact to the head". The impact to be worried about is anything that hits you in a moderate to quick motion. When this sort of impact happens the brain may collide and bounce off your skull. This causes swelling to occur and in severe cases, it causes a bruise to appear on the brain known as a contusion. Because brain tissues are so sensitive and delicate moving around in this fashion can cause them to tear, stretch, twist, and swell. When these things occur the "messaging' system of the brain is often disturbed and the person may have trouble with certain mental or physical activities. Whiplash, car accidents, blows to the head, falls, and (most common) sports injuries are all common causes for concussions. Sometimes when a person receives a concussion they will go unconscious, this is often a sign of brain damage and should be dealt with promptly.

Signs of a concussion are as follows

- Blurred vision
- Slurred speech
- Delayed (or incoherent) verbal and motor responses
- Drowsiness
- Confusion
- Memory loss
- Persistent headaches
- Dilated pupils
- Uncoordinated movement
- Loss of balance
- Seizures
- Inability to focus
- Bleeding or bruising behind the ears
- Sudden changes in personality or mood swings
- Inability to perform simple tasks and calculations

If you're afraid brain damage may have occurred look for these signs

- Headache
- Unconsciousness
- Pale skin
- Unequal size of pupils
- Difficulty speaking
- Clear or reddish fluid draining from ears, nose, or mouth
- Paralysis of an arm or leg opposite the side of the injury to the head.
- Paralysis of the face on the same side as the head injury.

While waiting for medical assistance to arrive

1. While waiting for medical assistance lay the victim lying down in the recovery position. (Head lowered and legs elevated, loosen any tight clothing, apply cool, damp cloths to face and neck (if available))
2. Make sure the victim is breathing properly
3. Control any bleeding
4. If the victim becomes unconscious for any amount of time, make sure to note this information and report it when medical help arrives.
5. Even if they complain of thirst DO NOT give the victim anything to drink.

Prevention

Remember, although most concussions do not result in hospitalization, the American Brain Injury Association notes that traumatic brain injuries kill 56,000 Americans per year and hospitalize another 373,000 more. These are important statistics to note, because many people tend to overlook concussions that appear to be only minor. Also remember that concussions may not always cause big problems, but they may cause microscopic ones. This microscopic damage is so small that doctors, even on a brain scan, cannot see it and often goes undiscovered. Someone who has suffered several concussions could be at a higher risk of facing problems with vision, balance, memory, and concentration later in life. The damage from concussions is accumulative, which is why it's extra important to wear the proper head gear when participating in sports or activities where you might be in harm's way. To avoid whiplash injuries always buckle up when you get into a car.

CPR

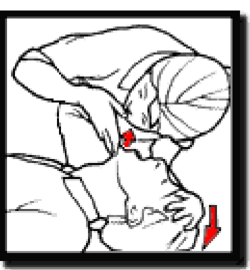
CPR is most commonly needed when someone goes into cardiac arrest (a heart attack) without notice, or their circulatory system stops functioning because they are unable to breath for an extended amount of time. There are two types of rescue breathing, EAR and CPR, and it important to know when to use them. If the person is not breathing but has a pulse (intact circulation) use EAR. If no pulse can be found, such as in a heart attack use CPR. Someone who has a pulse has no need of chest compressions, and performing them may cause further injury, therefore it important to check for both respiratory and circulatory signs before beginning either form of rescue breathing.

CPR for adults:

1. CALL

911

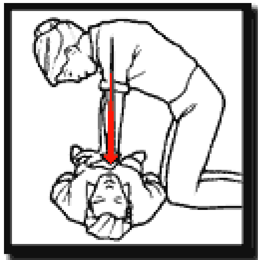
Check the victim for unresponsiveness. If there is no response, Call 911 and return to the victim. In most locations the emergency dispatcher can assist you with CPR instructions.



2. BLOW

Tilt the head back and listen for breathing. If not breathing normally cover the mouth with yours and blow until you see the chest rise. Give 2 breaths. Each breath should take 2 seconds.

3. PUMP



If the victim is still not breathing normally, coughing or moving, begin chest compressions. Push down on the chest 11/2 to 2 inches 15 times right between the nipples. Pump at the rate of 100/minute, faster than once per second.

CONTINUE WITH 2 BREATHS AND 15 PUMPS UNTIL HELP ARRIVES

NOTE: This ratio is the same for one-person & two-person CPR. In two-person CPR the person pumping the chest stops while the other gives mouth-to-mouth breathing.

CPR for Children (Ages 1-8)

CPR for children is similar to performing Quick CPR for adults. There are, however, 4 differences.

1) If you are alone with the child give one minute of CPR before calling 911

2) Use the heel of one hand for chest compressions

3) Press the sternum down 1 to 1.5 inches

4) Give 1 full breath followed by 5 chest compressions.

CPR for Infants (Age <1)

Shout and Tap

Shout and gently tap the child on the shoulder. If there is no response, position the infant on his or her back

Open The Airway

Open the airway using a head tilt lifting of chin. Do not tilt the head too far back.

Give 2 Breaths

If the baby is NOT breathing give 2 small gentle breaths. Cover the baby's mouth and nose with your mouth. Each breath should be 1.5 to 2 seconds long. You should see the baby's chest rise with each breath.

Give 5 Compressions

Give five gentle chest compressions at the rate of 100 per minute. Position your 3rd and 4th fingers in the center of the chest half an inch below the nipples. Press down only 1/2 to 1 inches.

Repeat with 1 breath and 5 compressions. After one minute of repeated cycles call 911. If you feel a pulse return give one breath every 3 seconds and discontinue chest compressions.

What complications can occur?

Vomiting is the most frequently encountered complication of CPR. If the victim starts to vomit, turn the head to the side and try to sweep out or wipe off the vomit. Continue with CPR.

The spread of infection from the victim to the rescuer is exceedingly rare. Most cardiac arrests occur in people's homes - relatives or friends will be the ones needing to do CPR. Even CPR performed on strangers has an exceedingly rare risk of infection. There is NO documentation of HIV or AIDS ever being transmitted via CPR.

(CPR information, pictures, and methods taken from: http://depts.washington.edu/learncpr/)

Cuts / Wounds

Cuts and Scrapes

How do I care for cuts and scrapes?

With all cuts and scrapes the most important thing to do first is to clean out the wound. Make sure you wash your hands before cleaning a wound to avoid transferring more dirt to the cut. Always wipe away from the wound when removing dirt and other particles that may be in the wound. When washing the wound use soap and water, but do not scrub because that may do more damage. Hydrogen peroxide may be used but it is no substitute for soap and water! Also in some cases iodine and hydrogen peroxide will delay healing. After the wound has been thoroughly washed look at it and determine how bad it is bleeding. Apply direct pressure with a clean dry cloth or sterile gauze bandage, while elevating limb (if possible) above the heart. This will slow bleeding and help a clot to form. If bleeding is spurting out of wound or bleeding continues heavily after pressure has been applied for 5-10 minutes stitches may be needed, so go to the hospital and have the wound checked out by your doctor as soon as possible. If the bleeding slows however cover the wound with a clean bandage. You may wish to apply a thin layer of antibacterial ointment to the wound first, to protect against infection. If the wounds are on the hands or feet avoid using these ointments after the first day. Make sure the wound is kept clean and dry while it heals. It is good to clean the wound and apply fresh bandages daily. To keep smiles on faces of those young and old try some of Crackles' funky bandages in zebra, rainbow, smiley faces, dinosaur and more!

Ointments:

Choose your ointment carefully. Some ointments like Bacitracin and Neo-mycin are common and best suited for small or minor cuts. If a large area is affected or if it is a more severe cut consult your doctor before using any ointments. It is advised to call your doctor if you have any ointment questions.

If wound has not been properly cleaned the ointment may seal in bacteria. Another thing to be wary of is using too much ointment. If to much is applied it can increase the chance of infection, as bacteria is attracted to moisture. Apply only a thin layer to ensure the best protection.

Always apply the ointment with a clean swab or gauze. Applying ointment from the tube may contaminate the tube and put future wounds at risk.

Ointments may be used up to three times daily, but it is not very commonly recommended. Overuse of ointments may cause allergic reactions and will delay healing. Make sure to wash the wound before applying fresh ointment.

Who should always go to the doctor for minor wounds?

Diabetics and people who either have a long-term illness or are taking drugs that suppress the immune system should always go to the doctor, as they are in a more fragile state and are at greater risk of getting an infection.

What are signs of infection?

If the wound begins to drain greenish fluid, or is the skin around the wound is red, swollen and increasingly painful. Signs of an infection, known as Lymphangitis, is any red streaking on the skin around the wound may indicate an infection where fluid is draining from the tissues in the lymph system. This can be serious especially is accompanied by a fever. If signs of this infection are seen, get to the doctors as soon as possible.

Taking proper care of a wound by keeping it clean and covered can often prevent infection. Airtight bandages are recommended over "breathable" bandages. When applying fresh bandages make sure your hands are clean and the bandage remains sterile. It is advised that the bandage is opened over the wound and that the pad remains untouched except by the wound.

If wounds are neglected the following signs mean trouble.

- Redness, swelling, increased warmth and tenderness around the wound
- A strong or displeasing odor
- Chills and or fever
- The red streaking of Lymphangitis
- Pus or watery discharge coming from the wound or collected beneath the skin around the wound.

Classification of wounds

Incision: These cuts are often the result of some sharp object such as broken glass, knives and sharp edges. The amount of bleeding varies on the depth and extension of the cut. Some of these wounds require stitches.

Laceration: These are jagged irregularly shaped cuts or tears in the skin. Most lacerations are serous and require stitches, because of heavy bleeding. Chances of infection depend on the size, cause, and depth of the laceration. If the laceration seems severe, it should be seen and treated by a doctor. In these

cases cover the wound with a clean cloth or sterile covering and seek medical treatment as soon as possible.

Punctures: Puncture wounds are caused by an object piercing the skin. These wounds range from minor to severe and should often be looked at by a doctor. The cause of a puncture wound is important, for example, if a rusted nail causes the wound the risk of infection is high and a tetanus shot may be needed. Splinters, glass, nails, pins, and other objects can also cause these wounds. Because the wound penetrates the skin (and in some cases, several layers of skin) they are often difficult to clean and infections are common.

In some cases, the puncture wound is very deep, such as a nail puncturing the foot. At times, the nail or other object may puncture the bone and introduce bacteria. These wounds are often marked by having difficulty removing the object from the affected area. If bone puncture is suspected, visit your doctor as soon as possible.

In more minor puncture wounds infection is not common, but if redness and swelling persist, contact your doctor.

What about those tetanus shots?

Most people (in the U.S) have been immunized against this bacteria. If it has been five years since you received your last booster shot, and you get a puncture wound, you should get another to protect against tetanus infection. If you've never had a tetanus shot, or you have had fewer than three shots you may need to take a medication known as Tetanus Immunoglobulin to prevent the infection of this bacteria.

***Severe bleeding injuries**

1. Lay the person down. If possible, position the person's head slightly lower than the trunk, or elevate the legs. This position reduces the chances of fainting by increasing blood flow to the brain. If possible, elevate the site of bleeding.
2. Remove any obvious debris or dirt from the wound. Do not remove any objects pierced into the victim. Do not probe the wound or attempt to clean it at this point. Your principal concern is to stop the loss of blood.
3. Apply pressure directly on the wound with a sterile bandage, clean cloth or even a piece of clothing. If nothing else is available, use your hand.
4. Maintain pressure until the bleeding stops. When it does, bind the wound tightly with adhesive tape or a bandage. If none is available, use a piece of clean clothing.
5. If the bleeding continues and seeps through the gauze or other material you are holding on the wound, do not remove it. Instead, add more absorbent material on top of it.
6. If the bleeding does not stop with direct pressure, you may need to apply pressure to the major artery that delivers blood to the area of the wound. In the case of a wound on the hand or lower arm, for example, squeeze the main artery in the upper arm against the bone. Keep your fingers flat; with the other hand, continue to exert pressure on the wound itself.
7. Immobilize the injured body part once the bleeding has been stopped. Leave the bandages in place and get the injured person to the emergency room as soon as possible or, if they cannot be moved, call **911** in the U.S. & Canada *Information on severe bleeding from: www.coolnurse.com

Bumps and Bruises

Bruises, everyone gets them. Those ugly discolored patches that appear after you do something like slamming your elbow into the wall behind you, or taking a trip over your feet and falling hard. A bruise is caused by the damaging or breaking of a blood vessel, because of a blow to the skin. Some people bruise more easily than others. Children, for example, bruise much less easily than an elderly person would. Medications that interfere with blood clotting also help people to bruise more easily. Warfarin, a drug often prescribed to prevent clotting in those who have had clots in the legs or heart, can cause people to bruise severely.

Why do bruises change color?

Bruises are fairly predictable, you can often tell how old they are just by looking at them. When they first appear they will be reddish, a reflection of the blood trapped in the skin. After 1-2 days the bruise will appear blue or purple. By day 6 or so the bruise will be green and around days 8-9 it will be a yellowish brown. Usually the bruised area will look normal within 2-3 weeks.

What if it doesn't get better or it stays swollen?

Sometimes this happens. If the bruise becomes firm and actually seems to become larger two things may have led to this. First of all, when the blood vessel broke, if it was a large amount of blood the body might have decided just to wall it off, rather than clean it up. This bump is called a hematoma, and it may need to be drained by your doctor.

A second problem, which is much less common, is when the body deposits calcium in the area of the injury. This area then becomes tender and firm and requires x-rays and a trip to the doctor. This condition is called heterotopic ossification.

Other kinds of bruises:

Petechiae are little (3-3 millimeters) red dots that appear anywhere on the body, although the legs are most common. They are tiny little accumulations of blood. Often there are few of them and they usually indicate some sort of serious health problem.

Bruising around the belly button could be a result of bleeding in the abdomen.

Bruising behind the ear can indicate a skull fracture

And lastly bruises that are raised, firm, and occur without any injury may be signs of a "autoimmune" disease, in which the body attacks it's own blood vessels. Your doctor should evaluate all of these sorts of bruises.

How to treat bruises:

When bruising first occurs you can minimize the effects by using a cold compress. Place the ice in a bag or towel, as placing ice directly to the skin can cause frostbite. The cold reduces the flow of blood to the area and therefore reduces the size of the bruise. It also decreases the inflammation in the area and decreases swelling. If possible elevate the area to slow the blood flow. The lower the area is

in relation to the heart the larger the bruise can be. Applying pressure also helps reduce blood flow and swelling. Another thing is to avoid medications that make it easier to bruise, however it is vital that you consult your doctor before making any changes to the medications you're on.

Dehydration

Dehydration is easier to prevent than treat. Your body, under normal conditions, has a certain balance of fluids and electrolytes. When this balance is disturbed other systems are affected and illnesses occur. Dehydration is a drop in fluid levels and can usually be treated easily with no lasting effects. Prevent dehydration by keeping your body hydrated. If you are doing something active outside such as hiking or a sport, you'll sweat and breathe a lot harder, losing more fluid than normal. Some medications also cause fluid loss. In situations like these, it's important to drink water or sports drinks (which replace electrolytes as well) whether you feel thirsty or not. If you feel thirsty, you're already showing signs of dehydration. It's good to know the symptoms of dehydration in case you are ever in a situation where you may be at risk. Below are some of the more common symptoms:

Early or mild dehydration:

- Extreme thirst
- Flushed face
- Dry, warm skin
- Weakness
- Headache
- Dry mouth with thick saliva
- Decreased coordination
- Fatigue
- Smaller appetite
- Impaired judgment
- Dizziness that worsens as you stand and move
- Small amounts of dark yellow urine
- Arm and leg cramps
- Very few tears (when crying)

Moderate to severe dehydration:

- Fainting
- Convulsions
- Low blood pressure
- Less sweating (internal cooling mechanism becomes ineffective)
- Severe arm, leg, stomach, and back cramps
- Bloated stomach
- Sunken 'dry' eyes
- Lack of skin elasticity (a bit of lifted skin takes longer to 'spring' back into place)

Dehydration can be treated by:

- Giving the victim more liquids than usual, but in small doses, too much at once could cause vomiting which would lead to even greater fluid loss. Water, sports drinks, and oral re-hydration solutions (ORS) are best. Sports drinks and ORS replace both fluids and

electrolytes. ORS's can be bought or made. The drinks should be sipped slowly, in small amounts for about an hour. Even if you vomit while doing this, your body is retaining some of the fluids. Chilling the liquids can help, as it can prevent internal body temps from becoming to high and progressing to heat stroke.

- Nonprescription medicines that will help replenish fluid and electrolyte levels are available. Salt tabs however should be avoided, as they will lead to further dehydration.
- The person affected should be resting in the shade and should not resume activities until urination becomes normal (pale yellow and clear), and the other symptoms of dehydration disappear.
- Those suffering from dehydration have less of an appetite. If you fear you are becoming dehydrated (or want to avoid it altogether), make sure you eat and drink small amounts of food 5-7 times a day.
- In cases of severe dehydration, get the person to an emergency room, as untreated dehydration can lead to death.
- If a person who is severely dehydrated can drink, they should still be given the ORS and water.

Dental

Dental Injuries

Dental Injuries can be caused by a variety of facial traumas. Whether the injury is caused by making the save in the game or taking a spill from your bike, it's important to know how to take care of these injuries. Dental injuries involve not only the teeth, but the jaws, muscles, and gums around them. Most hospitals have oral surgeons who can handle emergency tooth removals and jaw fractions. If the injury has added head and neck trauma, go to the emergency room. Injuries like broken teeth or those knocked out of the mouth can be dealt with a dental office.

Dental Injury Classification

Tooth Fractures (chipped or broken teeth)

These fractures can range from minor to severe. Minor injuries involve chipping only the outer tooth layers while severe injuries involve vertical, diagonal, and horizontal fractures of the tooth root. The tooth is made up of three layers, the enamel, dentin, and the pulp. The enamel and dentin are the two outer protective layers of the tooth. The enamel is the white hard surface, and below that is the yellow layer of dentin. The innermost living part of the tooth is called the pulp. Because only 1/3 of the tooth is visible (known as the crown) in the mouth x-rays are necessary to determine the extent of the tooth fractures.

Chipped Teeth

These injuries are minor and involve only the enamel layer of the tooth. In these instances, the tooth is not out of place and the gums are not bleeding. The tooth may not be sensitive to temperature or food, but rough edges on the tooth may irritate the tongue and cheek. The pulp is not often at risk here and treatment is not urgent. On the way to the dentist, sugarless gum or orthopedic wax may be placed over the tooth to ease any discomfort. At the dental office, the treatment is usually a filling or having a “cap” put over the tooth to protect the pulp and restore normal tooth contour**.**

Tooth Fracture

A serious fracture is one that exposes both the dentin and the pulp and should be treated immediately. This tooth may be loose or out of place and the gums may bleed. To prevent the tooth from falling out the dentist may have to splint it by bonding it to the adjacent teeth while the bone and gums around it heal. Because the pulp is exposed in this injury, there is a high risk of pulp death; therefore, a root canal is often performed on the first visit for the injury. However if the dentist decides to splint the tooth then the tooth will need to be reevaluated in 2-4 weeks to see if a root canal is needed. After the procedure, a filling or crown is added and the splint is removed. The most severe tooth injuries are the ones that fall vertically, horizontally, and diagonally on the tooth roots. In many cases, this leaves the tooth very loose and extraction is needed. The hole is then filled with a removable plate that contains a false tooth. On rare occasions, teeth with horizontal fractures near the tip of the roots don’t need to be extracted. However, the tooth is closely observed and x-rayed

periodically to watch for signs of infection and pulp death, in which a case a root canal would be needed.

Teeth Knocked Out

As many parents know, the upper two front teeth are the two most likely to be knocked out. Those who play sports are at a great risk of this, as are children who have protruding front teeth that have not yet been put into correct alignment. In most cases, if a child’s baby teeth are knocked out nothing is done because the teeth will be replaced with permanent teeth in time. Knocked out permanent teeth are different stories. These teeth should be retrieved and kept moist and clean (rinse in clean water or milk) and put back in their sockets as soon as possible. Time is the most important factor here. The soon a tooth is re-implanted the better chance it has to become reattached. Teeth re-implanted within an hour frequently reattach themselves. This can usually be done without the help of a dentist, but if you are at all unsure store the tooth in milk or clean water and brought to the dentist as soon as possible. Or if the victim is an adult or calm child, the tooth can be held within the cheeks inside the mouth.

Teeth Displaced

Often instead of being knocked out of the mouth, teeth are displaced. This gives the tooth the appearance of seeming longer, shorter, or “bent” to the side, front, or back. Luckily this injury isn’t an emergency, but a trip to the dentist is recommended as the sooner the tooth is realigned the better (and faster) the tooth will become correctly realigned. Sometimes the trauma can cause injury to the pulp so the tooth is monitored for several months to determine if a root canal, or tooth extraction is required.

Prevention

Prevention for dental injuries is fairly basic. Braces align teeth properly and facemasks and mouth guards have been shown to reduce trauma to the teeth, gums, jawbones, and joints. Mouth

guards reduce the deformation of the skull when a force is directed at the chin. Mouth guards have become very important, almost eliminating the injuries that occurred to the face and mouth. While mouth guards can be purchased in stores the best ones are custom made by your dentist. The store bought mouth guards are less expensive, but are not made for the athlete and may become loose, uncomfortable, and make cause problems with speech or breathing. A well fitting mouth guard should do none of the above.

Expired Air Resuscitation

Expired Air Resuscitation (EAR) is the method by which a rescuer breathes for a person who is in respiratory arrest. It is most commonly referred to as 'mouth-to-mouth resuscitation'. It is an effective method for sustaining life, as a rescuer breathes out sufficient oxygen to keep the victims body from suffering damages due to lack of oxygen.

If there is no circulation present (no heartbeat) proceed directly to CPR

Certain conditions/emergencies where this rescue breathing is needed are:

- Choking
- Heroin overdose
- Near drowning
- Certain bites and stings (anaphylactic shock)
- Asthma
- Emphysema

EAR should be performed when a person is:

- not breathing, or is only making occasional gasps or weak attempts at breathing
- unconscious
- suffering cyanosis (skin/lips is a blue color due to lack of air)

There are five methods for delivering EAR.

Mouth-to-Mouth where the rescuer seals the victim's mouth with their own mouth, pinches the soft part of the nose closed (gently, but firmly), and then blows air into the victim's mouth.

Mouth-to-Nose is used when the victim has sustained facial injuries that prevent using the mouth. The rescuer closes the victim's mouth, covers the nose with their mouth, breathes gently, then releases the victim's jaw to allow exhalation.

Mouth-to-Nose-&-Mouth is the preferred method when resuscitating a child, as the rescuer's mouth can cover and seal both the child's nose and mouth.

Mouth-to-Mask is safest method (especially if you do not know the victim or their medical health) and also the most desirable for rescue breathing as it lessens the risk of cross-infection. It works in similar fashion as mouth-to-mouth. Masks come in various forms but they are all used the same way.

The mask is fitted firmly over the victim's nose and mouth and the rescuer delivers EAR via the valve or tube thus avoiding direct contact with the victim's mouth or exhaled air.

EAR must be effective to be helpful to the victim. An 'effective' breath is effective if the chest rises and falls with each breath given by the rescuer. Starting your rescue breathing with five initial breaths will usually result in two effective breaths. During EAR, stop inflation once there is visible rise of the chest. Do not over inflate

PROCEDURE FOR E.A.R.

- If you are not alone, send someone to go call for help. If you are alone, you may need to leave the victim briefly to call for aid yourself.
- Lay the person on their back, tilting the head back and lifting the chin
- If administering mouth-to-mouth gently pinch the soft part of the nose closed and open the mouth, keeping the chin lifted.
- Take a deep breath and place your lips around the victims' mouth, make sure you create a good seal.
- Give 5 initial breaths – this step is brief, taking approximately 10 seconds. Make sure the chest rises with each breath. Watch the chest as you breathe in- once the chest starts to rise (about 2 seconds), stop and begin the next breath after the chest starts to fall, you do not want to over inflate the lungs. Out of the first 5 breaths, about 2 will be effective.
- Keep these age rates in mind while giving EAR. **Infants** (newborn-12 months) and **young children** (1-8 yrs) require one effective breath every 3 seconds- or 20 per minute. **Older children** (9-14 yrs) and **adults** (15+) require one effective breath ever 4 seconds- 15 /min. See below for additional info on how to breathe for different age classes.
- If you are having difficulty giving an effective breath check the victims mouth for an obstruction. If one is present remove it. Re-check to make sure the head is tilted back and chin is tilted up. Also check circulation.
- **If a pulse cannot be found proceed to CPR Immediately!!**
- If a pulse is found, circulation is ok, continue EAR until the person starts breathing on their own, or help arrives and medical personnel can take over for you.
- If person begins breathing on their own, but remains unconscious, place them in the recovery position.
- Stay with them and continue checking their vital signs (breathing and pulse remain normal) until help arrives.

How to breathe for different age classes

- For infants, you want to implement a method called 'frog breathing' or 'puffing', where the rescuer fills his or her mouth with air and 'puffs' it into the infant's mouth. There will be enough pressure and volume to satisfy the lung's requirements, but not enough to impact on the stomach.
- When breathing into a young child ensure that you modify the force of the breaths. If delivered too forcefully, the air will be directed into the stomach, which may cause the child to vomit.
- For older children and adults use slow breaths.

Eye Injuries

Particle of dust or speck of dirt in the eye

- Do not rub your eye, as it may cause scratching and other injury to your cornea.
- Gently lift your upper eyelid down over your lower one, allowing your eye to flush the particle of dirt out. Hold your eyelid like this for a minute or so or until you feel the object has been removed. This may be repeated as necessary.
- Blink your eye several times to help remove the object.
- You may also try to flush it out of your eye using a little bit of cool clean water. (this may be more effective for dust, smoke, and heat burn to the eyes as opposed to dirt particles.)
- Try not to remove it with your fingers as you may do damage to your eye.
- If object remains in the eye, keep it closed and go see your doctor.

If something has become embedded in the eye

- Cover both eyes with a clean sterile pad and go to the doctors
- DO NOT try to remove the object or touch the eye.

A hit or blow to the eye

- Quickly apply a cold compress to the area around the eye, not the eye itself, for about 15 minutes. This will reduce pain and swelling.
- A black eye or blurred vision may indicate eye damage and should be looked at by a doctor.

Cuts to the eye or eyelid

- Bandage the eye area gently with gauze and medical tape and get the person to the doctor as soon as possible.
- Do not attempt to remove any objects on the eye, or touch the eye.
- Do not apply pressure to the injured area, and do not rub the affected area.

Chemical burns to the eye

- Immediately flush the area with water, using your fingers to hold open your eyelids. Make certain that your fingers and clean and have no chemicals on them to avoid further damage and possible reactions. Continue to flush eye for at least 15 minutes. You may want to move your eye around while doing this to help assure the removal of all chemicals.
- Make sure the head is tilted so the chemicals and water do not flow into the unaffected eye.
- These burns should be looked at by a doctor as soon as possible to make sure no damage was done to the eye.

Prevention

Remember, eye injuries are usually preventable if the proper gear is worn. In labs always wear protective gear and goggles, and when playing sports make sure that you wear a mask or eye guard. When playing outside, watch for branches and other things which might bring about an eye injury.

Falls

The common fall is more dangerous than it may seem. While the majority leave behind no more than a few bumps, bruises, or scratches others can be the injury behind a concussion, broken bone, seizure and other unpleasant situations.

When a person falls, the first thing to do is make sure there are no serious and obvious injuries- no broken bones, heavy bleeding, seizures, and that the person is conscious. If the fall was 'bad' do not allow them to move until you are sure no injuries have been done to their head, neck, back, or hips.

If there seems to be a serious injury, like any of the ones listed above and more, call 911 for aid. Also call if you see any of these signs

- Unconsciousness- even if it is very brief (concussion)
- Becomes very sleepy or is difficult to wake up (concussion)
- Walking in an abnormal fashion- off balance, dizzy (concussion)
- Difficulty breathing
- No breathing -begin CPR (no breath or pulse) or EAR (pulse present) immediately!)
- Clear fluid or bleeding coming from nose, ears or mouth.
- Complains of intense or increasing pain
- Vomiting
- Deep or large wounds
- Trouble focusing eyesight, distorted vision. (concussion)
- Odd behavior or symptoms
- Irritable and oddly moody, nonstop crying.

If the fall does not seem to be an emergency, but the child is young, keep watch over them closely for the next 24 or so hours, to make certain that no symptoms of injury or strange behavior develop. If you fear a concussion, due to a fall involving the head, even if there are no symptoms always go see a doctor.

Prevention

Preventing falls, especially with young children is tough, but it there are ways to minimize risks. With very young children or infants, always trap them securely into strollers, car seats, high chairs, and onto changing tables. Discourage children from playing on furniture or jumping on beds. Active children should be taught to wear helmets and other safety pads when biking, skating, skiing, and climbing.

Fainting

People most often faint when there isn't enough blood flowing to the brain. When this happens the person becomes unconscious, and the unconscious spell is usually brief. Fainting is not life threatening, although if the person faints on a regular basis it may be a sign of a more serious medical disorder, and should be discussed with your doctor. If a person feels faint (weak/lightheaded/dizzy/nauseous), have them lie down with their feet elevated above the level of their heart (about 8-12 inches), or have them sit with their head placed down between their knees.

Fainting may occur because of:

- Emotional and/or physical shock
- Dehydration
- Pain
- Overexertion
- Heart diseases
- Sudden changes in body position (most common in the elderly and pregnant)
- Insufficient fluid and food intake.

When someone faints there are many things that you need to check before beginning treatment for the fainting. Such as…

- Was the person injured when they fell? (wounds)
- Has the person had a recent head injury?
- Have they fainted recently?
- Are they pregnant?
- Are they breathing correctly/normally?
- Do they have a history of heart disease?
- Is the person properly fed and hydrated?

Treatment:

- Lay the person on their back with their feet elevated above their heart, or 8-12 inches, if possible
- Loosen any tight clothing and jewelry especially around their head and neck.
- Watch their airways, are they breathing correctly? If they stop breathing begin to administer EAR (pulse present) or CPR (no pulse). If breathing stops then the situation becomes more serious and you should try to get medical help as soon as possible.
- Sometimes when people lose consciousness they vomit, you may want to turn the person onto their side in case this happens.
- If you suspect a head, neck, or spinal injury get medical help as soon as possible and do not move the person unless absolutely necessary.
- Do not try to give the person anything to eat or drink
- If the person does not regain consciousness within 2 minutes call 911 or get other emergency medical help.
- If the person is older (over 40) contacting a doctor or calling 911 may be in order to make sure it was not a heart related problem.

Heart Attack

A heart attack is the result of a loss of blood and oxygen flow to the heart caused by blockages in the arteries. Heart attacks can be tricky, they can either appear as chest pain that lasts for longer than 15 minutes or they can be quiet and not show any symptoms at all. About 50% of the people who have heart attacks show signs of symptoms anywhere from hours to weeks in advance, so if heart attack runs in your family, or you are at risk for other reasons, be aware so that the moment you feel a problem, you can get help.

Symptoms

Be aware that all symptoms may not be present and that they may come and go.

- Chest pain that is recurrent is one of the first signs that trouble is brewing. Be especially aware if the pain is triggered by exertion and fades away once you've rested.
-
- Any pressure, "fullness" or squeezing sensations in the center of your chest that lasts for longer than 5 minutes. These are often uncomfortable and painful.
-
- Pain that spreads to your shoulders, neck or arms (a classic symptom is pain in your left arm)
-
- Lightheadedness, dizziness, fainting, sweating, nausea or shortness of breath

If you think you or someone else may be having a Heart Attack:

- Beware that sometimes a heart attack feels like indigestion. DO NOT ignore the feeling just because you are unsure.
- Call 911 Immediately! Give them a description of the symptoms you're feeling. They'll send an emergency team out that is trained to help you, or give you other directions. After calling them, it may be helpful to call a local police of fire dept, as they often carry Defibrillators and may be able to reach you sooner than the EMS (paramedics) team. Defibrillators are devices that restore normal heart rhythm by delivering electric shocks to the chest. If given early enough, they can be critical for treatment and survival.
- If you're with someone who has suffered a heart attack and has become unconscious begin CPR. Usually you will be instructed to do this by the EMS dispatcher. If you are <u>not</u> trained in CPR the dispatcher may try to give you over the phone instructions, or may instruct you to skip mouth-to-mouth breathing and immediately begin chest compressions. Skipping the breathing step is to ensure that you do not waste time trying to figure out whether or not you are doing it correctly. The compressions will at least keep blood circulating in the body.
- Figure out the fastest way of getting the person suffering to aid. Usually a dispatch crew can reach you in around five minutes - but if you're located in a rural or heavy traffic area, it can take longer. Sometimes it's faster to move the person to the hospital yourself. If you are suffering the heart attack Do Not attempt to drive yourself to the hospital!

- It is good to be aware of the closest emergency hospital that provides cardiac care before an emergency arises. If you or someone else is at risk for a heart attack, keep the number, address, and directions to the facility near the emergency numbers or somewhere else where it can be easily accessed. Many of these facilities are open 24 hours a day.
- Chew aspirin. It sounds and will taste disgusting but it can help save your life. Aspirin inhibits blood clotting, which helps keep blood flowing. If you think you're having a heart attack, take only 1 regular strength aspirin and chew it (this speeds absorption). Do not delay calling for help, this is not enough to treat the heart attack and you are still at a very real risk. Do not take aspirin if you are allergic or if you have bleeding problems.

For more information on heart attacks visit The American Heart Association. (http://www.americanheart.org/)

Heat Illness

Heat Illnesses are a common and treatable summer hazard. A heat related illness should never be ignored; if it is then the victim's condition will worsen and could lead to death. Heat illnesses can happen to anyone, but babies under a year old, the elderly, the sick, the physically active, and people exposed to hot weather conditions are at the greatest risk.

Dehydration:

Dehydration is easier to prevent than treat. Your body, under normal conditions, has a certain balance of fluids and electrolytes. When this balance is disturbed other systems are affected and illnesses occur. Dehydration is a drop in fluid levels and can usually be treated easily with no lasting effects. Prevent dehydration by keeping your body hydrated. If you are doing something active outside such as hiking or a sport, you'll sweat and breathe a lot harder, losing more fluid than normal. Some medications also cause fluid loss. In situations like these, it's important to drink water or sports drinks (which replace electrolytes as well) whether you feel thirsty or not. If you feel thirsty, you're already showing signs of dehydration. It's good to know the symptoms of dehydration in case you are ever in a situation where you may be at risk. Below are some of the more common symptoms:

Early or mild dehydration:

- Extreme thirst
- Flushed face
- Dry, warm skin
- Weakness
- Headache
- Dry mouth with thick saliva
- Decreased coordination
- Fatigue
- Smaller appetite
- Impaired judgment
- Dizziness that worsens as you stand and move
- Small amounts of dark yellow urine
- Arm and leg cramps

Moderate to severe dehydration:

- Fainting
- Convulsions
- Low blood pressure
- Less sweating (internal cooling mechanism becomes ineffective)
- Severe arm, leg, stomach, and back cramps
- Bloated stomach
- Sunken 'dry' eyes
- Lack of skin elasticity (a bit of lifted skin takes longer to 'spring' back into place)

Dehydration can be treated by:

- Giving the victim more liquids than usual, but in small doses, too much at once could cause vomiting which would lead to even greater fluid loss. Water, sports drinks, and oral re-hydration solutions (ORS) are best. Sports drinks and ORS replace both fluids and electrolytes. ORS's can be bought or made. The drinks should be sipped slowly, in small amounts for about an hour. Even if you vomit while doing this, your body is retaining some of the fluids. Chilling the liquids can help, as it can prevent internal body temps from becoming to high and progressing to heat stroke.
- Nonprescription medicines that will help replenish fluid and electrolyte levels are available. Salt tabs however should be avoided, as they will lead to further dehydration.
- The person affected should be resting in the shade and should not resume activities until urination becomes normal (pale yellow and clear), and the other symptoms of dehydration disappear.
- Those suffering from dehydration have less of an appetite. If you fear you are becoming dehydrated (or want to avoid it altogether), make sure you eat and drink small amounts of food 5-7 times a day.
- In cases of severe dehydration, get the person to an emergency room, as untreated dehydration can lead to death.
- If a person who is severely dehydrated can drink, they should still be given the ORS and water.

Treatment and Symptoms of Heat Exhaustion:

Heat Exhaustion

Heat exhaustion is similar to, and often follows, dehydration. It's what happens when you're losing more fluid and electrolytes than your body can handle. And although both fluids and electrolytes are being lost, exhaustion is a greater loss of electrolytes whereas dehydration is a greater loss in fluids. Heat exhaustion is a form of volume shock, in other words, the lack of fluid causes the blood vessels, especially in your arms and legs, to constrict. Luckily, this is a non-life threatening illness.

Symptoms:

- Sweating
- Increased pulse and respiration
- Pale and clammy skin
- Fatigue
- Nausea and vomiting
- Slightly lowered or elevated temperature
- Exhaustion
- Lightheadedness and dizziness
- Possible heat cramps
- Feeling thirsty
- Decreased urine output

Treatment:

- With enough fluids and rest this illness is self correcting
- A Sports drink or oral re-hydration solution (ORS) should be given to replenish decreased electrolytes. Drink fluid slowly, as the body will absorb it better.
- Take a good long rest before continuing with your activities; if symptoms seem severe, you may want to see a medical professional.
- If the person is suffering from heat cramps a slightly salty drink (sports drink or ORS) and stretching the muscle should ease them. If they return, you should probably discontinue the activity you are doing for the rest of the day.
- If heat exhaustion is not properly treated, it may become Heat Stroke, which is deadly. If the person's temperature goes above 103° then treat them for heat stroke!

Prevention and Symptoms of Heat Stroke:

Prevention:

Keeping up with your body, is more important than keeping a fast pace with your friends. If you feel the symptoms of exhaustion coming on take a break, slow down, drink and eat a little before going on again. It will also be helpful to rest during the noontime hours, which are the hottest of the day. Wearing breathable clothing and a hat will also help to keep you cooler when taking part in physical activities on hot and humid days.

Heat Stroke

Heat stroke is a life-threatening emergency, and victims can die in just 30 minutes so help must be given quickly. Heat stroke is caused by an increase in the body temperature to about 104° (41°C). Temperatures over 105° can lead to death. This increase in temperature causes the brain to overheat. There are two types of heat stroke: fluid depleted (slow onset) and fluid intact (fast onset).

Fluid depleted (slow)- The person has heat exhaustion, but continues to function in a situation. Eventually the lack of fluid will minimize the body's active heat loss capabilities to such an extent that the internal temperature will begin to rise.

Fluid intact (fast)- The person is under extreme heat in a challenging situation, this overwhelms the body's active heat mechanisms even though fluid levels are sufficient.

Symptoms:

- Hot and Red skin. Some victims will have hot dry skin (common in the elderly) and others will have hot wet skin (if, for example, they were previously suffering heat exhaustion) in all cases, however the skin should look red
- Pale skin
- Pulse and respiratory rates increase
- Decreased urine output
- Argumentative
- Disoriented
- Increased temperature

Heat stroke symptoms continued

- Combative
- Hallucinations
- Dilated and unresponsive pupils
- Seizures, which may lead to the person becoming comatose

Treatment MUST begin immediately

- The most important thing to do is begin to lower the body temperature. Gently move the person to a shady or cooler spot and remove all non-cotton or un-breathable clothing. If possible, try moving the person to somewhere where medical assistance will be available. (Drive to the hospital, or a spot where an emergency team will be able to locate you and take over.)
- Pour cool (NOT cold) water over the person's extremities. If water is limited cool off the head and neck area first. Also, try fanning the person to increase air circulation and speed up sweat evaporation. If available place ice packs at the neck, armpits, and groin In That Order!
- While cooling the person off you should massage the extremities, which helps propel the cooled blood back into the person's core which will in turn lower their temperature.
- After their temperature has dropped to 102° then stop trying to cool them down, as hypothermia may begin and cause the person to shiver, which would generate more heat. Monitor them closely to make sure their temperature does not begin to rise again.
- If the person is able, begin to replace the fluids they have lost by giving them small sips of water or ORS. Sometimes, because they are temporarily mentally impaired it is impossible to get them to ingest fluids. In cases like that, continue the cooling process and try to get them to an emergency room.
- In more severe cases, CPR or EAR will need to be performed.
- Get the person to an emergency room as soon possible!! Your quick actions can save their life.

Insect Bites/Stings

Why are they dangerous?

Insect bites and stings carry the risk of allergic reactions, infections and skin injury. The bites introduce venom to the body that will often cause the skin around the bite to swell and itch. When bites are received wash the area with water and soap, then apply antibacterial cream and a bandage. Below are directions for caring for more specific types of bites. For information of **Human and Animal** bites go to bites.

Insect bites:

1. If the reaction is mild, apply a paste made from baking soda and water, wet cloth or ice (in a bag or cloth to avoid cold injuries)

2. If allergic reaction seems to be taking place seek medical help as soon as possible, severe reactions should get help immediately.

3. Seek medical help if bite becomes infected, or looks like it might.

Spider bites

1. Keep the bitten area still and hanging down

2. Apply ice (in a bag or cloth. Do not apply directly to skin)

3. Seek medical attention to ensure spider is not poisonous.

4. If shock occurs take the necessary medical steps.

Bites from Black Widow or Brown Recluse spiders may cause nausea, fever, pain and local skin reactions, like blisters. Spider bites may take hours or days to show any of these reactions.

Tick Bite

A doctor should always look at tick bites, as many ticks carry Lyme disease, a disease which causes the brain to swell. These bites usually leave a circular skin bump behind.

Bee Stings:

If someone is stung by a bee, the first step is to remove the stinger if it is still present in the skin (this only occurs with the honeybee, which dies shortly after stinging.). This should be done by using tweezers, or, if no tweezers are available, scrape it out with a fingernail, or card. It is important never to squeeze a stinger when removing it, as more venom will be injected into the bite. Then wash the bite area with an antibacterial soap then you may apply an antibacterial cream if you want. After the area has been washed, apply ice wrapped in a cloth or in a bag to the skin (do not apply ice directly as it may freeze the skin and cause more damage), the ice will help minimize the pain and swelling.

If you are not allergic to bee stings, you may experience anything from a mild irritation and itching to the swelling of the entire part of the body that was stung.

If you're allergic to bee stings, you could be subject to a very serious (although rare) allergic reaction known as Anaphylactic shock. This reaction can be life threatening and should be taken very seriously. All cases of anaphylactic shock and suspected shock should report to the emergency room as soon as possible. Most allergic reactions to bee stings are not this serious, and vary from person to person, although many people allergic to stings tend to have worse allergic reactions each time they are stung.

How do you treat serious reactions (anaphylactic and non anaphylactic)?

If you know you're allergic to bee stings, it's wise to carry the self-injectable antidote epinephrine, better known as adrenalin. These prescription kits are sold under the names Ana-Kit, EpiPen, and EpiPen Jr. (for children), among others. These syringes are injected into the front of the thigh, or a muscle and work to constrict the blood vessels before more damage can be done. Most of the kits come with only one syringe and on occasion more than one dose is needed. Because bee stings can happen at almost any time during the spring, summer, and early fall it is important to keep several kits on hand, especially if medical help is out of reach, for example camping trips, hikes, and on vacations where territory and bugs are unfamiliar. Keep kits at home and in the car, and if your child is allergic, leave a kit with the school nurse. Although this drug may stop a reaction and make you seem alright it is very important to go to your doctor anyway as soon as possible to be sure. In some cases the epinephrine is not enough and intravenous fluids or other treatments are needed. ALL cases of anaphylactic shock or suspected cases should report to the emergency room immediately! The longer you wait the more damaging the effects.

If you or someone you know or live with is at risk of going into anaphylactic shock it is important to know how to use the syringes. Ask your doctor for information about classes you can attend to learn how, when, and where to administer these shots and save a life. It is also advised that a Medic Alert bracelet or necklace be worn.

Signs of anaphylactic shock:

Reactions of this kind usually occur seconds or minutes after the sting is received, although a few cases have not reacted for up to 12 hours. When one goes into anaphylactic shock, the blood vessels dilate and begin to leak into the surrounding tissues, which may affect some organs. Below are signs and symptoms to look for.

- The skin is the first place to look. Hives, itching, swelling, redness and a stinging or burning sensation may appear. On the flip side, skin may also appear extremely pale.
- Because the blood vessels are leaking a person may feel lightheaded or faint. Some people will lose consciousness because of a rapid drop in blood pressure.
- Sometimes the throat, nose, and mouth become swollen and breathing passages become obstructed. The first signs of this are usually hoarseness or a lump in the throat. In some cases the swelling is so bad the air supply is cut off and the person experiences severe respiratory distress.
- Another respiratory problem could be the constricting of the airways, giving someone the chess tightness, wheezing and shortness of breath commonly associated with asthma.
- People may experience cramping (in women pelvic cramps may develop), diarrhea and nausea and vomiting.
- Especially if the allergen was swallowed, the gastrointestinal tract often reacts.
- Sweating
- Rapid pulse

Causes of anaphylactic shock:

It is important to note that this allergic reaction (which, again, is very rare), is not caused only by bee stings. This reaction can be sparked by an injection, inhaling, swallowing, and being exposed to an allergen that the person is known to be allergic to. Injected allergens could be bee stings, as mentioned, certain vaccines prepared on an egg medium, penicillin, dyes used in diagnostic x-rays, and allergen extracts used in the diagnosis and treatment of allergic conditions. They can also be sparked by food allergies, even if only a small bite is taken. Skin contact with foods rarely causes an anaphylactic reaction. Foods that are commonly associated with this reaction are peanuts and nuts, seafood, and in children particularly, eggs and cow's milk. Inhaled anaphylactic reactions are rare, but have occurred from the inhalation of particles from rubber and latex gloves.

Prevention of anaphylactic shock:

The most important part of prevention is avoiding the allergen as best as you can. For food allergies and insect bites this may be particularly difficult as food is presented in many different ways, and insects are all around you. For some people immunotherapy is key. This therapy introduces small amounts of the allergen to the person and increases the dose over time. This is a lengthy treatment and takes at least five years, however it can be an invaluable form of protection as it is almost 100% effective.

If your allergy involves bee stings it is important to note a few things about the bees. Honeybees can only sting you once, their stingers get stuck in the skin and they must tear away that part of their abdomen to escape. The bee dies shortly after delivering the sting. Luckily honeybees are not aggressive, like some of their relatives, wasps, hornets, and yellow jackets tend to be, these bees will only sting if they are disturbed or injured. The most common sting from these bees is when they are stepped on. The best way to avoid that is to keep shoes on while walking or playing in areas where honeybees forage, such as clover patches and flowerbeds.

Another few things to note about bees (and other stinging insects), is that they are attracted to bright colors and strong scents. Insects seeking nectar are drawn towards bright colors, and perfumes. If you are allergic to these stings it is recommended that you avoid hairspray, perfumes, and colognes and, in the case of bees, bug spray. Bug spray will not deter bees, and since the scent is strong they may even be attracted. You should also avoid areas where food is open to the environment such as garbage cans, dumps, picnic areas etc. Another interesting fact about bees and color, is that black is an irritant to bees, while blue is a comforting color, it is important to remember this when selecting bathing attire

Lightning

What to do around lightning...

All thunderstorms produce lightning and, in the United States alone, an average of 80 people are killed and hundreds more are injured each year. To avoid getting struck, take the following precautions.

- Understand that if you hear thunder, you risk being struck by lightning if you are outdoors. Lightning can strike as far as 10 miles from any rainfall or storm clouds.
- Keep an eye on the sky when participating in outdoor activities, or planning them. Also make sure to listen to the weather forecast before you go out.
- Do not resume activities until at least 30 minutes since the last thunder or lightning was seen or heard.
- If you hear thunder or see lightning get to a safe place at once. The safest places are inside a sturdy building. But if you don't have one around…
    - A hard topped metal vehicle is ok, just be sure to keep the windows closed and not to touch any of the metal in the car.
    - If you're in the woods, stand under a cluster of smaller trees that are close together and assume the following position. Crouch down on the balls of your feet, put your hands on your knees and bend your head down. Make yourself the smallest target possible and minimize your contact with the ground. NEVER lie flat on the ground, no matter where you are.
    - If you're in a place where there are hills and ravines, move into a ravine and assume the position above.
    - If you are in a field assume the position above.

- Stay away from things like:
    - Tall isolated trees
    - Small shacks/sheds/unstable buildings
    - Towers/utility poles
    - Stages
    - Boats, pools, and anything else in or very close to open water.
    - Small metal vehicles like scooters, bikes, motorcycles, and golf carts.
    - Anything metal like bleachers, fences, rails, scaffolding and pipes. Lightning/electricity can travel a long way through metal.
    - Clotheslines are also good transmitters of electricity.
    - Golf courses, golf clubs, carts, metal golf cleats etc. Every year golfers are killed and injured because they do not get off the courses in time.
    - Other people. If you are in a group spread out several yards away from each other.
- If you feel your hair stand on end, beware! You may be about to be struck by lightning.

What to do if someone is struck.

A lightning strike has a different effect on the body than an electric shock and therefore is treated differently. Unlike electric shock, lightning has less effect on the internal nerves and muscles and the people struck carry no electrical charge, which means that they are safe to touch. Similar to electrical shock, the person may be mildly or severely burned. Strike victims need immediate attention and aid, and those that appear "dead" can often be revived and should be attended to first. Quickly (but not too roughly) shake all victims lying on the ground, if they respond in any way move on to the next victim. If a person is breathing on their own they will probably be ok, so lay them on their side in the recovery position. Even if they are unconscious they should be alright. You also want to move the victims to a safer place, as the storm is still a threat as lightning CAN strike the same place twice.

Lightning fatalities are usually due to cardiac arrest, or a heart attack. By performing CPR, or E.A.R. breathing, depending on whether you can find a pulse or not. If you have several victims at hand, attend to those without a pulse first. If you are not the only person giving aid, or the victims are breathing on their own, call 911 as soon as possible. If you have several victims not breathing, or without a pulse, move them close together and go between the two, giving CPR to both of them. The people who are not breathing should recover quickly and be able to breathe on their own after a few minutes of rescue breathing.

It is also good to know that the lightning bolt does not have to hit you to kill you. If the ground is wet, the electricity will travel out a short distance in waves that can affect those standing on the ground. People can be killed by this and are to be treated the same as if they had been directly struck by lightning.

Although most lightning strike victims recover, many are left with disabilities, which is why it is so important to heed the warning signs of an oncoming storm.

Muscle Cramps

Muscle cramps are common discomforts that everyone has had to deal with at one time or another. Here are some signs of a muscle cramp:

- A sharp, sudden, painful spasm, or tightening of a muscle, (especially common in the legs).
- Muscle hardness
- Twitching of the muscle
- Persistent cramping pains in lower abdominal muscles
- Sometimes occurring when a muscle contracts with great intensity and stays contracted, refusing to stretch out again.
- Causes
- Imbalances in certain minerals, body fluids, hormones, and chemicals which allow the lengthening and contracting of our muscles to occur can prompt spasms and cramps. As well as this, malfunctions in the nervous system itself can also cause problems. Excessive physical activity and hormonal imbalances causes us to sweat, which brings about the loss of many essential minerals (such as potassium) our muscles need.

Traditional Treatment

- For everyday muscle cramps, there really isn't any medication specifically for them. Try to stretch the muscle and massage out the cramp it you can.
- Muscle cramps can also be caused by a lack of potassium and vitamin E, so eating something like bananas or pineapple can help to replenish the minerals you've lost. Calcium is also thought to help prevent muscle cramps, so drink your milk!
- If you take vitamin E supplements it will help prevent nighttime muscle cramps, which can be quite an annoyance.

Prevention

- Drink 6 to 8 cups of water every day.
- Be sure to get enough potassium, vitamin E, and calcium into your system.
- Be sure to warm up before exercising.

When to seek further professional advice

- If you suffer from frequent or severe cramps, see your doctor. And severe cramps in your chest, shoulders, or arms can be symptoms of a heart attack; call immediately for medical help.
- Your muscle cramp lasts more than an hour.
- Your cramp is in your chest or arms.

Nausea and Vomiting

Old or young, when you feel sick, there are few things worse than feeling nauseous and vomiting. Nausea itself is an uneasiness of the stomach, which may or may not lead to vomiting. And although they may feel it, they are symptoms of diseases rather than diseases themselves. They are usually a result of things like:

- Viral and bacterial infections like colds and flu's
- Food poisoning
- Over eating and indigestion
- Certain smells and odors
- Intense pain
- High fever
- Emotional stress (like fear or excitement)
- Motion sickness , seasickness, and dizziness
- Early pregnancy ("morning sickness")
- Cancer treatments like chemotherapy and radiation
- Exposure to toxins (poisons, chemicals)
- Appendicitis
- Head injuries, like concussions, migraines, brain injury
- And sometimes they're a sign of more serious injuries like kidney and liver disorders, heart attacks, brain tumors, gall bladder disease, nervous system disorders, and some kinds of cancer.

Often, if you aren't sure of the cause you can determine it merely from the time when the feelings first occur. If it occurs right after a meal, indigestion, an ulcer, or a mental disorder (such as bulimia) could be to blame. One to eight hours after a meal could indicate food poisoning. Diseases like salmonella may take several days before any nausea is felt.

Luckily, in many cases both nausea and vomiting can be controlled to some degree.

If you're feeling nauseous you can do the following to try and control or stop the feelings.

- Drink clear or cold drinks
- Eat light simple foods, like saltine crackers, which don't have a strong taste or odor. Take care to avoid sweet, greasy, and fried foods as they will only make you feel worse. Also do not mix hot and cold foods
- Eat slowly, and have small frequent meals throughout the day as opposed to three larger meals.
- Drink beverages slowly and take small sips, try to drink between meals instead of during them.
- Do not brush your teeth right after eating
- Avoid activities immediately after eating, instead rest after eating with your head elevated about twelve inches above your feet. Activity may increase nausea.
- If you feel nauseous when you wake up in the morning, have some crackers (like saltines) before getting up and moving about, or have a snack before bed that's high in protein (like cheese, or some lean slices of meat)

If you already feel nauseous and want to avoid the unpleasantness of vomiting, try these tips:

- Drink small amounts of sweet clear cool liquids, like ginger ale, fruit juice (try to avoid citrus—orange, grapefruit—drinks as they are too acidic), etc. Sweet liquids are good for calming the stomach.
- Eating cool sweet things like popsicles may also help to calm your stomach. However do not eat or drink too many sweet things, only have a little at a time or the condition may worsen.
- You can also get some prescription and non-prescription drugs to help control vomiting and nausea related to pregnancy, vertigo, and motion sickness, but make sure you speak with your doctor before starting on any new medication- even if it is over the counter. Also, if you're vomiting due to treatment of another kind (such as chemotherapy) your doctor may be able to prescribe something to control the nausea.

If you do get sick: In most cases vomiting is harmless, but sometimes it can indicate or even cause problems. With vomiting you should always be on the lookout for signs of dehydration, especially with children. Children need to be watched extra carefully because unlike adults, they can't easily recognize the signs and symptoms of dehydration. Here are a few of the symptoms to look out for.

- Dry lips or mouth
- Increased thirst
- Decreased urination, or urine that is dark in color.
- Sunken eyes
- Rapid breathing or pulse (mainly in infants)
- If diarrhea occurs along with the vomiting, make sure to keep a very close watch on the person and give them small amounts of clear, cool, sweet drinks. Drinks with electrolytes (like a watered down sports drink)

Consult your doctor if:

- Vomiting goes on for longer than one day (or if they are very young and it continues for a few hours)
- There is blood in the vomit.
- If the vomiting is occurring because of a known injury, like head trauma or infection.
- The child has not urinated in at 6 hours.
- The person acts confused, lazy or lethargic, and is less alert than usual.
- They have a fever of over 102 Fahrenheit
- Vomiting and diarrhea are present
- Severe abdominal pain is present
- Severe headache or stiff neck is present
- Feelings of nausea last for longer than one week.

With these exceptions, vomiting can be treated at home. Give the person small amounts of clear liquids, increasing the amount as feelings of nausea subside. This will discourage dehydration. Avoid solid foods until feelings of nausea have totally passed. Also discontinue taking any oral medications, as they may further upset the stomach, but make sure you check with your doctor before doing this.

Nosebleeds

Nosebleeds are a common injury amongst people young and old. The nose is a part of the face rich in blood vessels and any trauma to the face can start a nosebleed. Nosebleeds are also common in dry climates and during the winter months when people are going from the cold to the dry heat of their homes. During these months the nose membranes become cracked and dry. This drying out of the membranes is what causes nosebleeds. People who are taking medications that prevent normal blood clotting are at a higher risk of getting a nosebleed. For these people only a light trauma could spark a nosebleed. Other factors that promote nosebleeds are alcohol abuse, infection, use of blood thinning medications, hypertension, allergic and non-allergic rhinitis, and less commonly, from inherited bleeding problems and tumors.

Stopping the common nosebleed:

In most cases the common nosebleed is fairly easy to stop, and no medical help is needed.

1. Using a clean cloth, tissue or sterile gauze, pinch the nose together at the nostrils and firmly apply pressure towards the face. Hold like this for at least 8 minutes, or until the nose stops bleeding.
2. Have the person lean forward slightly or sit up straight. Do not let the person lean back, or blood may flow into the windpipe. Keep the head above the heart, or in other words, don't let the person lie down. If they must lie down try to keep their head elevated at a 45 degree angle.
3. Apply crushed ice in a bag or cloth to nose and cheeks. Make sure the ice is in a bag or cloth because direct application may cause frostbite to skin.

How do you prevent the nose from bleeding again?

- Rest with your head elevated at a 30- 45 degree angle, or keep your head higher than your heart
- Avoid medications which will thin the blood (such as aspirin), but make sure to contact your doctor before stopping taking any prescribed medications.
- Do not smoke
- Try not to sneeze. If you must sneeze open your mouth to allow the air another way to escape to avoid upsetting the nose.
- Try not to strain. Heavy lifting/pulling/pushing should be avoided!
- Try to keep to a "cool diet" for 24 hours. Avoid hot liquids.
- Your doctor may recommend a lubricant for the inside of your nose if you are prone to recurrent nosebleeds. This is easily applied with a Q-tip or the tip of a finger. Make sure to coat the middle part of the nose especially, as it is the most vulnerable.
- If it does start up again attempt to clear the nose of clots by sniffing in forcefully. Nasal decongestant sprays may also be used, but if they are used for an extended period of time they may become addictive.
- And if all else fails repeat the above steps for stopping common nosebleeds.

When to go to the doctor

If bleeding keeps occurring and you feel faint or weak from blood loss then you should report to your doctor, or local emergency room. There they may stop the bleeding with a heating instrument and blood tests may be taken to check for disorders. If bleeding still persists then the doctor may place nasal packs, which compress the blood vessels and stop the bleeding. And in rare situations surgery is needed to plug the nose and stop the bleeding.

What are these nasal packs? What happens if I get them?

If your doctor has placed these packs within your nose you will need to return to the hospital in 2-5 days to have them removed. Nasal packs are made of a spongy material that compress the blood vessels and are usually only used when more conservative methods fail. When you go for your removal appointment make sure you have arranged rides to and from the hospital as you will be prescribed pain medications and antibiotics as needed. It is also advised that you continue to avoid blood-thinning medications unless otherwise noted by your doctor.

When these packs are placed, it isn't uncommon for the nose to drain some blood-tinged material. This can be caught by taping a folded piece of gauze under the nose like a mustache. In some cases your doctor will permit you to clean your nostrils with hydrogen peroxide soaked Q-tips.

Poison Ivy, Oak and Sumac

Poison Ivy, Poison Oak and Poison Sumac- three nuisances parents and children alike, hate to encounter. These itching menaces can make someone downright miserable, so the following consists of identification and avoidance tips as well as treatment and other useful information to help you stay out of the way of itchy-red-madness-central.

Where can you find them and what do they look like?

Poison Ivy

In the east, midwest and south US it grows in vine form, while in the far northern and western US, Canada and Great Lakes area it grows as a shrub. In both forms, each leaf has three shiny leaflets.

Poison Oak
In the West US, this plant sometimes grows as a vine but usually is a shrub. In the East, it grows exclusively as a shrub. Look for hair growing on its fruit, trunk and leaves. The leaves have three leaflets.

Poison Sumac
Grows in standing water in peat bogs in the Northeast and Midwest and in swampy areas in parts of the Southeast. Each leaf has in between seven and 13 leaflets.

Poison ivy, oak, or sumacs are found in every state except Alaska and Hawaii. Nevada has some poison ivy along its eastern border with Utah, and Idaho has poison ivy along it's western border with Oregon. These species (and sub-species) are so successful because they adapt easily and are hardy plants- their requirements are few- eight to ten inches of rainfall a year and an altitude of under 4,000 ft.

Urushiol

What makes these plants so volatile is the fact that they all emit and produce a oil known as urushiol. Urushiol is an interesting oil, in that it affects everyone differently, further down the page you can find information on urushiol sensitivity. As an oil, and not a water based fluid urushiol has some special qualities...

- It does not evaporate, so it can last for years- even on dead plants.
- It tends to coat everything it comes into contact with animate (living) or inanimate (non-living).
- It vaporizes when burned- the vapor then covers everything it touches.

Symptoms

- One of the first signs is redness and itching where the plants (or objects in contact with the plants) touched your skin.
- This redness then swells and develops into a rash that usually is in streaks or patches, again consistent with where there was contact with the oil.
- The red bumps of the rash may become large weeping (oozing) blisters. The fluid that comes from them should be clear, and when it dried will harden to a yellowish crust. Never break these blisters!!
- The rash is usually worst 4-7 days after being exposed to the toxin.
- The rashes may last for about 1-3 weeks. If you leave it completely untreated, it will typically last 3-5 weeks.
- Most often symptoms appear within two days of being exposed, but occasional it takes up to two weeks.
- Reactions to the urushiol oil vary from person to person, from mild to severe. In some severe cases hospitalization is needed, so if you think your reaction may be severe seek help.

However, if you can catch it before symptoms develop...

Urushiol "locks on" to the skin within about 20 minutes of being exposed to the oil. So catching it fast may stop a reaction before it even begins. Remember, that while there is no cure for these reactions, there are many ways to minimize the suffering.

- First off, wash any skin that may have come into contact thoroughly with warm water and a mild soap. Washing it off quickly may avoid a reaction altogether. Be sure to wash hard to reach places like under fingernails, to avoid spreading the oil via scratching. Remember, that even if you can't wash it off right away, washing within the first 6 hours can at least help minimize the extent of the reaction.
- Next wash everything else that may have touched the plants with hot water and soap (Oak-N-Ivy®). This includes clothing, shoes, gloves, tools, work gear, and Pets! Animals can carry the oil on their fur, but are often not affected by the toxin themselves. When it comes to gear and tools, a cleaner like Tecnu® Cleanser can remove the oil to prevent others from becoming affected. Remember that the oil can linger for a very long time, so it is important to remove it from anything it might have touched.
- If you do have a reaction, try and keep cool. Body heat and sweating can aggravate itching. Applying a cool pack wrapped in a towel can help calm itching urges.
- Other ways to alleviate itching can come from calamine lotion, zinc acetate or hydrocortisone cream can be applied, or an antihistamine may be taken. Another soother is a bath of tepid water with one cup of Aveeno oatmeal. As difficult as it may seem, *not* scratching, will also help, it also helps preventing further damage to skin.
- Blisters. They're ugly, and they aren't pleasant but Do Not break them! Breaking the blisters can lead to blood poisoning or further infection. Try your hardest not to scratch them. Allow the blisters to breathe. If you wrap them change the dressings frequently, and make sure the area stays clean- this helps prevent infection. If a blister does break, cover it loosely with a sterile bandage, change the bandage often, and make sure the area stays clean. If a blister looks infected, or gives you other reason to worry, seek medical help.

- If new rashes start to appear several days after the first set shows up, then you are being re-exposed to the oil. Double check everything that might have come into contact with.

When to seek medical attention

If the victim is suffering a severe allergic reaction, such as swelling and/or difficulty breathing, or has had a severe reaction to a past exposure.

- The victim has been exposed to the smoke of a burning plant.
- The rash covers more than one quarter of the body.
- The victim is suffering severe itching in the face or around the genitals.
- The blisters look or become infected.

Do Not

- Do not touch with your bare hands, the skin/clothing etc of someone who has come into contact with urushiol, until the area has been well cleaned.
- Do not use bleach to try and 'burn' away the urushiol oil. You will only damage your skin, by exposing it to other nasty chemicals.
- NEVER burn any of the poisonous plants! Urushiol remains on dead plants for years and it is found in the leaves, roots and stems of all these plants. Burning the plants exposes others to severe and serious internal and external reactions via inhalation and external contact with the smoke. The smoke can travel for miles and will leave a fine coating on whatever it touches, which can further expose people to the toxin. In many states it is illegal to burn poisonous plants.

Common misconceptions

Spreading the rash- Spreading poison ivy has kept many kids out of school- because parents were afraid of spreading the rash. Luckily, the rash is not actually 'spread able' - only the urushiol oil is - so if you make sure that you've cleaned all the oil from the skin your child should no longer be able to contaminate anyone else. However, If you are unaware your child has come into contact with the pants, or something touched by the plants, because symptoms have not shown up yet, your child is still able to spread the oil to anyone who touches them for several days following the contact. Another misconception, touching or scratching blisters, and the fluid in them, will spread the rash. This is also untrue, the only way to spread the rash is my spreading the oil via scratching if you haven't washed it all off or being unknowingly re-exposed and having others touch you, or things you touch and get oil on.

They're dead, right?- Urushiol is like an enemy that almost never sleeps.

It remains on dead plants for up to several years! Because of this, never touch the plants, even if they look dead. And again, never burn them.

Avoid That Itch!

Luckily, there are lots of ways to avoid becoming a victim of the itch. First off, when outdoors keep yourself covered! Long pants, long sleeves, or ivy/oak/sumac barrier creams can be helpful. Urushiol can stick to clothing, so keep in mind that even if you're covered clothing wise, your hands could touch the contacted area and then you could potentially spread the oil anywhere that your hands touch. Showering and washing the clothing you wore out, upon your return is a good way to prevent a rash from appearing if you were in an area known to contain such plants. Another simple way to prevent a problem is to learn how to recognize the plants and avoid them when you're outside.

Are you sensitive?

Nobody is born allergic to urushiol oil, and you won't know if you're allergic until your first encounter. If you happen to be one of the 15% who isn't affected by the oil, consider yourself lucky- at least for now. Urushiol is tricky, you may be immune to it one day, and allergic the very next! And even trickier, usually a person does *not* have a reaction the first time, yet the second encounter may yield a severe reaction. If you're lucky enough to reach adulthood without suffering a reaction (and have come into previous contact with the plant) then your chances of becoming sensitive are decreased to about 50%. Sensitivity levels vary from person to person, and there does not appear to be any genetic link.

Sensitivity decreases with age and repeated exposure. Most people who suffered often as children will find that if they were prone to repeatedly being exposed when they were young, that by the time they've become young adults their sensitivity will have decreased by about half- and their reactions will be less severe. Sometimes people who were once allergic, become desensitized and immune later in life.

Some people are incredibly sensitive to poison plants. Their reaction can include severe swelling and blisters around the face, genitals, arms and legs. Sometimes people will have a reaction that acts like other bad allergic reactions- complete with breathing difficulties, throat swelling, etc. People who have reactions like this need to seek medical treatment.

As irritating as these plants are, they're important to the ecosystems they're a part of. Surprisingly, while most people are irritated by urushiol, very few animals seem irritated by it. All different types of animals are able to make their homes in the briars and tangles of the vines, and birds and small animals alike eat the small berries that grow on ivy plants. However, since you aren't an animal or bird, we do not advise either eating the berries, or trying to make your home in a patch of ivy vines. Instead, use the tips given above to avoid the plants, and if you do happen to encounter them, take the correct measures to avoid or deal with any reaction that occurs.

Seizures

A Seizure is a miscommunication between the nerve cells and the brain. When a seizure occurs normal brain functions are impaired and sometimes brain damage can occur. There are two kinds of seizures, **General** (tonic-clonic or 'grand-mal') and **Partial** (temporal lobe). General seizures affect small areas of the brain while Partial seizures affect the whole brain. Seizures usually last only a few minutes (in between 1 and 10) and must run their course before they end.

Symptoms

- The person may yell or cry out
- Stiffen
- Difficulty breathing (look for pale or bluish skin)
- Jerking motions
- Falling
- May last 1-4 minutes

Treatment

- Remain calm
- Move all sharp edged objects out of the persons way to help keep them from injuring themselves
- Monitor their breathing
- Do NOT try to restrain the person, you cannot stop the seizure
- Do not force anything into the persons mouth or give them anything to eat or drink

- Help the person lay down and place something soft under their head
- Turn them to one side so they don't risk choking on their saliva
- Remove tight or restricting clothing and jewelry
- The person will probably feel confused and disoriented.
- They will also be very tired, let them sleep but stay with them until they have awoken and are fully awake and alert/aware.
- Do not give them anything to eat or drink until they have fully recovered

Call 911 if:

- If this is a first time
- If the seizure lasts more than 5 minutes
- If the person has one seizure after another
- If the person is pregnant, injured, diabetic, or has requested an ambulance
- If the person is not breathing correctly within one minute after the seizure. If needed begin CPR.

If the players' parents are not present, call 9-1-1 then contact the parents.

Inform the Safety Officer.

Splinters

It's funny how some of the smallest wounds can seem the most painful. Splinters are a common discomfort that, luckily, is pretty easy to take care of.

First determine what exactly the splinter is, wood, fiberglass, glass, etc.

- **If the splinter is projecting from the skin**, and does not seem deeply embedded, gently soak the area in warm water, then use a sterile pair of tweezers to remove the object. If the object breaks during removal, or small pieces are left behind try washing the area gently with warm water and if you can try again with the tweezers. If that doesn't help, go see the doctor. Once the object has been removed wash the area well with soap and warm water. Applying alcohol or an antibacterial ointment may help prevent infection. However, the ointment probably isn't needed unless there was dirt in or around the wound. Cover with a colorful bandage to help your kids forget the pain.
- **If the object is embedded in the skin** clean the area with soapy warm water. Take a needle and sterilize it by holding it in a flame for a few seconds. Once it has cooled a bit, break the skin over the splinter. Try to damage the skin as little as possible so the wound can heal faster. Try to remove the object with sterile tweezers. If the splinter is fragmented, broken, deep, does not easily come out, or may heave dirt in the wound go to the doctors. Also, if you are not feel comfortable removing an embedded object go to the hospital for help. Once the object has been removed wash the area well with soap and warm water. Applying alcohol or an antibacterial ointment may help prevent infection. However, the ointment probably isn't needed unless there was dirt in or around the wound. Apply a bandage to keep dirt out of the wound.
- **If the wound seems infected**, seek medical help immediately
- If you do not know if the person is up to date with their tetanus shot, give the doctor a call.

Sprains and Dislocations

What is sprain? What is a dislocation?

A Sprain is an injury to the soft tissue, or ligaments, around a joint. This sometimes happens when someone moves the wrong way and "twists" something.

A Dislocation is when the bone becomes separated from the joint it meets, or it pops out of its socket. This sometimes happens when the bone and joint are overstressed. They can also be caused by contact sports, rheumatoid arthritis, inborn joint defects, and suddenly jerking that arm or hand of a small child. Dislocation is most common in the shoulders, but fingers, hips, ankles, elbows, jaws, and even the spine are also prone to dislocation.

Both of these injuries are commonly confused with fractures (broken bones) because they all exhibit many of the same symptoms.

- Pain
- Swelling
- And an inability to move and bear weight
- A misshapen appearance
- Any discoloration

Treatments and warnings:

Because of this, the same first aid care can be used for all three of these injuries.

- If you suspect a dislocation do not try to put the bone back into its socket, you may only make the injury worse.
- If you suspect a dislocation in the neck or spine be very careful and do not try to move the person yourself unless absolutely necessary, as damage may have been done to the spinal cord (which may paralyze parts of the body below the injury site.) Also, if you suspect an injury this serious call 911 immediately.
- If the site of injury is bleeding then treat the wounds and cuts accordingly, but do not try to reset/reshape the bone or joint. Also look for signs of shock.
- If the pulse is weak below the affected area call 911 and loosen all restrictive clothing.
- If the person is in severe pain, or the injury is to the neck, spine, hips, or thigh bone, call 911.
- If the joint or bone needs to be repositioned, do not give the person anything to eat or drink as it will put off medical treatment.
- Remove any articles of clothing or jewelry covering the affected area, or restricting blood flow to it.
- **(PARENTS ONLY)** You may give over the counter pain medications such as acetaminophen and ibuprofen as directed by the doctor. If there is bleeding do not give aspirin because aspirin is a mild blood thinner and will delay clotting.

- Use the PRICE technique
    - Protect- if possible make a splint to help immobilize the affected area. Rulers and cloth strips, rolled up magazines and a belt, branches and shoelaces; all types of things can be used to make a splint. This will help prevent further damage to the limb. Do not try to reposition the bone/joint while making the splint.
    - Rest- Avoid movement of the injured area and avoid participation in activities where you may be at risk to re-injure yourself until after the wound had had plenty of time to heal.
    - Ice- Use ice to minimize swelling. If no ice is available, a bag of frozen veggies is a good substitute.
    - Compression- An elastic or fabric bandage may help decrease swelling and ease the pain. Ask a doctor before using one and make sure the bandage is not wrapped to tightly, which would hinder circulation.
    - Elevation- If possible, raise the injured limb up above the heart. Support the elevated limb in a sling or under a pillow or folded blanket.

Prevention

- Wear protective gear and padding especially around recently injured areas
- The doctor will often tell you how long you should wait before using the injured area again, in a very active way. Take his or her advice as it decreases your chances of re-injury.
- Avoid sports in which you may re-injure the area.

First Aid Section Information from http://www.firstaidguide.net

Air Quality Statement

With a rise in extreme temperatures and poor air quality events over recent seasons, HALL's board has adopted the following approach to heat and air weather events for HALL-governed activities. These policies do not apply to events hosted by other organizations (e.g. tournament games, games hosted by other Little Leagues, etc) who will follow their own protocols that may or may not align with HALL's adopted policies:

HEAT INDEX AND ADVISORIES:

When the heat index reaches or is forecasted to reach 104 or higher, HALL will cancel or postpone all activities, communicating a decision as to cancellation or postponement no later than 2 hours prior to the scheduled start time.

AIR QUALITY:

In line with the MSHSL recommended policies for weather conditions as they pertain to Air Quality for practices and games (outlined here under PART 4) HALL will use the current Air Quality Index value according to AirNow for Hopkins and the forecasted AQI for the start time of the activity to make a decision no later than 2 hours prior to the scheduled start time, following this approach:

- **100 and below (Moderate/Good):** All activities are allowed.
- **101-150 (Unhealthy for sensitive groups):** Practices and games will continue, but managers are to warn parents and players that if they belong to the "sensitive groups" (particularly those with Asthma), they should tell their managers that they cannot participate in strenuous activity or games
- **AQI 151-200 (Unhealthy):** Cancel all games. Practices will be *allowed* but are to be shortened, voluntary, and require no strenuous activity (base running, conditioning, etc)
- **AQI 201 and above (Very unhealthy):** Cancel all practices and games for all age groups.

First Aid Kit

Contact HALL Safety Coordinator Shawn Larkin if replacement supplies are needed ASAP.

3 Alcohol Prep Pads

3 Antiseptic Towelettes

4 - 2”x 2” Sterile Pads

2 – 3” x 3” Sterile Pads

1 Sterile Eye Pad

4 Large Bandages

8 Regular Size Bandages

1 roll Athletic Tape

1 pack of rolled gauze

1 tube First Aid Cream

4 Latex-free Gloves

2 Paper masks

1 Bottle of hand sanitizer

2 Ice Packs

Equipment Bag

First Aid Kit

Several Helmets-Various Sizes

Batting Tee

Catcher's Glove

Catcher's Mask w/throat protector

Chest Protector

Shin Guards

Knee Savers

Ball Bag

Balls (Soft and/or Hard)

Adult Catcher's Mask (for Coaches when not enough players are available for warm-ups)

Each team will have an equipment bag assigned to them at the beginning of the season. Coaches and Umpires are to inspect any and all equipment before each players use. Any equipment that does not meet a safety standards or is considered a hazard must be fully removed from play, destroyed, and made unusable to stop children form attempting to "save it" for another time.

Safety Manuals-Located in Concessions and All Announcer Booths

By signing below, as a Manager of a Hopkins Area Little League team, I acknowledge that I have received a First Aid kit and a Safety Manual. Both will be kept with our equipment at **all** times and will be in easy access during **all** practices and games. I will keep my players safe by teaching them how to play safe and by leading a good example when it comes to safety. Our Team Safety Officer will also have access to the Manual.

______________________ ____________

Signature of Manager Date

____

Team Name

This form will be given to the League Safety Coordinator to keep on file.