

**Johnston Girls Softball  
Little League**

**Safety Manual**

*for  
Managers, Coaches, and Volunteers*

**2026**



	<b>League # 311638</b>	
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Dear Volunteers, Parents/Guardians, and Players:

Welcome to another exciting season of Johnston Girls Softball! JGSA is beginning our ninth year as part of the national Little League Softball program.

JOHNSTON GIRLS SOFTBALL LL is committed to providing a safe, welcoming environment where every player, volunteer, and family feels supported. Safety is an important part of every season, and we believe it is a shared responsibility that helps everyone enjoy the game with confidence and peace of mind.

As part of Little League SAFE, our league has confirmed the steps we take to protect children, prepare volunteers, and maintain safe facilities and playing conditions. From equipment checks and emergency planning to strong child protection practices and volunteer training, our goal is to create a positive, fun, and secure experience for every participant.

Thank you for being part of a community that puts kids first and works together to help ensure a safe, memorable Little League season.

Let's play ball!

The JGSA Board



# Little League SAFE

Little League SAFE brings together trusted safety resources to help leagues provide a safe, positive, and consistent experience for players, volunteers, and families. Safety is a shared responsibility, and SAFE supports leagues in building a strong, informed approach to safety at every level of the game.



## Emergency Phone Numbers

Emergency Phone Number:		<b>9-1-1</b>
Local Police Department:		515-278-2345
Local Fire Department:		515-276-5182
JGSA Safety Officer:	Gina Beals	515-669-5910
JGSA President:	Eric Clark	515-202-1563
JGSA Vice President:	Greg Dostal	515-991-3519
JGSA Facilities Officer:	Jake Hildebrand	515-313-7075
District 3 Administrator	Rob Sheeks	515-707-1689
District 3 ADA Safety Officer	Eric Chamberland	401-265-7681

## Hospitals

Mercy Main	1111 6 <sup>th</sup> Avenue, Des Moines, IA	515-247-3121
Mercy West Lake	1755 59 <sup>th</sup> Place, West Des Moines, IA	515-358-8000
Iowa Methodist/Blank Children's	1200 Pleasant Street, Des Moines, IA	515-241-6212
Methodist West	1660 60 <sup>th</sup> Street, West Des Moines, IA	515-343-1000
Broadlawns	1801 Hickman Road, Des Moines, IA	515-282-2200

# Safety Code and Emergency Action Plan

## Volunteer Guidelines

1. All JGSA board members, coaches, and other volunteers will complete the annual Little League Volunteer form and be subject to a background check annually per Little League guidelines. Background checks will be conducted through J.D. Palatine
2. No adult volunteer is permitted to be alone with any child unless they are a first-degree relative.
3. Each year, a member of the board shall be designated the League Safety Officer. The League Safety Officer for the 2025-2026 term is Gina Beals.  
Phone: 515-669-5910                      Email: [gibeals91@gmail.com](mailto:gibeals91@gmail.com)  
A copy of the safety manual will be distributed to all league volunteers including board members and coaches. Copies will also be located in the Quad shed and dugout closets of Colby's, VanDees, and Signarama fields. A digital copy is available on the JGSA website.
4. There will be an officer of the day assigned during all regular season practices and games.
5. All volunteers will be required to abide by the JGSA code of conduct as outlined on Page 9.

## Equipment

6. Equipment will be inspected by the Equipment/Uniform Director prior to each season and by the coach and umpire prior to each game. Damaged equipment will be disposed of properly.
7. All team equipment should be stored within the team dugout, or behind screens, and not within the area defined "in play". Responsibility for keeping bats and loose equipment off the field of play should be that of the player responsible for the particular item and/or the team's manager and coaches.
8. Any player catching for a pitcher, whether in practice, warm up, or a game, must wear a catcher's helmet, mask, throat guard, chest protector, and shin guards. NO EXCEPTIONS.
9. Batters must wear Little League approved protective helmets with NOCSAE seal during batting practice and games. Coaches should encourage the use of face guards on batting helmets.
10. All bats will conform to Little League standards.
11. Shoes with metal spikes or cleats are not permitted. Shoes with molded cleats are allowed.
12. Fielding face masks will be required for all girls during games when in any fielding position except for catcher who will be wearing the required catching helmet.

## Accidents

13. Responsibility for safety procedures should be that of all adult members of the Johnston Girls Softball Association including board members, coaches, and other volunteers.
14. Report all accidents and near misses. Injury and accident reporting may be performed by any league volunteer, parent, or player that witnesses an injury or accident. The report should be made to the Safety Officer or JGSA officer of the day within 48 hours of the incident. See page 10 of this manual for further guidelines and instructions on accident reporting. Page 11 contains an accident reporting form that may be used to initially report any incident.
15. In the case of head injuries, examine the player for signs of concussion. Follow the "When in doubt, sit them out" rule.

16. A working telephone should be available at all JGSA events including all games, practices, and other organization events.
17. First-aid kits are issued to all teams during the initial equipment distribution. Teams are required to have First-aid kits at all practices and games. There is an AED on the garage building below concessions at the Jensen Quads and a second one in the North concession stand and. Any time the AED is needed, 911 should also be called to communicate the specific location (field name or number, area of the ballpark) of the emergency.
18. At no time should "horse play" be permitted within Lew Clarkson Park.

### **Training**

19. Safety/First-Aid and Fundamental Skills training will be provided at the start of each season.
20. A coach from each team must attend JGSA's First-Aid Training Seminar. Each individual coach must attend the Safety and First-Aid Training at least once every three years. Any coaches who are unable to attend the in-person training must complete the online Safety Awareness Course and the First Aid Awareness Course provided through Little League University. They can be accessed at: <https://www.littleleague.org/university/training/>.
21. All coaches must complete both Abuse Awareness and Diamond Leader training through Little League annually prior to the start of the season. These trainings can be accessed at: <https://www.littleleague.org/university/training/>.
22. Coaches are encouraged to complete the online concussion training, Heads Up Coaches: Concussion in youth Sports. This training can be accessed at: <https://www.cdc.gov/heads-up/training/youth-sports.html>.
23. A coach from each team must attend JGSA's Fundamental Skills Training Seminar. Each individual coach must attend the Fundamental Skills Training at least once every three years.
24. All coaches will receive a list of any special medical needs for the players on their team prior to the start of the season.
25. All board members and coaches will be required to review and familiarize themselves with this safety manual.

### **Field & Grounds**

26. The JGSA Safety Officer will complete the Facility Survey annually.
27. Coaches and umpires will walk and inspect their assigned field prior to practices and games. See Coaches Checklist on page 8.
28. After each game, coaches should ensure dugouts and areas around the outside of the playing area are free of trash and dangerous objects.
29. Report any potential safety hazards/repairs to the Facility Coordinator for immediate repair.
30. Motorized field equipment should not be used by those under the age of 16 without adult supervision.

### **Games & Practices**

31. Only players, coaches, and umpires are permitted on the playing field or in the dugout during games and practice sessions.
32. Players in the dugout should remain behind the fence and not in the dugout doorway.
33. All pre-game warm-ups should be performed within the confines of the playing field and not

- within areas that are frequented by spectators (i.e., playing catch, pepper, swinging bats, etc.).
34. During warm-up drills players should be spaced so that no one is endangered by wild throws or missed catches.
  35. While on the playing field, all players should be alert and watching for thrown and batted balls and players swinging bats.
  36. Parents of players who wear glasses should be encouraged to provide "safety glasses".
  37. Players must not wear watches, rings, pins or metallic items during games and practices.
  38. Coaches may not warm up pitchers before or during a game.
  39. On deck batters are not permitted. Players may not pick up a bat until it is their turn to enter the batting box.

### **Weather**

40. No games or practices should be held when weather or field conditions are deemed unsafe.
41. There is a lightning detector located in the north concession stand. The lightning detector shall be turned on before the first game of the day and remain on until the park is closed. If lightning is detected within the 3-8 mile range or less, all persons will be required to vacate Lew Clarkson Park. Once play is suspended, there is a wait period of at least 30 minutes after the last flash of lightning is witnessed, thunder is heard, or the detector indicates no lightning in the 3-8 mile range, before play can resume. An Officer of the Day will make the final decision pertaining to when play can resume or if field conditions are unsafe to continue play.
42. No games or practices will be held when there is an active tornado warning for Johnston, IA.

### **Batting Cages**

43. Batting helmets are required while batting in the cages.
44. Only one batter and one pitcher is permitted in the cage at one time.
45. L-screens should be used at all times to protect the pitcher within batting cages.

### **Miscellaneous**

46. Player registration data and coach data will be submitted to Little League data center annually.
47. Children should be supervised while playing on the playground equipment.
48. The speed limit for the roads and parking lots within Lew Clarkson park is 5mph. Watch for small children around parked cars.
49. Observe all posted signs. Players and spectators should be alert at all times for Foul Balls and Errant Throws.
50. All concession stand instructions and safety procedures will be posted within the concession stand. These can be viewed on pages 12-17 of this manual.
51. Any pets brought to the games must be under direct control of the owner and on a leash or other restraining device. Owners must clean up after their pets.
52. No medication will be administered to any player unless done so directly by the child's parent. This includes aspirin, Tylenol or Ibuprofen.
53. No alcohol or drugs are allowed within Lew Clarkson Park at any time.

# Coach Pregame Checklist



## HAVE YOU:

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- ✓ **Walked field for debris/foreign objects**
- ✓ **Inspected helmets, bats, catchers' gear**
- ✓ **Made sure a First Aid kit is available**
- ✓ **Checked conditions of fences, backstops, bases and warning track**
- ✓ **Made sure a working telephone is available**
- ✓ **Held a warm-up drill**

# Code of Conduct

The board of directors of Johnston Girls Softball Association has mandated the following Code of Conduct. All coaches, board members, and volunteers will familiarize themselves with this Code of Conduct and agree to abide by its contents.

## ***Johnston Girls Softball Association Code of Conduct:***

No Board Member, Coach, Player or Spectator shall:

- At any time lay a hand upon, push, shove, strike, or threaten to strike an official, player, coach, manager, or spectator.
- Be guilty of personal verbal or physical abuse upon any official for any real or imaginary belief of a wrong decision or judgment.
- Be guilty of an objectionable demonstration of dissent at an official's decision by throwing of gloves, helmets, hats, bats, balls, or any other forceful unsportsmanlike action.
- Be guilty of using unnecessarily rough tactics in the play of a game against the body of an opposing player.
- Be guilty of a physical attack upon any board member, official manager, coach, player or spectator.
- Be guilty of the use of profane, obscene or vulgar language in any manner at any time.
- Appear on the field of play, stands, or anywhere on the Lew Clarkson complex while in an intoxicated state at any time.
- Be guilty of gambling upon any play or outcome of any game with anyone at any time.
- Use tobacco products of any kind within Lew Clarkson park.
- Be guilty of discussing publicly with spectators in a derogatory or abusive manner any play, decision, or a personal opinion on any players during the game.
- Speak disrespectfully to any parent, player, coach, official or representative of the league.
- Be guilty of tampering or manipulation of any league rosters, schedules, draft positions or selections, official score books, rankings, financial records or procedures.
- Challenge an umpire's authority. The umpires 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.

The JGSA Board of Directors will review all infractions of the JGSA Code of Conduct. Depending on the seriousness or the frequency of the offense, the board may assess additional disciplinary action up to and including expulsion from the association.

# Accident Reporting Procedures

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

**When to report** - All such incidents described above must be reported to the Safety Officer *within 48 hours* of the incident. The Safety Officer for 2026 is Gina Beals, who can be reached at the following:

Phone: 515-669-5910

Email: gibeals91@gmail.com

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

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

Incident/Injury Tracking forms are available at the concession stand and in the Quad shed, on page 11 of this manual, or at this website:

[http://www.littleleague.org/Assets/forms\\_pubs/asap/Injury\\_Tracking\\_Form.pdf](http://www.littleleague.org/Assets/forms_pubs/asap/Injury_Tracking_Form.pdf), and may be utilized as the initial reporting mechanism. A witness to the event can fill out the form and forward it to the League Safety Officer.

## **Safety Officer's Responsibilities**

Within 48 hours of receiving the incident report, the Safety Officer will contact the injured party or the party's parents and (1) verify the information received; (2) obtain any other information deemed necessary; (3) check on the status of the injured party; and (4) in the event that the injured party required other medical treatment (i.e., Emergency Room visit, doctor's visit, etc.) will advise the parent or guardian of the JGSA's insurance coverage and the provisions for submitting any claims.

If the extent of the injuries are more than minor in nature, the Safety Officer shall periodically call the injured party to (1) check on the status of any injuries, and (2) to check if any other assistance is necessary in areas such as submission of insurance forms, etc. until such time as the incident is considered "closed" (i.e., no further claims are expected and/or the individual is participating in the league again).

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      B.) Adjacent to Playing Field      D.) Off Ball Field
  - Base Path:       Running or       Sliding       Seating Area       Travel:
  - Hit by Ball:       Pitched or       Thrown or       Batted       Parking Area       Car or       Bike or
  - Collision with:       Player or       Structure      C.) Concession Area       Walking
  - Grounds Defect       Volunteer Worker       League Activity
  - Other: \_\_\_\_\_       Customer/Bystander       Other: \_\_\_\_\_

Please give a short description of incident: \_\_\_\_\_

Could this accident have been avoided? How: \_\_\_\_\_

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

# Concession Stand Safety

1. Two concession stands exist on Lew Clarkson property. Both are 100% run by a third party. All safety and licensing and food inspections are the responsibility of the third party.
2. No volunteers or athletes are allowed inside the concession stands.
3. Concessions will be open during all games.

## Basic First Aid - Communicable Disease Prevention

1. When an athlete has an injury involving blood, the bleeding must be stopped, the open wound covered, and the uniform changed if there is blood on it before the athlete may return to play.
2. Using gloves to prevent contact with blood or other body fluids is required. Gloves are provided
3. Immediately wash hands and other skin surfaces if contaminated with blood.
4. Any surfaces or equipment that are contaminated with blood should be cleaned and disinfected.
5. Umpires, coaches, and volunteers with open wounds should refrain from direct contact with any player until the condition is resolved.

## Basic First Aid – Injury Do’s & Don’ts

### Do...

- Reassure and aid children who are injured, frightened, or lost.
- Provide, or assist in obtaining, medical attention for those who require it.
- Know your limitations.
- Carry your first-aid kit to all games and practices outside of the Lew Clarkson complex.
- Assist those who require medical attention - and when administering aid, remember to:
  - **LOOK** for signs of injury (*Blood, bruising, deformity, etc.*).
  - **LISTEN** to the injured describe what happened and what hurts if conscious. Before questioning, you may have to calm and soothe an excited child.
  - **FEEL** gently and carefully the injured area for signs of swelling or grating of broken bone.
- Plan to have a cellular phone available at all games or practices.

### Don't...

- Administer any medications including Tylenol or ibuprofen.
- Hesitate in giving aid when needed.
- Be afraid to ask for help if you're unsure of the proper procedures (i.e., CPR, etc.).
- Transport injured individuals except in extreme emergencies. Transportation should be provided by a parent or guardian or emergency medical personnel.
- Leave a child unattended at a practice or game.
- Hesitate to report any present or potential safety hazard to the Safety Officer or any other board member immediately.

# Basic First Aid - Concussions

## HEADS UP CONCUSSION ACTION PLAN



### IF YOU SUSPECT THAT AN ATHLETE HAS A CONCUSSION, YOU SHOULD TAKE THE FOLLOWING STEPS:

1. Remove the athlete from play.
2. Ensure that the athlete is evaluated by a health care professional experienced in evaluating for concussion. Do not try to judge the seriousness of the injury yourself.
3. Inform the athlete's parents or guardians about the possible concussion and give them the fact sheet on concussion.
4. Keep the athlete out of play the day of the injury. An athlete should only return to play with permission from a health care professional, who is experienced in evaluating for concussion.

▶ **"IT'S BETTER TO MISS ONE GAME, THAN THE WHOLE SEASON."**



### CONCUSSION SIGNS AND SYMPTOMS

Athletes who experience one or more of the signs and symptoms listed below after a bump, blow, or jolt to the head or body may have a concussion.

#### SYMPTOMS REPORTED BY ATHLETE

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

#### SIGNS OBSERVED BY COACHING STAFF

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events prior to hit or fall

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# HEADS UP

TO LEARN MORE GO TO >> [WWW.CDC.GOV/CONCUSSION](http://WWW.CDC.GOV/CONCUSSION)

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).

# Basic First Aid – Heat Related Illness

HEAT-RELATED ILLNESSES	
WHAT TO LOOK FOR	WHAT TO DO
<b>HEAT STROKE</b>	
<ul style="list-style-type: none"><li>• High body temperature (103°F or higher)</li><li>• Hot, red, dry, or damp skin</li><li>• Fast, strong pulse</li><li>• Headache</li><li>• Dizziness</li><li>• Nausea</li><li>• Confusion</li><li>• Losing consciousness (passing out)</li></ul>	<ul style="list-style-type: none"><li>• Call 911 right away-heat stroke is a medical emergency</li><li>• Move the person to a cooler place</li><li>• Help lower the person's temperature with cool cloths or a cool bath</li><li>• Do not give the person anything to drink</li></ul>
<b>HEAT EXHAUSTION</b>	
<ul style="list-style-type: none"><li>• Heavy sweating</li><li>• Cold, pale, and clammy skin</li><li>• Fast, weak pulse</li><li>• Nausea or vomiting</li><li>• Muscle cramps</li><li>• Tiredness or weakness</li><li>• Dizziness</li><li>• Headache</li><li>• Fainting (passing out)</li></ul>	<ul style="list-style-type: none"><li>• Move to a cool place</li><li>• Loosen your clothes</li><li>• Put cool, wet cloths on your body or take a cool bath</li><li>• Sip water</li></ul> <p><b>Get medical help right away if:</b></p> <ul style="list-style-type: none"><li>• You are throwing up</li><li>• Your symptoms get worse</li><li>• Your symptoms last longer than 1 hour</li></ul>
<b>HEAT CRAMPS</b>	
<ul style="list-style-type: none"><li>• Heavy sweating during intense exercise</li><li>• Muscle pain or spasms</li></ul>	<ul style="list-style-type: none"><li>• Stop physical activity and move to a cool place</li><li>• Drink water or a sports drink</li><li>• Wait for cramps to go away before you do any more physical activity</li></ul> <p><b>Get medical help right away if:</b></p> <ul style="list-style-type: none"><li>• Cramps last longer than 1 hour</li><li>• You're on a low-sodium diet</li><li>• You have heart problems</li></ul>
<b>SUNBURN</b>	
<ul style="list-style-type: none"><li>• Painful, red, and warm skin</li><li>• Blisters on the skin</li></ul>	<ul style="list-style-type: none"><li>• Stay out of the sun until your sunburn heals</li><li>• Put cool cloths on sunburned areas or take a cool bath</li><li>• Put moisturizing lotion on sunburned areas</li><li>• Do not break blisters</li></ul>
<b>HEAT RASH</b>	
<ul style="list-style-type: none"><li>• Red clusters of small blisters that look like pimples on the skin (usually on the neck, chest, groin, or in elbow creases)</li></ul>	<ul style="list-style-type: none"><li>• Stay in a cool, dry place</li><li>• Keep the rash dry</li><li>• Use powder (like baby powder) to soothe the rash</li></ul>



# Basic First Aid – Sprains & Strains



KidsHealth.org

The most-visited site devoted to children's health and development

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## First Aid: Strains and Sprains

Strains are injuries to muscle due to overstretching, while sprains involve a stretch or a partial tear of ligaments (which connect two bones) or tendons (which connect muscle to bone). Sprains and strains happen more often in teens than in younger children.

### Signs and Symptoms

- pain in the joint or muscle
- swelling and bruising
- warmth and redness of the injured area
- difficulty moving the injured part

### What to Do

- Make sure your child stops activity right away.
- Think **R.I.C.E.** for the first 48 hours after the injury:
  - **Rest:** Rest the injured part until it's less painful.
  - **Ice:** Wrap an icepack or cold compress in a towel and place over the injured part immediately. Continue for no more than 20 minutes at a time, four to eight times a day.
  - **Compression:** Support the injured part with an elastic compression bandage for at least 2 days.
  - **Elevation:** Raise the injured part above heart level to decrease swelling.
- Give your child ibuprofen or acetaminophen for pain and to reduce swelling.

### Seek Emergency Medical Care

#### If Your Child Has:

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

### Think Prevention!

Teach kids to warm up properly and to stretch before and after exercising or participating in any sport, and make sure they **always wear appropriate protective equipment.**

Reviewed by: Steven Dowshen, MD

Date reviewed: April 2014

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Note: All information on KidsHealth® is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult your doctor.

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# Basic First Aid – Broken Bones



KidsHealth.org

The most-visited site  
devoted to children's  
health and development

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## First Aid: Broken Bones

Broken bones (or fractures) are a common injury in kids, especially after a fall. No matter what part might be broken or how big or small the injury may seem, all broken bones need medical care.

### Signs and Symptoms

Your child may have a broken bone if:

- you heard a "snap" or a grinding noise during an injury
- there's swelling, bruising, or tenderness
- the injured part is difficult to move or hurts when moving, being touched, or bearing weight

### What to Do

- Remove clothing from the injured area.
- Apply an ice pack wrapped in cloth.
- Keep the injured limb in the position you find it.
- Place a simple splint, if you have one, on the broken area. A splint holds the bone still and protects it until the child is seen by the doctor. To make a temporary splint, you can use a small board, cardboard, or folded up newspapers and wrap it with an elastic bandage or tape.
- Get medical care and don't allow your child to eat or drink in case surgery is required.

### Do Not Move Your Child and Call 911 Right Away

If:

- You suspect a serious injury to the head, neck, or back.
- A broken bone comes through the skin. While waiting for help:
  - Keep your child lying down.
  - Do not wash the wound or push in any part that's sticking out.

### Think Prevention!

It's practically impossible to prevent every fracture, but you can make a break less likely by:

- using safety gates at bedroom doors and at both the top and bottom of stairs (for babies or toddlers)
- enforcing helmet and safety gear rules for young athletes and any child riding a bicycle, tricycle, skateboard, scooter, or any type of skates and roller blades
- not using infant walkers

Reviewed by: Steven Dowshen, MD

Date reviewed: April 2014

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# Basic First Aid – Cuts



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## First Aid: Cuts

Many kids get a cut from falls or using sharp objects like scissors. Some cuts can be safely treated at home. Large, gaping, and deeper cuts — or any wounds that won't stop bleeding — need medical treatment.

### What to Do

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

- Rinse the cut or wound with water and apply pressure with sterile gauze, a bandage, or a clean cloth.
- If blood soaks through the bandage, place another bandage over the first and keep applying pressure.
- Raise the injured body part to slow bleeding.
- When bleeding stops, cover the wound with a new, clean bandage.
- **Do not apply a tourniquet.**

### Seek Medical Care

If:

- the cut is deep or its edges are widely separated
- the cut continues to ooze and bleed even after applying pressure
- the injury was caused by an animal or human bite, burn, electrical injury, or puncture wound (e.g., a nail)

### Call 911 Right Away

If Your Child:

- has a body part, such as a fingertip, that is cut off. **Put the part that was cut off in a sealed plastic bag right away. Dunk the bag in a container with ice water.**
- has a cut and the blood is spurting out and difficult to control
- is bleeding so much that bandages are becoming soaked with blood

### Think Prevention!

- Childproof so that infants and toddlers are less likely to fall or become injured on table corners, sharp objects, or doors that may slam shut.
- Be sure your kids wear shoes when playing outside.
- Watch teens when they are cutting with sharp knives.

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# Map of Lew Clarkson Park Softball Fields

