

Deep Run Valley Sports Association

League ID – 02382122



2022 Safety Manual

Play Hard....Play Safe....See you at the fields!

Deep Run Valley Sports Association

Dear Managers, Coaches and Volunteers:

Welcome to another fun and exciting season at Deep Run Valley Sports Association (DRVSA). While ensuring that the players and parents in our league have a positive youth sports experience, safety is equally important. This manual was compiled based on many of the guidelines set forth by A Safety Awareness Program (ASAP) sponsored by Little League. ASAP is a grass roots program based on an exchange of ideas among participating organizations. Leagues across the country contribute their safety ideas to ASAP News, a monthly newsletter. Safety officers can then find out what their peers are doing to make things “safer for the kids.” Introduced in 1994, ASAP has already increased Little League’s overall safety awareness and reduced injuries as well as reduced insurance costs for participating leagues. This summer, the annual ASAP Awards will recognize the leagues with the best safety programs.

In an effort to help our managers and coaches comply with our safety standards, the DRVSA Board of Directors has put forth a mandate of safety rules to be followed as outlined in this manual. The commitment to this Safety Manual is proof that we at DRVSA are dedicated to our cause. Please read it carefully - cover to cover, as it will familiarize you with the fundamentals of safety. Then use the manual as a powerful reference guide throughout the season.

We welcome any feedback or suggestions that you have to further improve safety within our league. Have a great season!

See you at the fields,

Ryan Alderfer
Deep Run Valley Sports Association
Little League President

Mission Statement of Deep Run Valley Sports Association (DRVSA)

The mission of Deep Run Valley Sports Association is to provide a quality form of recreation for the youth of Hilltown Township. We feel it is our duty to prepare today's youth to be tomorrow's leaders. We will endeavor to provide an athletic forum that promotes character, sportsmanship, fair play, competitiveness and fun. Our primary goal is to teach our players the proper skills for baseball and, more importantly, for life. The emphasis will be on instructing players at every level of our organization, whether it's through our Tee Ball, Minors, Majors and Connie Mack programs. We will build on fundamentals at every step of our league's age and skill progression.

Emergency Phone Numbers

(This will be posted in the concession area)

Police Emergency	911
Non-Emergency, Police:	
Hilltown Township:	215-453-6000
Fire Emergency	911
Non-Emergency, Fire	215-453-6000
PECO	800-841-4141
Grandview Hospital	215-453-5001

Board of Directors / League Staff

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Safety Officer: Morgan Roller

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Baseball Sr Advisor: Dan Shollenberger

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Safety Officer on file with Little League Headquarters

DRVSA will distribute a paper copy of this Safety Manual to all managers/coaches, league volunteers and the District Administrator.

DRVSA has completed and updated our 2022 Facility Survey On-line.

SAFETY CODE

Responsibility for Safety procedures should be that of an adult member of DRVSA

Only players, managers, coaches and umpires are permitted on the playing field or in the dugout during games and practice sessions.

Responsibility for keeping bats and loose equipment off the field of play should be that of the team's manager/coaches.

During warm-up drills, players should be spaced so that no one is endangered by wild throws or missed catches.

All pre-game warm-ups should be performed within the confines of the playing field or designated areas and not within areas that are frequented by spectators.

Batters must wear Little League/ Babe Ruth approved protective helmets during batting practice and games.

Catcher must wear catcher's helmet, mask, throat guard, long model chest protector, shin guards and protective cup with athletic supporter at all times for all practices and games (this includes warming up pitchers). **No Exceptions.**

Coaches should encourage all male players to wear protective cups and supports for practices and games.

Headfirst slides are not permitted, except when runner is returning to a base.

Player must not wear watches, rings, pins or metallic items during games and practices. Medical alert tags are an exception.

Maintain a supply of tools and equipment to keep field and snack stand in proper repair and clean.

Keep fields and surrounding areas free of garbage and debris. Teams are responsible for cleaning their dugout at the end of each game.

Keep fences in good repair to prevent injuries.

Concession Stand

The Concession Stand is maintained by volunteers. It is the responsibility of each coach to obtain at

LEAGUE RESPONSIBILITIES

Buildings and Grounds

Keep grass trimmed.

Keep pitchers mound and home plate free of holes.

Inspection of fields by umpires prior to games.

least one volunteer from their team to help work the Concession Stand. Each volunteer is asked to sign in.

The person in charge of the Concession Stand will be properly trained in safe food handling/prep and procedure which includes safe use, care and inspection of equipment. He/she will train other volunteers on proper food handling techniques/procedures and other guidelines.

Menu should be simple and keep potentially hazardous foods (meats, dairy products, etc.) to a minimum.

Frequent and thorough hand washing is a must. The use of disposable gloves or alcohol gel can provide an additional barrier to contamination.

Only healthy workers should prepare and serve food. Anyone who shows symptoms of illness or who has open sores/infected wounds on hands are not allowed in the concession stand.

Avoid hand contact with raw, ready-to-eat foods and food contact surfaces.

Keep foods covered to protect them from insects. Food should be stored at least six inches from the floor.

No One under 12 years of age is ever allowed in the concession stand without a parent/guardian.

No One is to leave his/her children at the concession stand unattended. The volunteers are there to maintain the concession stand.

No Child is allowed to operate the oven or grill at any time.

All placards regarding choking, first aid, etc., should be posted at all times.

A complete first aid kit, AED and safety manual will be maintained in the shed next to the concession stand.

The concession stand must be thoroughly cleaned at the end of the playing season.

Equipment

Guarantee all teams have been provided with proper safety equipment for their team, including a properly stocked first aid kit.

Inspect equipment regularly so that defective or worn equipment can be replaced promptly.

During a game/ practice, all equipment should be stored within the team dugout or behind screens and not within the area defined by the umpires as "in play".

Use protective/padded fence tops to protect outfields.

Use fencing to protect spectators from foul balls.

Background Checks

Will have all managers, coaches, board members and any other persons, volunteers or hired workers, who provide regular services to the league and/or have repetitive access to or contact with players or teams fill out the approved Little League Volunteer application form as well as provide government-issued photo identification card for ID verification and have a new, valid background check processed prior to the season starting. Please keep in mind if you do not have a new, valid background check you will not be allowed to coach/volunteer.

Will conduct two required certifications: PA

Child Abuse Clearance (by Dept. of Child Welfare) & Criminal Background Check (by PA State Police). Volunteers will be able to obtain these two certifications for free through DRVSA. These certifications will only need to be renewed every five years.

Coaches' Responsibilities

Follow all Little League rules and safety rules the league sets forth at all games and practices. Keep team disciplined and organized.

A coach and/or manager from each team must attend the coaching fundamentals and first aid clinics which will be held one week after teams are selected.

Keep equipment clean and maintained and inspect before each use. Ensure players have proper equipment at all times, even catchers warming up.

Coaches not allowed to catch pitchers Rule 3.09

Report **ALL** accidents immediately to the league on an accident/ incident form within 24 hours of accident/incident.

Make sure you always have a first aid kit available to you at all games and practices.

Always maintain your first aid kits.

Should you use any of the supplies in it, replace them immediately from the extra supplies located in the concession stand.

A complete first aid kit and AED is also located in the Concession Stand at DRVSA fields.

Note any special medical conditions for any player on the team, such as asthma, bee allergies, eyeglasses, etc.

Follow **the LL pitch count, or the Connie**

Mack innings pitched guidelines as outlined in your divisions rule book.

Provide, or assist in obtaining, medical attention for those who require it.

DO NOT administer any medications.

DO NOT leave an unattended child at a practice or game.

DO NOT hesitate to report any present or potential safety hazard to the League President or Safety Director immediately.

ALWAYS follow the weather guidelines.

Parent's Responsibilities

Fill out and promptly return any paperwork.

If your child requires an epi-pen for allergies, a parent or guardian **MUST** remain at all practices/games should medication need to be administered.

Players who wear eyeglasses are encouraged to wear safety glasses.

All male players should wear cups.

Catchers are required to wear cups.

You are asked to make every effort to bring your child to all scheduled practices and games on time.

Please let your coach know ahead of time when your child will not be able to attend games and/or practices. **DO NOT** interfere with coaching staff and/or umpires.

EVERYONE should be cheering words of encouragement to all players regardless of what team they play for.

Finally, do not expect the majority of

children playing Little League baseball to have strong skills. We hear all our lives that we learn from our mistakes. Let's allow them to make their mistakes, but always be there with positive support to lift their spirits!

Code of Conduct

Speed limit is 5 mph in the parking lots.

Watch for small children, especially around the concession stand area.

No alcohol or smoking is allowed in the complex.

No profanity.

No swinging bats or throwing baseballs at any time within the walkways, common areas and concession stand area.

No throwing balls against dugouts, backstops, or concession stand at any time.

No playing in the parking lots at any time.

No throwing rocks.

No climbing fences.

During game, players must remain in the dugout area in an orderly fashion at all times.

All gates to the field must remain closed at all times.

Only a player at bat may swing a bat.

Observe all posted signs. Players and spectators should be alert at all times for foul balls and errant throws.

After each game, each team must clean up trash in the dugout.

Failure to comply with the above may result in expulsion from DRVSA.

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 on the accident notification form and then given to the Safety Officer.

When to Report – All such incidents described above must be reported within 24 hours of the incident.

How to Make the Report – Report incidents by using the accident report form. At a minimum, the following information must be provided:

Name and phone number of the individual involved,

Date, time, and location of the incident,

Detailed description of the incident,

Estimation of the extent of the injury; and,

Name and phone number of the person reporting incident.

Director of Safety Responsibilities

Within 48 hours of receiving an accident report, the Safety officer will contact the injured party or 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., ER visit, doctor's visit, etc.) will advise the parent or guardian of the Little League 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 if any further 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).

Track injuries and near misses and determine what, if anything could have been done to prevent the injury and provide recommendations to the league president to prevent future occurrences.

Distribute ASAP newsletters within league.

WEATHER GUIDELINE

"If you can hear it, clear it. If you can see it, flee it."

Severe Weather & Lightning

Before lightning strikes...

Lightning often strikes as far as 10-15 miles away from any rainfall.

Look for darkening skies, flashes of light, or increasing wind. Listen for the sound of thunder.

If you hear thunder, you are close enough to the storm to be struck by lightning. Go to a safe shelter immediately.

When a storm approaches...

Find shelter in a building or a car. Keep windows closed and avoid convertibles.

Avoid using any electrical appliances.

If caught outside...

Go to a low-lying, open place away from trees, poles, or metal objects.

Be a very small target. Squat low to the

ground. Place your hands on your knees with your head between them. Make yourself the smallest target possible.

DO NOT lie flat on the ground. This will make you a larger target!

If you feel your hair stand on end in a storm, drop into the tuck position **immediately**. This sensation means electric charges are already rushing up your body from the ground toward an electrically charged cloud.

If someone is struck by lightning...

People struck by lightning carry no electrical charge and can be handled safely.

Call for help...9-1-1.

The injured person has received an electrical shock and may be burned, both where they were struck and where the electricity left their body. Check for burns in both places. Being struck by lightning can also cause nervous system damage, broken bones and loss of hearing or eyesight.

Give first aid. If breathing has stopped begin rescue breathing. If the heart has stopped beating, begin CPR.

*Procedures for **ALL** coaches to follow...*

Be kept up-to-date on each day's weather updates and reports for game and practice days.

Some important resources of this information are: NOAA weather radio, local media, the Weather Channel and www.weather.com. All provide up-to-date weather information.

Postpone/ cancel all activities promptly.
DO NOT wait for rain. **FACT**...most people struck by lightning are not in the rain.

Know the difference between a "watch" and a "warning".

Severe thunderstorm watch conditions are conducive to the development of severe thunderstorms in and close to the watch area.

Severe thunderstorm warning, a thunderstorm has actually been observed and indicated by the radar and is occurring or imminent in the warning area.

If a severe thunderstorm warning has been issued for our area during practice or game time, **ALL** activities are to be cancelled **immediately**.

If practice or a game has already begun, please follow the guidelines stated previously.

EMERGENCY PLAN

The most important help you can provide to a victim who is seriously injured is to call for professional medical help. Make the call quickly, preferably from a cell phone near the injured person. If this is not

possible, send someone else to make the call from a nearby phone. Be sure that you or another caller follows these steps:

1. First dial 9-1-1
2. Give the dispatcher the necessary information. Answer any questions that he or she might ask. Most dispatchers will ask:

The exact location or address of the emergency. Include the name of the city or town, nearby intersections, landmarks, etc., as well as the field name and location of facility.

The telephone number from which the call is being made.

The caller's name.

What happened – a baseball-related accident, bicycle accident, fire, fall, etc?

How many people are involved?

The condition of the injured person ---
unconscious, chest pains, severe bleeding, etc.

What help is being given --- first aid, CPR, etc?

3. Do not hang up until the dispatcher hangs up. The dispatcher may be able to tell you how to best care for the victim.

4. Continue to care for the victim until professional help arrives.
5. Appoint someone to go to the street and look for the ambulance or fire engine and flag them down if necessary. This saves valuable time. Remember, every minute counts!

GOOD SAMARITAN LAWS

There are laws to protect you when you help someone in an emergency situation. 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. This legal immunity protects you, as a rescuer, from being sued and found financially responsible for the victim's injury. For example, a reasonable and prudent person would:

Move the victim only if the victim's life was endangered.

Ask a conscious victim for permission before giving care.

Check the victim for life-threatening emergencies before providing further care.

Summon professional help by calling 911.

Continue to provide care until highly trained personnel arrive.

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 in emergency situations. They assume each person would do his or her best to save a life or prevent further injury.

People are rarely sued for helping in an emergency. However, the existence of Good Samaritan law does not mean that someone cannot sue. In rare cases, courts have ruled that these laws do not apply in cases when an individual rescuer's response was grossly or willfully negligent or reckless or when the rescuer abandoned the victim after initiating care.

FIRST AID PRIORITIES

1) Maintain life support – know CPR, ABC's of Life.

1. Airway
2. Breathing
3. Circulation

2) Bleeding

First Aid:

1. Cover wound with sterile gauze.
2. Apply direct pressure, if dressings become soaked with blood, apply new dressings over the old dressings.
3. Elevate injured part above the level of the heart if possible if you don't suspect a fracture.
4. Send for medical assistance if uncontrolled.
5. While waiting for medical assistance, you may need to apply pressure at a **pressure point**. For wounds of the arm or hands, pressure points are located on the inside of the wrist (radial artery – where a pulse is checked) or on the inside of the upper arm (brachial artery). For wounds of the legs, the pressure point is at the crease of the groin (femoral artery). Steps 1 and 2 should be continued with use of the pressure points.
6. The final step to control bleeding is to apply a **pressure bandage** over the wound. Note the distinction between a dressing and a bandage. A dressing may be a gauze square applied directly to a wound, while a bandage, such as rolled gauze, is used to

hold a dressing in place. Pressure should be used in applying the bandage. After the bandage is in place, it is important to check the pulse to make sure the circulation is not interrupted. When faced with the need to control major bleeding, it is not important that the dressings you will use are sterile. Use whatever you have at hand and work fast! A low pulse rate, or bluish fingertips or toes signal a bandage may be impeding circulation.

3) Shock

Definition: Shock is failure of the cardiovascular system to keep adequate blood circulating to the vital organs of the body, namely the heart, lungs and brain. It is common with many injuries, regardless of their severity. The first hour after an injury is most important because it is during this period that symptoms of shock appear. If shock is not treated, it can progress to cause death.

Signs/Symptoms:

1. Confused behavior.
2. Very fast or very slow pulse rate.
3. Very fast or very slow breathing.
4. Trembling and weakness in the arms or legs.
5. Cool and moist skin.
6. Pale or bluish skin, lips and fingernails.
7. Enlarged pupils.

First Aid:

1. A good rule to follow is to anticipate that shock will follow an injury and to take measures to prevent it before it happens.
2. Putting a victim in a lying-down position improves circulation.
3. If the victim is not suspected of having head or neck injuries, or leg fractures, elevate the legs.
4. If you suspect head or neck injuries, keep the victim lying flat.
5. If the victim vomits, turn on their side.
6. If victim is experiencing trouble breathing, place them in a semi-reclining position. Maintain the victim's body temperature, but do not overheat.

4) Unconscious athlete

First Aid:

1. Send for emergency medical assistance.

2. Do not move unless absolutely necessary. Assume head or neck until ruled out.
3. Stabilize athlete's head and neck.
4. Monitor airway, breathing, circulation and provide CPR if necessary.

5) Head Injuries (Concussion)

Causes: Direct impact to head or jaw.

Signs/Symptoms:

1. Dizziness, ringing in ears, headache, nausea, blurred vision and slurred speech.
2. Loss of balance, confusion, memory loss and disorientation.
3. Pupils unequal in size and do not constrict when subjected to light.

First Aid

:

1. If any of above symptoms are present and persist, call for medical assistance.
2. Remove athlete from game or practice.
3. Athlete cannot return to competition until released by a physician.

Prevention: Wearing of helmets.

6) Asthma

Causes:

1. Allergic reaction to dust or molds.
2. Exposure to cold environments.
3. Adverse response to strenuous exercise.

Signs/symptoms:

1. Tightness of chest.
2. Inability to breathe.
3. Wheezing, trouble exhaling.

Prevention:

1. Be aware of athletes who may have asthma.
2. Remind them to bring medication.
3. Give athletes with asthma frequent rests after exertion.

First Aid:

1. Reassure the athlete and place in a comfortable position.
2. Ask, "Do you have any asthma medication?"

3. Assist with medications.
4. Monitor athlete for improvement.
5. Send for emergency medical assistance if athlete does not improve.
6. Begin CPR if necessary.

7) Diabetes (Insulin Shock)

History: Know which of your athletes are diabetic and monitor for hypoglycemia (low blood sugar).

Signs/symptoms:

1. Dizziness, headache, hunger, weakness.
2. Perspiration, pale cold skin, rapid pulse, confusion, disorientation which may progress to unconsciousness.

First Aid:

1. Give complex carbohydrates such as, crackers, fruit, sugar, candy, soda or fruit juice.
2. Send for emergency medical personnel if athlete does not recover within minutes.

8) Fractures, Sprains, Strains & Dislocations

Fractures, sprains, strains and dislocations may be hard for the lay person to tell apart. For this reason, first aid treatment of any of these conditions is handled as though the injury was a fracture.

Signs/symptoms

1. "grating" sensation of bones rubbing together.
2. Pain and tenderness.
3. Swelling.
4. Bruising.
5. Inability to move the injured part.

First Aid: "R.I.C.E."

1. **Rest:** Reduce or stop using the injured area for 48 hours.
2. **Ice:** Apply a cold pack, ice bag or a plastic bag filled with crushed ice on the injured area for 20 minutes at a time.
3. **Compression:** Compression of an injured ankle, knee or wrist may help reduce swelling. Use elastic wraps, special boots, air casts or splints. Have athlete ask his or her doctor which is best.
4. **Elevation:** Keep the injured area elevated above the level of the heart.

Severe injuries such as obvious fractures and dislocated joints, or if there is prolonged swelling and/or prolonged severe pain, require professional medical care.

9) Eye Injuries

First Aid:

1. Floating objects in the eye, which can be visualized, may be flushed from the eye with water. If the object cannot be removed in this manner, the victim should seek medical attention.
2. Never attempt to remove objects embedded in the eye! First Aid care for these injuries consists of bandaging BOTH eyes and seeking professional care promptly! An inverted paper cup covered with a bandage is appropriate for serious eye injuries while the victim is transported to the hospital.

10) Heat Emergencies

There are three types of heat emergencies you may be required to treat.

Heat Stroke

Definition: This is the most serious type of heat emergency. It is life threatening and requires immediate and aggressive treatment! Heat stroke occurs when the body's heat regulating mechanism fails. The body temperature rises so high that brain damage and death may result unless the body is cooled quickly.

Signs/symptoms:

1. The victim's skin is hot, red and usually dry.
2. Pupils are very small.
3. The body temperature is very high, sometimes as high as 105 degrees.
4. Confusion.
5. Difficulty walking or talking.

First Aid:

1. Summon professional help.
2. Get the victim into a cool place.
3. Cool the victim as quickly as possible in any manner possible. Place the victim into a bathtub of cool water, wrap in wet sheets, and place in an air-conditioned room.
4. Do not give victim anything by mouth. Treat for shock

Heat Exhaustion

Definition: Heat exhaustion is less dangerous than heat stroke. It is caused by fluid loss, which in turn causes blood flow to decrease in vital organs, resulting in a form of shock.

Signs/symptoms:

1. Cool, pale, moist skin.
2. Heavy sweating.
3. Dilated pupils (wide).
4. Headache.
5. Nausea and/or vomiting.
6. Dizziness.
7. Body temperature will be near normal.
8. Increase pulse.
9. Cramps in the abdomen or limbs.

First Aid:

1. Get the victim out of the heat and into a cool place.
2. Place in the shock position, lying on the back with feet raised.
3. Remove or loosen clothing.
4. Cool by fanning or applying cold packs or wet towels or sheets.
5. If conscious, give water to drink every 15 minutes.

Note: Heat Exhaustion can progress to heat stroke if left untreated.

Heat Cramps

Definition: Heat cramps are muscular pain and spasms due to heavy exertion. They usually involve the abdominal muscles or legs. It is generally thought this condition is caused by loss of water and salt through sweating.

First Aid:

1. Get victim to cool place.
2. If they can tolerate it, give one-half glass of water every 15 minutes.

Note: Heat cramps can usually be avoided by increasing fluid intake when active in hot weather

11) Insect Bites

Definition: Insect bites and stings can be life threatening to people with a severe allergy to the insect's venom.

Signs/symptoms of allergic reaction:

1. Pain.
2. Swelling of the throat.
3. Redness or discoloration at the site of the bite.
4. Itching.
5. Hives.
6. Decreased conscious.
7. Difficulty or noisy breathing. ****Be aware of which children on your team are reported to have bee sting allergies and if they require an Epi-pen should they be stung.**

First Aid

1. Be alert for signs of allergic reaction or shock and seek medical attention as quickly as possible for these victims! ****If the victim has an epi-pen have parent or his/her responsible adult administer the epi-pen. If conscious, he/she can administer it himself.**
2. If a stinger remains in the victim, you may try to remove it carefully with tweezers or by scrapping with the edge of a credit card. Be careful not to squeeze the stinger, as this will inject more venom.
3. Once a stinger has been removed, the wound should be washed well with soap and water. Cold compresses will help relieve pain and swelling.
4. Keep the stung area lower than the heart to slow circulation of the venom.

12) Knocked out permanent teeth

First Aid:

1. Rule out possible head injury or concussion.
2. If concussion present, treat concussion first.
3. Place wet gauze over the tooth socket and have the athlete bite down and put pressure on area to control bleeding.
4. Find tooth and place tooth in the best possible transport medium available and immediately see a dentist without delay. Preferably within 30 minutes to have the best chance for success.
5. Handle the tooth by the crown portion of the tooth only. Do not touch or handle the root. Do not place tooth in gauze, tissue or tap water for transport to dentist.

The best transport medium in order of preference are:

1. Cold whole milk.
2. Saline Solution.
3. Saliva of victim or other adult.

Prevention: Custom made mouth guard worn during athletic participation.