



# **2024 SAFETY MANUAL**

TCYSA

P.O. BOX 757

PLEASANTON, TX 78064

## **SAFETY PROGRAM INTRODUCTION**

**TCYSA Safety Program is to develop guidelines for increasing the safety of activities, equipment, and facilities through education, compliance, and reporting. TCYSA wants your kids to be safe when playing sports. Soccer can be super fun and offer a lot of benefits, but we need to make sure our children are protected. By doing our research and understanding the potential risks, we can take steps to reduce the likelihood of injury and help ensure that our kids can play safely. To help our managers and coaches comply with our safety standards, the TCYSA Board has mandated safety rules to be followed as outlined in this Safety Manual. Our safety program aims to identify safety awareness to coaches in proper first aid. To protect our youth from possible physical and sexual abuse, all volunteers are required to complete a background check through [uscenterforsafesport.org](https://www.uscenterforsafesport.org). Prevention is the key to reducing the number of accidents to a minimum. By adhering to the Code of Conduct and the TCYSA Safety Code as outlined in this manual, our safety program goals will be achieved! Please read it carefully and use it as a reference guide throughout the season. Proper training and implementation of safety guidelines will result in a safer league for all involved. Thank you in advance for your cooperation.**

**TCYSA Board**

## IMPORTANT TELEPHONE NUMBERS

### Emergency Numbers:

EMS (Ambulance) 911 or 830-769-2702

Methodist Hospital South 830-769-3515

(1905 Hwy 97 East, Jourdanton, TX 78026)

Pleasanton Police Dept. 830-569-3869

(704 W Oaklawn Rd, Pleasanton, TX 78064)

Pleasanton Fire Dept. 830-569-2333

(316 Farm to Market Rd 3510, Pleasanton, TX 78064)

Atascosa County Sheriff's Dept. 830-769-3434

(1108 Campbell Ave, Jourdanton, TX 78026)

**DIAL 911 for immediate assistance!**



TCFC Game Fields

## CLUB and REC SOCCER FIELD LOCATIONS

900 River Park Rd. Pleasanton, TX 78064 (CLUB Fields)

900 E. Adams St. Pleasanton, TX 78064 (REC Fields)



REC Game Fields

## **SAFETY MANUAL AND FIRST AID KITS**

Each team will be issued a Safety Manual and a First Aid Kit at the beginning of the season. Coaches are responsible for taking the First Aid Kit to all practices and games. In addition, the concession stands will always have a First Aid Kit and a Safety Manual in plain sight. Each First Aid Kit will include the necessary items to treat an injured player until professional help arrives if need be. The First Aid Kit Inventory List is shown below.

### **FIRST AID KIT INVENTORY LIST**

- Antiseptic Towelettes
- Alcohol Prep pads
- Instant cold pack
- Antibiotic ointment
- Adhesive Bandages
- Adhesive tape roll
- Sterile Gauze pads
- Cotton tip applicators
- Nitrile gloves
- Butterfly closures
- Finger splints
- First aid guides
- CPR Breathing Barrier
- Biohazard Bag
- PPE Kit
- Aluminum Splint

## **CODE OF CONDUCT**

TCYSA board members have mandated the following Code of Conduct. Children's sports should be carried out in a safe, positive, and encouraging atmosphere. Standards of behavior set a benchmark of what is acceptable to all. All coaches and volunteers must read this Code of Conduct and agree to comply. Please read to your parents as well.

No Board Member, Volunteer, Coach, Player, or Spectator shall at any time:

- Verbally abuse any official concerning any disputed decision or judgment call.
- Use profane, obscene, or vulgar language in any manner at any time.
- Lay hands upon, push, shove, strike, or threaten to strike an official, board member, manager, coach, player, or spectator.
- Be guilty of using unnecessarily rough tactics in the play of a game against the body of an opposing player.
- Be guilty of objectionable demonstrations of dissent at an official's decision by throwing of any objects.
- Smoking on the playing fields, sidelines, or premises.
- Be guilty of possessing alcohol in any parking lot, field, or sidelines.
- Challenge a referee's authority. Referees shall have the authority and discretion during a game to penalize the offender according to the infraction up to and including removal from the game.

\*\*\*\*\*Any manager/coach ejected from a game is subject to Board Approval on returning.

***FAILURE TO COMPLY WITH THE ABOVE STIPULATIONS MAY RESULT IN  
EXPULSION FROM TCYSA***

## **SAFETY CODE**

\*\*\*\*All coaches must read this Safety Code and then read it to the players on their team.

Responsibility for safety procedures belongs to every adult volunteering at TCYSA.

Only athletes, approved coaches, and referees are permitted on the playing fields during games. Coaches will never leave an unattended child at a practice or game. Coaches will inspect the play area frequently for holes, ruts, stones, glass, or other foreign objects.

Arrangements will be made for emergency medical services (EMS) as soon as possible, when necessary. No GAMES OR PRACTICES shall be held when weather or field

conditions are poor, particularly when practice field lighting or artificial lighting is inadequate for play or practice. Parents of athletes who wear glasses are encouraged to provide “safety

glasses” for their children. Players may not wear watches, rings, pins, jewelry, or other metallic items during practices or games. (Exception: Jewelry that alerts medical personnel

to a specific condition is permissible but must be taped in place.) Only soccer cleats or tennis shoes may be worn to practice and games (no cleats with a front toe or metal).

Always be alert for traffic in the parking areas around the fields. No playing in parking lots at any time. Observe all posted signs. The speed limit is 5 mph at the soccer fields, please be vigilant children will be around. Watch for small children around parked cars.

# WEATHER

Weather in South Texas can change quickly. Managers at practices and Referees during games are encouraged to use common sense when deciding whether to continue play.

## Rain

If it begins to rain:

- Stop playing and evaluate the strength of the rain.
- Determine the direction of the storm.
- Evaluate the playing field as it becomes more and more saturated.
- Suspend play if the playing conditions become unsafe.

## Lightning

Lightning is the number one weather hazard for athletic events. The following guidelines should be used to prevent tragedy from striking your soccer club. On average, the thunder from a lightning strike can only be heard over 10 miles. The average lightning strike is 56 miles long. By the time you can hear the thunder, the storm has already approached within striking distance. This is why many lightning deaths occur with clear skies overhead from “out of the blue.” Many people gauge the approach of a thunderstorm by the sudden cold wind resulting from downdrafts. These downdrafts usually extend less than 3 miles from the storm’s leading edge. By the time you feel the wind, you are within lightning-striking distance!

Use the lightning safety motto: **“If you see it, flee it; if you hear it, clear it.”**

1. Monitor weather conditions before your match. Know what the weather forecast predicts for your area.
2. Suspension and resumption of games should be planned when weather could include lightning. The coaches and referees should discuss the possibility of lightning before kick-off and know what to do should lightning force the suspension or
4. cancellation of the match.
3. Players and spectators should be advised to use SAFE evacuation sites in the event of lightning.
  - Enclosed buildings with substantial construction
  - Fully enclosed metal vehicles with windows up.
  - Low ground.

4. If caught by close-in lightning without an immediately available SAFE evacuation site... (if you can feel your hair standing on end and/or hear crackling noises) ...immediately remove all metal objects, place your feet together, duck your head, and crouch down low.
5. Once a game has been suspended for weather...wait 30 minutes following the last visible lightning striker or thunderclap before returning to the field.
6. UNSAFE SHELTER AREAS: Under bleachers, picnic pavilions, groves of trees, and small structures in open areas. Avoid water, avoid metal objects, and avoid open fields.
7. People who have been struck by lightning do not carry an electrical charge and are safe to handle. Apply first aid immediately if you are qualified to do so. Get emergency help promptly.

**Please note:** these are general guidelines and it is recommended you consult your club's procedures for lightning for specific guidelines when dealing with weather-related hazards.

**WHEN THUNDER ROARS GO INDOORS**

Lightning Fatalities For Outdoor Sports

40% SOCCER	27% GOLF
17% RUNNING	10% BASEBALL
3% FOOTBALL	3% OTHER

[weather.gov/lightning](http://weather.gov/lightning)

**step 1** Leave the field immediately

**step 2** Seek shelter in an enclosed building or car

School Home Hard-topped Vehicle Windows UP!

Wait 30 minutes after the last rumble of thunder to return outside



## **Hot Weather**

With the extremely high temperatures common to South Texas, precautions must be taken to prevent dehydration or heat exhaustion from occurring.

### **G.O.A.L.**

- Get Acclimated...active kids need time gradually adapting to hotter temperatures!
- On a schedule, drink up...thirst isn't an accurate indicator of fluid needs. Young athletes should be encouraged to drink on a schedule or at regular intervals before they become thirsty. Always bring a Gatorade...especially during games and practices in the heat, replacing electrolytes and providing energy is crucial to keeping kids safe.
- Learn the warning signs of dehydration and heat illness...if someone becomes fatigued, dizzy, nauseous, or has a headache during exercise in the heat, have them stop, rest, and drink fluids. Seek medical attention if symptoms persist.

### **BEFORE ACTIVITY**

- Young players should be well hydrated...light colored urine is well hydrated; dark urine indicates dehydration.

### **DURING ACTIVITY**

- Drink early...even slight dehydration can compromise performance and increase the risk for heat-related illness.
- Young players should consume 5 to 9 ounces (5 oz. for a player less than 90 lbs., 9 oz. for a player over 90 lbs.) of fluid every 20 minutes while active.
- Sports drinks like Gatorade are preferred to water because research shows a young athlete will drink 90% more and stay better hydrated.

### **AFTER ACTIVITY**

- Regardless of thirst, drink every 20 minutes for one hour after activity.
- Fluids to Avoid During Practice or Games
- Fruit juices, carbonated beverages, caffeinated beverages, energy drinks.
- Drinks high in sugar content can slow fluid absorption and cause upset stomach. Carbonation can reduce voluntary drinking due to stomach fullness. Caffeinated beverages have a mild diuretic effect and could promote dehydration. Drinks high in carbohydrates such as energy drinks slow fluid absorption.

### **Warning Signs of Dehydration**

- Thirst
- Headache
- Lack of energy Dark, yellow urine
- Nausea
- Irritability
- Red, flushed face
- Dry lips and tongue Muscle Cramping
- Dizziness
- Be Prepared During Hot Weather

Children should wear light-colored, loose-fitting clothing. Take breaks in the shade whenever possible. Always have a phone available and be familiar with emergency numbers. Keep ice and ice towels on hand in case of heat-related emergencies.

## NOAA's National Weather Service

### Heat Index

Temperature (°F)

	80	82	84	86	88	90	92	94	96	98	100	102	104	106	108	110
40	80	81	83	85	88	91	94	97	101	105	109	114	119	124	130	136
45	80	82	84	87	89	93	96	100	104	109	114	119	124	130	137	
50	81	83	85	88	91	95	99	103	108	113	118	124	131	137		
55	81	84	86	89	93	97	101	106	112	117	124	130	137			
60	82	84	88	91	95	100	105	110	116	123	129	137				
65	82	85	89	93	98	103	108	114	121	128	136					
70	83	86	90	95	100	105	112	119	126	134						
75	84	88	92	97	103	109	116	124	132							
80	84	89	94	100	106	113	121	129								
85	85	90	96	102	110	117	126	135								
90	86	91	98	105	113	122	131									
95	86	93	100	108	117	127										
100	87	95	103	112	121	132										

Likelihood of Heat Disorders with Prolonged Exposure or Strenuous Activity

Caution     
  Extreme Caution     
  Danger     
  Extreme Danger

## COLD WEATHER SAFETY TIPS

### Dressing for the cold

When temperatures drop and wind increases, the body loses heat more rapidly. It is important to dress appropriately when training or playing in cold weather. This also means to not overdress. Layering clothing in a specific way (see box) is recommended and very effective. The layers can be added or removed based on body temperature and changing environmental conditions, such as temperature and wind. Allow players to wear additional clothing, like gloves, sweatshirts, sweatpants and/or hats or headbands. Also, avoid sweating before going outside because your body will cool too quickly.

### Stay Dry

Damp conditions add to the risk of injury or illness during cold weather. Players, coaches, and referees should recognize these factors and use additional caution to watch for potential cold injuries. If players do get wet during training or play, remove wet or saturated clothing, and replace it with dry clothing. This becomes more important if the individual will

remain out of play or anticipates standing around for a prolonged period of time. A hat, gloves, and an extra pair of socks can also keep extremities dry in case of snow or rain.

### Stay Hydrated

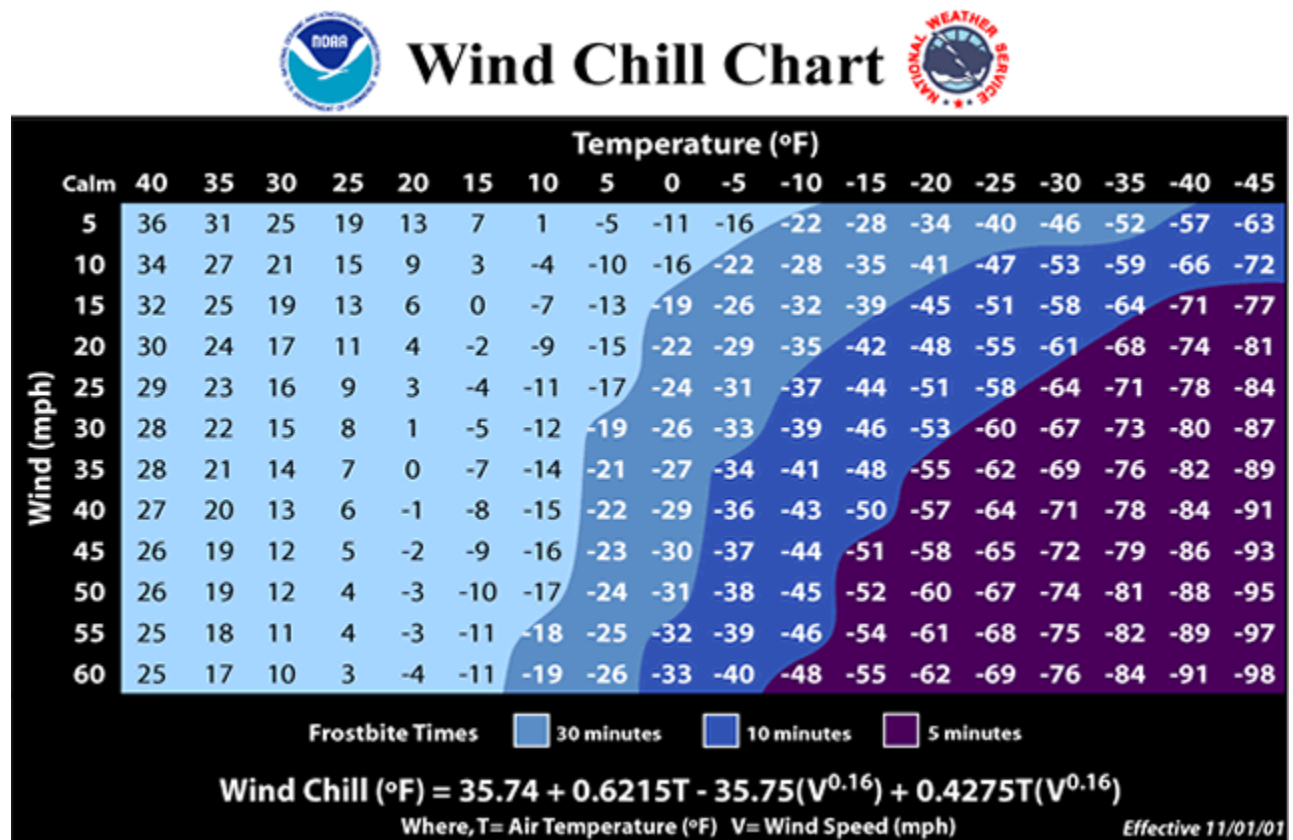
Cold weather often reduces our ability to recognize that we are becoming dehydrated. If you are thirsty, you have already become dehydrated. Try putting warm or hot water in a water bottle so that your water doesn't freeze when training for extended amounts of time outside.

### Take Action

If someone is suffering from a cold-related illness, get him or her into a warm location as soon as possible. Identify a nearby warming location before the start of training or play. During games provide blankets or other items for players to stay warm while they are on the bench and allow additional substitutions or warming breaks.

### Wind Chill

Pay attention to the wind chill temperature (WCT) Index. (See chart below) Even prolonged exposure in relatively mild temperatures can lead to frostbite. The National Weather Service wind chill chart can serve as a guide to safe play in cold weather.



### **Ultraviolet Ray Exposure (Sunburn)**

Exposure increases an athlete's risk of developing a specific type of skin cancer known as melanoma. The American Academy of Dermatology estimates that children receive 80% of their lifetime sun exposure by the time they are 18 years old. Therefore, it is recommended the use of sunscreen with an SPF (sun protection factor) of at least 25.

## **CONDITIONING AND STRETCHING**

Conditioning is an intricate part of accident prevention. Extensive studies on the effect of conditioning, commonly known as "warmup," have demonstrated that the stretching and contracting of muscles just before an athletic activity improves general control, coordination, and alertness. The purpose of stretching is to increase flexibility within the various muscle groups and prevent tearing from overexertion. Stretching should never be done forcefully, but rather in a gradual manner to encourage looseness and flexibility.

### ***Stretching Hints:***

- Stretch necks, backs, arms, and legs.
- Don't ask the child to stretch more than he or she is capable of.
- Hold the stretch for at least 10 seconds.
- Do not bounce while stretching. This tears down the muscle rather than stretching it.

## **FACILITIES**

### **Goal Post Safety:**

1. Portable goals should always be properly secured and anchored. Remember spring winds can blow over an unsecured goal in an instant.
2. Inspect goals for sharp corners and general integrity (strength).
3. Instruct all players and parents of the potential dangers associated with movable goals and nets (tipping over).
4. Forbid any horseplay by players or members of the general public on or around any goal!
5. Portable goals should only be moved by authorized personnel!
6. Portable goals should be secured in a safe place when not in use.

**Field Safety:**

1. Inspect for foreign objects before every practice and game.
2. Check for holes, ruts, and bumps.
3. Make sure Goals are secure (sandbags, ground pegs).
4. Observe a three-foot restraining line from the touchline. Remind spectators of this as well.
5. Notify your club and field owners of unsafe field conditions in writing.
6. Do not allow participation by your players until noted hazards have been corrected.

**CONCESSION STAND SAFETY**

- Concession stand workers (13 yrs. or older) will be instructed on the proper cleaning procedures of all equipment.
- All trash shall be removed from within the concession.
- A fully stocked First Aid Kit will be placed in the Concession Stand.

**EMERGENCY SAFETY PROCEDURES**

Each coach will be given a first aid kit containing first aid supplies. **TAKE THE FIRST AID KIT TO ALL PRACTICES AND GAMES.** If you forget to take it to a game, a safety kit is available in the Concession Stand. If a child on the team wears glasses, please recommend that safety glasses be used.

**IMPORTANT – YOU MUST HAVE YOUR ORIGINAL MEDICAL RELEASE FORMS (SIGNED BY PARENTS) WITH TEAM AT ALL TIMES DURING GAMES OR PRACTICES. IN CASE OF A MEDICAL EMERGENCY:**

- Give first aid and have someone call **911** immediately if an ambulance is necessary. (Example: Severe injury, head, or neck injury, unconscious or not breathing.)
- Notify parents immediately if they are not present.
- Talk to your team about the situation if it involves them. Often athletes are upset and worried when a teammate is injured. They need to feel safe and understand the injury that occurred.
- Please feel free to contact anyone on the TCYSA board who may help.

**What to Report:**

An incident that causes any athlete, coach, referee, or volunteer to receive medical treatment and/or first aid must be reported to the TCYSA board. This includes even passive treatment such as the evaluation and diagnosis of the extent of the injury or periods of rest.

**When to Report:**

All such incidents described above must be reported to the TCYSA board.

**Doctor's Medical Release:**

TCYSA Board will notify the coaches of any player who is unable to participate at any practice or game. A "Doctor's Medical Release" from the attending physician(s) will be required before a player is permitted to practice or play. Any child who has sustained an injury and has missed a practice or game due to an injury must obtain a release from a doctor before returning to play. A child who has sustained stitches or clamps due to a laceration of any type to their body or sustained a fracture to a part of the body **MUST** obtain a medical release from the attending physician(s) before he/she can participate in a practice or game. Coaches/Parents shall be responsible for providing the board with the medical release form.

If the player does not provide a medical release form the player will be removed from the practice or game until the requirements have been met.

**THE SAFETY OF THE CHILD AND THE LIABILITY OF THE LEAGUE ARE TWO IMPORTANT ISSUES THAT HAVE TO BE CONSIDERED.**

## HEALTH AND MEDICAL - GIVING FIRST AID

### First Aid

First aid means exactly what the term implies – it is the first care given to a victim. It is usually performed by the first person on the scene and continued until professional medical help arrives if needed. At no time should anyone administering first aid go beyond his/her capabilities. Know your limits!

### Permission to Give Care

If a victim is conscious, you must have his/her permission before giving first aid. To get permission you must tell the victim who you are, how much training you have, and how you plan to help. Do not give care to a conscious victim who refuses your offer to give care. If the conscious victim is an infant or child, permission to give care should be obtained from a supervising adult when one is available. If the condition is serious, permission is implied if a supervising adult is not present. Permission is also implied if a victim is unconscious or unable to respond.

### Good Samaritan Laws

There are laws to protect you when you help someone in an emergency. The “Good Samaritan Laws” give legal protection to people who provide emergency care to ill or injured persons. When citizens respond to an emergency and act as a *reasonable* and *prudent* person would under the same conditions, Good Samaritan immunity generally prevails. *Good Samaritan Laws were developed to encourage people to help others in emergency situations.* They require that the “Good Samaritan” use common sense and a reasonable level of skill, not to exceed the scope of the individual’s training. They assume each person would do his/her best to save a life or prevent further injury.

### Bleeding in General

Before initiating any First Aid to control bleeding, be sure to wear the latex gloves included in your First–Aid Kit to avoid contact with the victim’s blood.

- Act quickly and have the victim lie down. Elevate the injured limb higher than the victim's heart unless you suspect a broken bone.
- Remove any obvious foreign objects such as pieces of glass from the wound, but do not remove anything that is deeply embedded. If anything is still embedded in the wound, avoid exerting direct pressure on it and call EMS immediately.
- If nothing is embedded, control bleeding by applying direct pressure on the wound with a sterile pad.
- If bleeding is controlled by direct pressure, bandage firmly to protect the wound. Check pulse to make sure the bandage is not too tight.
- If the pad becomes soaked with blood, do not remove it. Instead, apply more padding over the wound and hold it in place firmly with another bandage.
- If bleeding is not controlled by use of direct pressure, apply a tourniquet only as a last resort and call 911 immediately.

### **Minor Cuts and Scrapes**

If a child is bleeding from a minor cut or scrape, help clean the wound. Press a clean pad over the wound for a few minutes to help stop the bleeding. It will usually stop bleeding on its own after a few minutes. When bleeding has stopped, clean around the cut, wiping from the edges outward with a clean gauze or cotton pad. There is no need to clean inside the wound itself. Small cuts and even large grazes heal more rapidly if left uncovered. You can hold gaping edges closed with strips of surgical tape, but any cut more than ½ inch long may need stitches to minimize scarring. Consult emergency personnel if you think that the wound might need stitching, or if it is a deep puncture wound from a nail, glass, etc., and the athlete hasn't been vaccinated against tetanus within the past 5 years.

- Bleeding must be stopped, and the open wound covered before the athlete may resume playing.
- Any excessive amount of blood on the uniform (pants or shirt) requires the athlete to change into the team's "Blood Shirt" or clean pants, if necessary before the athlete can return to the game.
- Use of latex gloves or other precautions to prevent skin and mucous membrane exposure to blood or other body fluids is encouraged.



- Immediately wash hands and other skin surfaces if contaminated (by contact) with blood or other body fluids. Wash hands immediately after removing gloves. Dispose of gloves immediately.
- Clean all blood-contaminated surfaces and equipment with a 1:100 solution of Clorox Bleach made by using a cap full of Clorox (2.5cc) and 8 ounces of water (250cc).
- Practice proper disposal procedures to prevent injuries caused by needles or other shared instruments or devices.
- Although saliva has not been implicated in HIV transmission, mouthpieces, resuscitation bags, or other ventilation devices should be available for emergency mouth-to-mouth resuscitation.
- Coaches with bleeding or oozing skin should refrain from all direct player involvement until the condition resolves.
- Concession Workers with bleeding or oozing skin should refrain from assisting with concession stand duties until the condition resolves.
- Contaminated towels should be properly disposed of or disinfected.

### **Nosebleeds**

Nosebleeds are a common occurrence and may be brought on by a minor injury to the nose. If the athlete has a nosebleed, sit him down, leaning slightly forward. Make sure that the athlete breathes through his mouth. Place your thumb and index finger (or have the athlete do so) as high on the softer part of the nose as you can and pinch both nostrils firmly closed for about 10 minutes. This pressure allows a blood clot to form and seal the damaged blood vessels. Ask the athlete not to blow his nose for several hours after the bleeding has stopped because he may dislodge the blood clots. Seek medical help if bleeding continues for longer than 20 minutes, or if you suspect that the nose may be broken. Get emergency medical attention if bleeding from the nose follows a blow to another part of the head; this may indicate a fractured skull.

### **Insect Bites and Stings**

Bites and stings from most common insects, such as bees, ants, and mosquitoes cause itching, redness, and swelling. Apply calamine lotion or the like to relieve discomfort. If

stung by a bee or hornet, first try to remove the stinger from the wound by gently scraping it out with tweezers. Use ice packs and antihistamines to minimize pain and swelling. Watch for allergic signs or signs of anaphylactic shock. In highly sensitive persons, do not wait for allergic symptoms to appear. Get professional medical help immediately. If breathing difficulties occur, start rescue breathing techniques if a pulse is absent, begin CPR. Call 911.

### **Asthma and Allergies**

Many children suffer from asthma and/or allergies, especially in the springtime. Allergy symptoms can manifest themselves to look like the child has a cold or flu while children with asthma usually have a difficult time breathing when they become active. Allergies are usually treated with prescription medication. If a child is allergic to insect stings/bites or certain foods, you must be informed since allergic reactions can be life threatening. Speak with each parent of your team roster. Know which children on your team need to be watched. Likewise, a child with asthma needs to be watched carefully. If a child starts to have an asthma attack, have him/her stop playing and rest until normal breathing resumes. If the asthma attack persists, call 911 immediately.

### **Anaphylactic Shock**

In rare cases, an athlete may become hypersensitive to a particular type of bite or sting, usually after having been bitten or stung previously. Subsequent bites or stings cause a severe allergic reaction known as **ANAPHYLACTIC SHOCK**.

Symptoms may include:

- Difficulty or rapid breathing
- Sharp drop in blood pressure
- Pale, cool, sweaty skin
- Altered consciousness.
- A rash.

If a person shows such symptoms after being bitten or stung, get emergency help **IMMEDIATELY**. Help the victim maintain normal body temperature.

Try to reassure the victim. **DO NOT GIVE FOOD OR DRINK**

## **Choking**

If there is only partial obstruction of the airways, symptoms may include a forceful cough with wheezing sounds between coughs. Encourage the victim to cough if good air exchange continues. **DO NOT** interfere with attempts to expel objects. If there is complete airway obstruction, symptoms include weak cough, high-pitched crowing noises during inhalation; inability to breathe, cough, or speak gestures of clutching neck, exaggerated breathing efforts, and dusky or bluish skin color.

Apply the Heimlich Maneuver immediately.

- Stand behind the victim.
- Reach around the victim with both arms under the victim's arms.
- Place the thumb side of the fist against the middle of the abdomen just above the navel. Grasp the fist with the other hand.
- Give quick, upward thrusts.
- Repeat until the object is expelled from the victim.

## **Eye Injury**

If a child gets dust, dirt, or the like in the eye, use only the provided eye wash to rinse the eye thoroughly. **IF A CHILD SUFFERS AN INJURY TO THE EYE OR EYELID, RAPID ACTION IS ESSENTIAL.** As soon as you have carried out first aid, get the athlete to the emergency room by the fastest means possible.

## **Cuts to the Eye or Eyelid**

Cover the eye with a clean pad or cloth. Hold the pad lightly in place with a bandage or folded handkerchief. Apply no pressure. Cover the other eye also to prevent movement of the eyeball. Seek medical help immediately.

## **Blows to the Eye Area**

Carry out first aid for cuts and to the eye or eyelid but use a cold compress instead of a dry pack over the injured eye.

## **Foreign Body in the Eye**

**NEVER** attempt to remove any of the following from the athlete's eye:

- An object that is embedded in the eyeball
- A piece of metal
- A particle over the colored part of the eye

In any of these cases, cover both eyes as recommended for the cuts to the lid or eyelid and seek medical help immediately.

## **Sprains, Strains and Breaks**

A joint is said to be sprained when it is wrenched or twisted beyond its normal range of movement in a fall, for example, tearing some or all of the ligaments that support it. Ankles are especially prone to this type of injury. The main symptoms, which may not be distinguishable from those of a minor strain, are pain, swelling, and bruising. If the athlete is unable to move or put weight on the injured part, if it looks misshapen, or if pain affects part of the limb other than the joint, a broken bone or dislocated joint is possible, and you should:

- Control bleeding from the wound first if there is any.
- Do not try to manipulate the bone or joint back into position yourself. This should only be carried out by a physician. Call 911 immediately.
- While waiting for medical help, keep the child warm and calm as possible.
- If medical help is readily available, get assistance and then move the child as little as possible. If medical help is not readily available, or if you must move the athlete, immobilize the limb in the most comfortable position by use of bandages and splints, available in the first aid kits and in the concession stands.
- Give him/her nothing to eat or drink, a general anesthetic may be needed to set the bone.

**Heat Disorder Emergencies Heat Cramps:**

are painful cramps of muscles, usually in the stomach, legs, and/or arms. They are caused by loss of electrolytes in the body due to excessive sweating. Heat cramps may occur without the individual feeling thirsty. Any individual suffering heat cramps should be moved to a cool shady area (avoid moving directly into an air-conditioned climate as this may accelerate the systems of heat exhaustion). Monitor the individual for at least thirty minutes while they slowly drink cool water. Do not use sports drinks as a sole source of hydration. Sports drinks help replace fluids and nutrients lost during times of heavy activity. However, cold water is adequate in most situations.

**Heat Exhaustion:**

is defined as resulting from peripheral vascular collapse due to excessive water and salt depletion. Symptoms include profuse sweating, headache, weakness, pallor, nausea, vomiting, mild dyspnea (shortness of breath), cramps, chills (goose bumps), confusion, tingling in arms and feet, and palpitations. The individual may become faint and lose consciousness. The blood pressure may be low, the body temperature may be elevated or normal, and the pupils may be dilated. It can occur in an otherwise fit individual involved in physical training or any hot weather activity especially if the person is not acclimatized to that environment. Any individual suffering heat exhaustion should be moved to a cool shady area. Give water if tolerated. Spray or pour water on the individual and fan to cause a cooling effect. If you have ice packs, use them. Place them on the arms, armpits, and behind the neck. Call 911 if the casualty exhibits any change in mental status or loses consciousness.

**Treatment**

- Instruct the victim to lie down with feet elevated in a cool, shaded area or an air-conditioned room.
- Massage legs toward the heart.
- Only if the victim is conscious, give cool water or electrolyte solution every 15 minutes.
- Use caution when letting the victim first sit up, even after they feel recovered.

**Heat Stroke (Sunstroke):**

is a serious medical emergency that may result in death if care is delayed. It is typically defined as a core temperature greater than 105 degrees Fahrenheit or any change in the mental status of an affected individual with any elevated core temperature. It is caused by a failure of the body's ability to maintain optimum core body temperature (cool itself). The individual may or may not exhibit the symptoms of heat exhaustion. Heat occurs more rapidly in individuals who are engaged in physical training in a high-heat environment than those not physically engaged. Heat stroke is a life-threatening medical emergency. Any individual suffering heat stroke should be moved to a cool shady area. Give water if tolerated. Start cooling the individual immediately. Spray or pour water on the individual and fan. Elevate legs. If you have ice packs, use them. Place them against the neck, under the armpits, and in the groin area where large blood vessels lie close to the skin surface.

**Treatment**

- Call 911 immediately.
- Lower body temperature quickly by placing the victim in a partially filled tub of cool, not cold, water (avoid overcooling).
- Briskly sponge the victim's body until body temperature is reduced then towel dry. If a tub is not available, wrap the victim in cold, wet sheets or towels in a well-ventilated room or use fans and air conditioners until body temperature is reduced.
- DO NOT give stimulating beverages (caffeine beverages) such as coffee, tea, or soda.

**Colds and Flu**

Baseball season usually overlaps with cold and flu seasons. If a child is suffering from a cold or flu, there is nothing you can do except recognize that the child is sick and should be at home resting and recovering rather than on the field spreading his/her germs to all your other players. Prevention is the key here. Don't be afraid to tell parents to keep their sick children at home for the wellbeing of the entire team.

**Communicable Disease Procedures**

While the risk of one athlete infecting another with HIV/AIDS or the Hepatitis B or C virus during competition is close to nonexistent, there is a remote risk other blood-borne infectious diseases can be transmitted. Procedures for guarding against the transmission of infectious agents should include, but not be limited to the following:

- A bleeding player should be removed from competition as soon as possible.

- Once the bleeding is stopped and the wound is cleaned and covered, the player may resume play if the degree of the injury warrants it.
- If blood contaminated the player's clothing, the uniform should be changed and the "blood shirt" substituted in place of the soiled clothing before the player may re-enter the game.
- Routinely use latex gloves to prevent contact with blood or other body fluids.
- Wash hands and other skin surfaces with antibacterial soap if contaminated with blood.
- Clean all blood-contaminated surfaces and equipment with a 1:100 solution of Clorox Bleach made by using a cap full of Clorox (2.5cc) and 8 ounces of water (250cc).

## **COVID-19**

The TCYSA board will continue to stay updated with the latest materials and resources from local and national guidelines so that we can keep our players, spectators, and members safe and with as little risk as possible. Below are our guidelines for staying at home based on CDC guidelines:

### **Stay at home if the player/coach is feeling sick or experiencing the following COVID-19 symptoms:**

- Cough
- Shortness of breath or difficulty breathing
- Fever of 100.4 degrees F
- Chill
- Muscle pain
- Sore throat
- New loss of taste or smell

This list does not include all possible symptoms, other symptoms reported to CDC were nausea, vomiting, and diarrhea.

### **If a player/coach/referee/spectator/board member becomes sick with COVID-19 the following should happen:**

- Stay at home!
- Quarantine for 7-10 days or a negative test before return play

## **Attention Deficit Disorder**

**ADD** is now officially called Attention Deficit/ Hyperactivity Disorder, or **ADHD**. **ADHD** is a neurobiological-based developmental disability estimated to affect between 35 percent of school-age children. No one knows exactly what causes **ADHD**. Unfortunately, more and more children are being diagnosed with **ADHD** every year. There is a high probability that one or more children on your team will have **ADHD**. It is important to recognize a child's situation for safety because a lack of attention can lead to serious accidents. It is equally important not to call attention to the child's disability or to label the child in any way. Hopefully, the parent of an **ADHD** child will alert you to his/her condition. If the child is taking medication, it is the parent's responsibility to administer it. Do not, at any time, administer any medication –even if the child asks you to.



# HEAT-RELATED ILLNESSES

## WHAT TO LOOK FOR

## WHAT TO DO

### HEAT STROKE

- High body temperature (103°F or higher)
  - Hot, red, dry, or damp skin
  - Fast, strong pulse
  - Headache
  - Dizziness
  - Nausea
  - Confusion
  - Losing consciousness (passing out)
- Call 911 right away-heat stroke is a medical emergency
  - Move the person to a cooler place
  - Help lower the person's temperature with cool cloths or a cool bath
  - Do not give the person anything to drink

### HEAT EXHAUSTION

- Heavy sweating
  - Cold, pale, and clammy skin
  - Fast, weak pulse
  - Nausea or vomiting
  - Muscle cramps
  - Tiredness or weakness
  - Dizziness
  - Headache
  - Fainting (passing out)
- Move to a cool place
  - Loosen your clothes
  - Put cool, wet cloths on your body or take a cool bath
  - Sip water
- Get medical help right away if:**
- You are throwing up
  - Your symptoms get worse
  - Your symptoms last longer than 1 hour

### HEAT CRAMPS

- Heavy sweating during intense exercise
  - Muscle pain or spasms
- Stop physical activity and move to a cool place
  - Drink water or a sports drink
  - Wait for cramps to go away before you do any more physical activity
- Get medical help right away if:**
- Cramps last longer than 1 hour
  - You're on a low-sodium diet
  - You have heart problems

### SUNBURN

- Painful, red, and warm skin
  - Blisters on the skin
- Stay out of the sun until your sunburn heals
  - Put cool cloths on sunburned areas or take a cool bath
  - Put moisturizing lotion on sunburned areas
  - Do not break blisters

### HEAT RASH

- Red clusters of small blisters that look like pimples on the skin (usually on the neck, chest, groin, or in elbow creases)
- Stay in a cool, dry place
  - Keep the rash dry
  - Use powder (like baby powder) to soothe the rash



# LIGHTNING SAFETY

WHEN THUNDER ROARS / GET INDOORS

LIGHTNING MEASURES BETWEEN 100M TO 2B VOLTS WITH AMPS AS HIGH AS 200K. CONTACT TEMP IS 15K TO 60K °F.

## LIGHTNING PLAN PREP LIST:

- ▶ Assign staff to monitor local weather conditions.
- ▶ Develop evacuation plan.  
*Should participants go to their cars?  
Is there an enclosed building to shelter in?*
- ▶ Make sure staff knows the plan.
- ▶ If lightning is expected, notify players and participants ahead of time about the possibility.

PLAY CAN RESUME 30 MIN AFTER THE LAST STRIKE!



**MOST LIGHTNING STRIKES HAPPEN BETWEEN MAY AND SEPT**

LIGHTNING OFTEN STRIKES 3 - 15 MILES OUTSIDE THE RAIN OR THUNDERSTORM CLOUD

## WHERE TO TAKE SHELTER!

- ENCLOSED BUILDINGS
- CARS / VEHICLES

WHERE NOT TO SHELTER	PICNIC PAVILIONS / TEAM TENTS BASEBALL DUGOUTS / GAZEBOS UNDER TREES / GOLF CARTS
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Do NOT shelter in structures that have exposed openings.

PLEASE

## GET OFF THE BLEACHERS!

## WHAT TO DO IF SOMEONE IS STRUCK BY LIGHTNING

*Most people can survive a lightning strike; but, they need immediate medical attention!*

### CALL 911

Victims do not carry an electrical charge.

The victim's heart and/or breathing may have stopped. CPR or an AED may be needed.

If possible, move the victim inside away from the threat of another lightning strike.



## LIGHTNING INJURIES

**BURNS:** Lightning can cause burns on the skin where it enters and exits the body.

**CARDIAC ARREST:** Lightning disrupts the heart's electrical system, leading to cardiac arrest.

**NEUROLOGICAL INJURIES:** Paralysis, loss of coordination, seizures, and mental changes.

**EAR INJURIES:** Perforated eardrums, hearing loss, and tinnitus.

**CONCUSSION:** The force of a strike can cause concussions or traumatic brain injury (TBI), leading to headaches, dizziness, confusion, and memory problems.

**MUSCULOSKELETAL INJURIES:** Injuries to muscles, bones, and joints, including fractures, dislocations, and soft tissue damage.

**EYE INJURIES:** The intense light and heat can cause cornea burns, retinal damage, temporary or permanent vision loss.

**RESPIRATORY INJURIES:** Lung damage from the electrical current or inhalation of smoke or other debris if fires are ignited by the strike.

**INTERNAL INJURIES:** Electrical current passing through the body damages organs, blood vessels, and tissues.

**PSYCHOLOGICAL TRAUMA:** Survivors may experience psychological trauma, including PTSD, anxiety, depression, and other mental health issues.

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