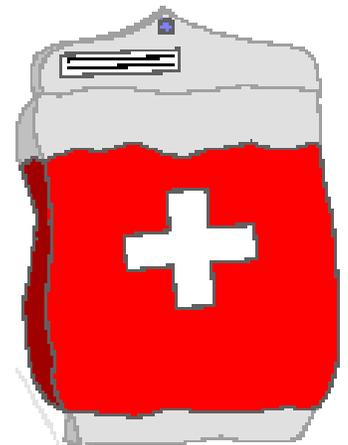


***BILLERICA LITTLE LEAGUE  
HEALTH & MEDICAL REFERENCE MANUAL***



*Team* \_\_\_\_\_  
*Division* \_\_\_\_\_  
*League* \_\_\_\_\_  
*Copy #* \_\_\_\_\_

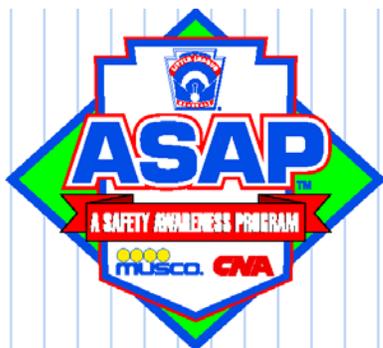
# HEALTH AND MEDICAL REFERENCE MANUAL – TABLE OF CONTENTS

BILLERICA LITTLE LEAGUE DISCLAIMER.....	3
WHAT IS FIRST-AID?.....	4
GOOD SAMARITAN LAWS .....	6
PERMISSION TO GIVE CARE.....	6
TREATMENT AT SITE.....	7
9-1-1 EMERGENCY NUMBER.....	8
CHECKING THE VICTIM.....	10
MUSCLE, BONE, OR JOINT INJURIES .....	14
OSGOOD SCHLAUGHTER’S DISEASE. ....	15
CONCUSSION.....	15
HEAD AND SPINE INJURIES .....	15
CONTUSION TO STERNUM.....	17
SUDDEN ILLNESS .....	17
CARING FOR SHOCK.....	18
BREATHING PROBLEMS/EMERGENCY BREATHING.....	19
HEART ATTACK .....	21
GIVING CPR.....	23
IF A VICTIM IS CHOKING -.....	25
BLEEDING IN GENERAL .....	25
INFECTION.....	26
SPLINTERS.....	27
INSECT STINGS.....	27
EMERGENCY TREATMENT OF DENTAL INJURIES .....	28
BURNS.....	30
DISMEMBERMENT .....	31
PENETRATING OBJECTS.....	32
POISONING .....	32
HEAT EXHAUSTION.....	33
SUNSTROKE (HEAT STROKE).....	33
TRANSPORTING AN INJURED PERSON.....	34
COMMUNICABLE DISEASE PROCEDURES: .....	34
PRESCRIPTION MEDICATION.....	36
ASTHMA AND ALLERGIES.....	36
COLDS AND FLU.....	37
ATTENTION DEFICIT DISORDER .....	37



### **Billerica Little League Disclaimer:**

This BLL Health and Medical Reference Manual has been composed by BLL volunteers based upon available information from Little League Baseball, Inc. The purpose of this manual is to serve as a quick reference guide and general overview for Billerica Little League Managers, Coaches, Umpires and other volunteers. While the information contained herewith is believed to be accurate and up-to-date, it is not meant to replace and/or supplant official medical/dental information and/or guidance. Please consult professional medical/dental sources for more precise and detailed information.



## HEALTH AND MEDICAL - Giving First-Aid

### *What is 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, (9-1-1 paramedics). At no time should anyone administering First-Aid *go beyond* his or her capabilities.

***Know your limits!***

The average response time on *9-1-1* calls is 5-7 minutes. En-route paramedics are in constant communication with the local hospital at all time preparing them for whatever emergency action might need to be taken. You cannot do this. Therefore, do not attempt to transport a victim to a hospital. Perform whatever First Aid you can and wait for the paramedics to arrive.

---

### ***First Aid-Kits***



First Aid Kits will be furnished to each team at the beginning of the season. The First Aid Kit is part of the Team's equipment package and shall be taken to all practices, batting cage practices, games (whether season or post-season) and any other BLL Little League event where children's safety is at risk.

All material should be replenished immediately after use.

***First Aid Kits must be turned in at the end of the season*** along with your equipment package. The First Aid Kit will typically be in a plastic box.



If you did not receive or are missing your First Aid Kit, contact the BLL Safety Director immediately.

***Additional First-Aid Kits*** will be available in the concession stands. Materials from these additional Kits should not be used to replenish materials in the Team's Kit but only used in emergency situations.

---

## **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 a 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 to the scene by calling *9-1-1*.
- Continue to provide care until more 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 laws 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.

---

## **Permission to Give Care**

If the 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. Only then can a conscious victim give you permission to give care. 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. This means that you can assume that, if the person could respond, he or she would agree to care.

---

## Treatment At Site –

# Some Important Do's and Don'ts

## Do . . .

- **Access** the injury. If the victim is conscious, find out what happened, where it hurts, watch for shock.
- **Know** your limitations.
- **Call** 9-1-1 immediately if person is unconscious or seriously injured.
- **Look** for signs of *injury (blood, black-and-blue, deformity of joint etc.)*
- **Listen** to the injured player 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.
- **Talk** to your team afterwards about the situation if it involves them. Often players are upset and worried when another player is injured. They need to feel safe and understand why the injury occurred.

## **Don't . . .**

- **Administer** any medications.
- **Provide** any food or beverages (other than water).
- **Hesitate** in giving aid when needed.
- **Be afraid** to ask for help if you're not sure of the proper procedure, (i.e., CPR, etc.)
- **Transport** injured individual except in extreme emergencies.



### **9-1-1 EMERGENCY NUMBER**

The most important help that 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 telephone. Be sure that you or another caller follows these steps.

- First Dial **9-1-1**.
- 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.
  - The telephone number from which the call is being made.
  - The caller's name.
  - What happened
  - How many people are involved.

- The condition of the injured person - for example, unconsciousness, chest pains, or severe bleeding.
  - What help (first aid) is being given.
  - The condition of the injured person - for example, unconsciousness, chest pains, or severe bleeding.
  - Do not hang up until the dispatcher hangs up. The EMS dispatcher may be able to tell you how to best care for the victim.
- Continue to care for the victim till professional help arrives.
  - Appoint somebody to go to the street and look for the *ambulance* and *fire engine* and flag them down if necessary. This saves valuable time. Remember, every minute counts.

## **When to call –**

If the injured person is unconscious, call **9-1-1** immediately. Sometimes a conscious victim will tell you not to call an ambulance, and you may not be sure what to do.



## **Call 9-1-1 anyway and request paramedics if the victim -**

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>● Is or becomes unconscious.</li> <li>● Has trouble breathing or is breathing in a strange way.</li> <li>● Has chest pain or pressure.</li> <li>● Is bleeding severely.</li> <li>● Has pressure or pain in the abdomen that does not go away.</li> <li>● Is vomiting or passing blood.</li> </ul> | <ul style="list-style-type: none"> <li>● Has seizures, a severe headache, or slurred speech.</li> <li>● Appears to have been poisoned.</li> <li>● Has injuries to the head, neck or back.</li> <li>● Has possible broken bones.</li> </ul> |
|--|--|

If you have any doubt at all, call 9-1-1- and requests paramedics.

## Also Call 9-1-1 for any of these situations:

- Fire or explosion
- Downed electrical wires
- Swiftly moving or rapidly rising water
- Presence of poisonous gas
- Vehicle Collisions
- Vehicle/Bicycle Collisions
- Victims who cannot be moved easily



---

## **Checking the Victim**



## **Conscious Victims:**

If the victim is conscious, ask what happened. Look for other life-threatening conditions and conditions that need care or might become life threatening. The victim may be able to tell you what happened and how he or she feels. This information helps determine what care may be needed.

- 1) **Talk to the victim** and to any people standing by who saw the accident take place.
- 2) **Check the victim** from head to toe, so you do not overlook any problems.

- 3) Do not ask the victim to move, and do not move the victim yourself.
- 4) Examine the scalp, face, ears, nose, and mouth.
- 5) Look for cuts, bruises, bumps, or depressions.
- 6) Watch for changes in consciousness.
- 7) Notice if the victim is drowsy, not alert, or confused.
- 8) Look for changes in the victim's breathing. A healthy person breathes regularly, quietly, and easily. Breathing that is not normal includes noisy breathing such as gasping for air; making rasping, gurgling, or whistling sounds; breathing unusually fast or slow; and breathing that is painful.
- 9) Notice how the skin looks and feels. Note if the skin is reddish, bluish, pale or gray.
- 10) Feel with the back of your hand on the forehead to see if the skin feels unusually damp, dry, cool, or hot.
- 11) Ask the victim again about the areas that hurt.
- 12) Ask the victim to move each part of the body that doesn't hurt.
- 13) Check the shoulders by asking the victim to shrug them.
- 14) Check the chest and abdomen by asking the victim to take a deep breath.
- 15) Ask the victim if he or she can move the fingers, hands, & arms.
- 16) Check the hips and legs in the same way.
- 17) Watch the victim's face for signs of pain and listen for sounds of pain such as gasps, moans or cries.
- 18) Look for odd bumps or depressions.
- 19) Think of how the body usually looks. If you are not sure if something is out of shape, check it against the other side of the body.

20) Look for a medical alert tag on the victim's wrist or neck. A tag will give you medical information about the victim, care to give for that problem, and who to call for help.

21) When you have finished checking, if the victim can move his or her body without any pain and there are no other signs of injury, have the victim rest sitting up.

22) When the victim feels ready, help him or her stand up.

## Unconscious Victims



If the victim does not respond to you in any way, assume the victim is unconscious. **Call 9-1-1 and report the emergency immediately.**

## Checking An Unconscious Victim:

- 1) Tap and shout to see if the person responds. If no response -
- 2) Look, listen and feel for breathing for about 5 seconds.
- 3) If there is no response, position victim on back, while supporting head and neck.



*Finger sweep maneuver administered to an unconscious victim of foreign body airway obstruction*

- 4) Tilt head back, lift chin and pinch nose shut.
- 5) Look, listen, and feel for breathing for about 5 seconds.
- 6) If the victim is not breathing, give 2 slow breaths into the victim's mouth.
- 7) Check pulse for 5 to 10 seconds.
- 8) Check for severe bleeding

**When treating an injury, remember:**

**P**rotection

**R**est

**I**ce

**C**ompression

**E**levation

**S**upport

---

## **Muscle, Bone, or Joint Injuries**



### **Symptoms of Serious Muscle, Bone, or Joint Injuries:**

- Always suspect a serious injury when the following signals are present:
- Significant deformity
- Bruising and swelling
- Inability to use the affected part normally
- Bone fragments sticking out of a wound
- Victim feels bones grating; victim felt or heard a snap or pop at the time of injury
- The injured area is cold and numb
- Cause of the injury suggests that the injury may be severe.\

If any of these conditions exists, call **9-1-1** immediately and administer care to the victim until the paramedics arrive.

### **Treatment for muscle or joint injuries:**

- If ankle or knee is affected, do not allow victim to walk. Loosen or remove shoe; elevate leg.
- Protect skin with thin towel or cloth. Then apply cold, wet compresses or cold packs to affected area. Never pack a joint in ice or immerse in icy water.
- If a twisted ankle, do not remove the shoe -- this will limit swelling.
- Consult professional medical assistance for further treatment if necessary.

### **Treatment for fractures:**

Fractures need to be splinted in the position found and no pressure is to be put on the area. Splints can be made from almost anything; rolled up magazines, twigs, bats, etc...

### **Treatment for broken bones:**

Once you have established that the victim has a broken bone, and you have called **9-1-1**, all you can do is comfort the victim, keep him/her warm and still and treat for shock if necessary (see "Caring for Shock" section)

---

### **Osgood Schlaugther's Disease:**

Osgood Schlaugther's Disease is the "growing pains" disease. It is very painful for kids that have it. In a nutshell, the bones grow faster than the muscles and ligaments. A child must outgrow this disease. All you can do is make it easier for him or her by:

- 1) Icing the painful areas.
- 2) Making sure the child rests when needed.
- 3) Using Ace or knee supports.

---

### **Concussion:**

Concussions are defined as any blow to the head. They can be fatal if the proper precautions are not taken.

- 1) If a player, remove player from the game.
- 2) See that victim gets adequate rest.
- 3) Note any symptoms and see if they change within a short period of time.
- 4) If the victim is a child, tell parents about the injury and have them monitor the child after the game.
- 5) Urge parents to take the child to a doctor for further examination.
- 6) If the victim is unconscious after the blow to the head, diagnose head and neck injury. DO NOT MOVE the victim.

**Call 9-1-1 immediately.** (See below on how to treat head & neck injuries)

---

### **Head And Spine Injuries:**

**When to suspect head and spine injuries:**

- A fall from a height greater than the victim's height.
- Any bicycle, skateboarding, rollerblade mishap.
- A person found unconscious for unknown reasons.
- Any injury involving severe blunt force to the head or trunk, such as from a bat or line drive baseball.
- Any injury that penetrates the head or trunk, such as an impalement.
- A motor vehicle crash involving a driver or passengers not wearing safety belts.

- Any person thrown from a motor vehicle.
- Any person struck by a motor vehicle.
- Any injury in which a victim's helmet is broken, including a motorcycle, batting helmet, industrial helmet.
- Any incident involving a lightning strike.

### **Signals of Head and Spine Injuries**

- Changes in consciousness
- Severe pain or pressure in the head, neck, or back
- Tingling or loss of sensation in the hands, fingers, feet, and toes
- Partial or complete loss of movement of any body part
- Unusual bumps or depressions on the head or over the spine
- Blood or other fluids in the ears or nose
- Heavy external bleeding of the head, neck, or back
- Seizures
- Impaired breathing or vision as a result of injury
- Nausea or vomiting
- Persistent headache
- Loss of balance
- Bruising of the head, especially around the eyes and behind the ears

### **General Care for Head and Spine Injuries**

- 1) Call 9-1-1 immediately.
- 2) Minimize movement of the head and spine.
- 3) Maintain an open airway.
- 4) Check consciousness and breathing.
- 5) Control any external bleeding.
- 6) Keep the victim from getting chilled or overheated till paramedics arrive and take over care.

---

### **Contusion to Sternum:**



Contusions to the Sternum are usually the result of a line drive that hits a player in the chest. These injuries can be very dangerous because if the blow is hard enough, the heart can become bruised and start filling up with fluid. Eventually the heart is compressed and the victim dies. Do not downplay the seriousness of this injury.

- 1) If a player is hit in the chest and appears to be all right, urge the parents to take their child to the hospital for further examination.
- 2) If a player complains of pain in his chest after being struck, immediately call 9-1-1 and treat the player until professional medical help arrives.

---

### **Sudden Illness**



When a victim becomes suddenly ill, he or she often looks and feels sick.

#### **Symptoms of sudden illness include:**

- Feeling light-headed, dizzy, confused, or weak
- Changes in skin color (pale or flushed skin), sweating
- Nausea or vomiting
- Diarrhea
- Changes in consciousness
- Paralysis or inability to move
- Slurred speech
- Impaired vision
- Severe headache
- Breathing difficulty
- Persistent pressure or pain
- Seizures.

#### **Care For Sudden Illness**

- 1) Call 9-1-1
- 2) Help the victim rest comfortably.
- 3) Keep the victim from getting chilled or overheated.
- 4) Reassure the victim.
- 5) Watch for changes in consciousness and breathing.
- 6) Do not give anything to eat or drink unless the victim is fully conscious.

If the victim:

**Vomits** -- Place the victim on his or her side.

**Faints** -- Position him or her on the back and elevate the legs 8 to 10 inches if you do not suspect a head or back injury.

**Has a diabetic emergency** -- Give the victim some form of sugar.

**Has a seizure** -- Do not hold or restrain the person or place anything between the victim's teeth. Remove any nearby objects that might cause injury. Cushion the victim's head using folded clothing or a small pillow.

---

## Caring for Shock

Shock is likely to develop in any serious injury or illness. Signals of shock include:

- Restlessness or irritability
- Altered consciousness
- Pale, cool, moist skin
- Rapid breathing
- Rapid pulse.

Caring for shock involves the following simple steps:

1) Have the victim lie down. Helping the victim rest comfortably is important because pain can intensify the body's stress and accelerate the progression of shock.

2) Control any external bleeding.

3) Help the victim maintain normal body temperature. If the victim is cool, try to cover him or her to avoid chilling.

4) Try to reassure the victim.

5) Elevate the legs about 12 inches unless you suspect head, neck, or back injuries or possible broken bones involving the hips or legs. If you are unsure of the victim's condition, leave him or her lying flat.

6) Do not give the victim anything to eat or drink, even though he or she is

likely to be thirsty.

7) Call 9-1-1 immediately. Shock can't be managed effectively by first aid alone. A victim of shock requires advanced medical care as soon as possible.

---

## **Breathing Problems/Emergency Breathing**

**If Victim is not Breathing:**



- 1) Position victim on back while supporting head and neck.
- 2) With victim's head tilted back and chin lifted, pinch the nose shut.
- 3) Give two (2) slow breaths into victim's mouth. Breathe in until chest gently rises.

**Once a victim requires emergency breathing you become the life support for that person -- without you the victim would be clinically dead. You must continue to administer emergency breathing and/or CPR until the paramedics get there. It is your obligation and you are protected under the "Good Samaritan" laws.**

- 4) Check for a pulse at the carotid artery (use fingers instead of thumb).
- 5) If pulse is present but person is still not breathing give 1 slow breath about every 5 seconds. Do this for about 1 minute (12 breaths).
- 6) Continue rescue breathing as long as a pulse is



present but person is not breathing.

**If Victim is not Breathing and Air Won't Go In:**

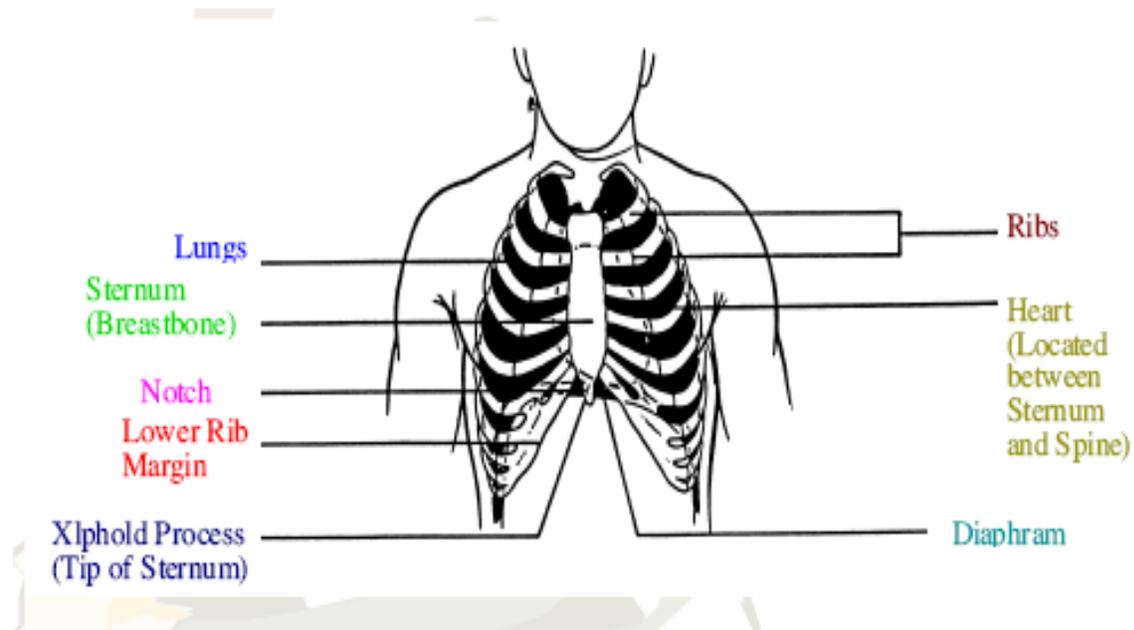


- 1) Re-tilt person's head.
- 2) Give breaths again.
- 3) If air still won't go in, place the heel of one hand against the middle of the victim's abdomen just above the navel.
- 4) Give up to 5 abdominal thrusts.
- 5) Lift jaw and tongue and sweep out mouth with your fingers to free any obstructions.
- 6) Tilt head back, lift chin, and give breaths again.
- 7) Repeat breaths, thrust, and sweeps until breaths go in.

## Heart Attack

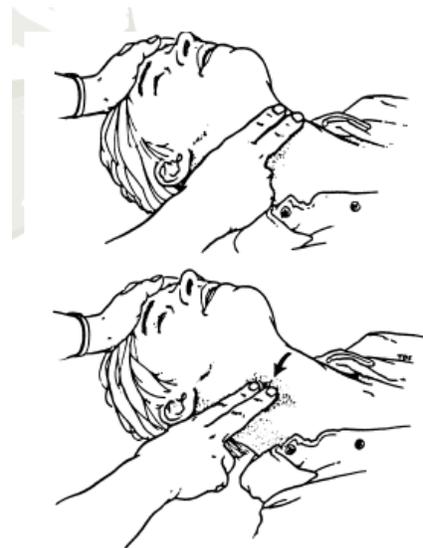


### Signals of a Heart Attack



Heart attack pain is most often felt in the center of the chest, behind the breastbone. It may spread to the shoulder, arm or jaw. Signals of a heart attack include:

- Persistent chest pain or discomfort - Victim has persistent pain or pressure in the chest that is not relieved by resting, changing position, or oral medication. Pain may range from discomfort to an unbearable crushing sensation.
- Breathing difficulty –
  - Victim's breathing is noisy
  - Victim feels short of breath.
  - Victim breathes faster than normal.



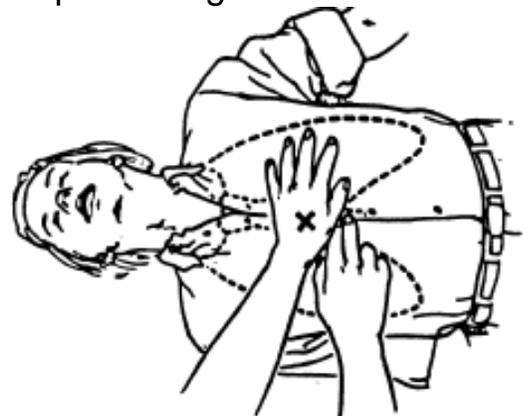
- Changes in pulse rate -
  - Pulse may be faster or slower than normal
  - Pulse may be irregular.
- Skin appearance -
  - Victim's skin may be pale or bluish in color.
  - Victim's face may be moist. *External Chest Compression - Locate rib margin*
  - Victim may perspire profusely.
- Absence of pulse -
  - The absence of a pulse is the main signal of a cardiac arrest.
  
- The number one indicator that someone is having a heart attack is that he or she will be in denial. A heart attack means certain death to most people. People do not wish to acknowledge death therefore they will deny that they are having a heart attack.



*Locate where the rib margin meets sternum*

### Care For A Heart Attack

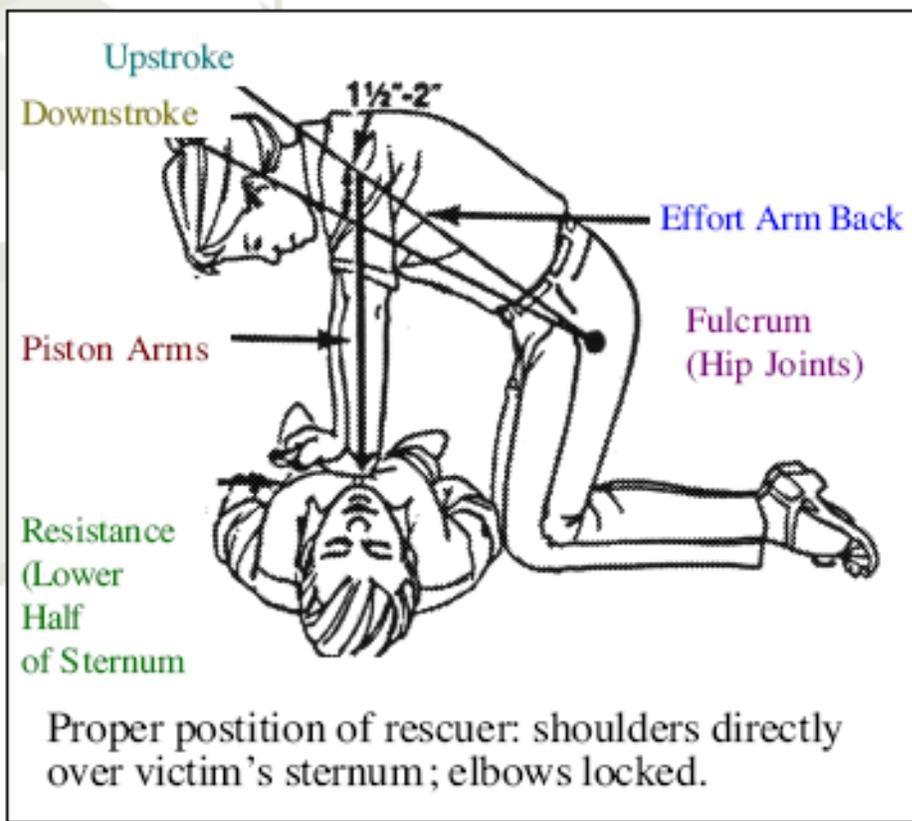
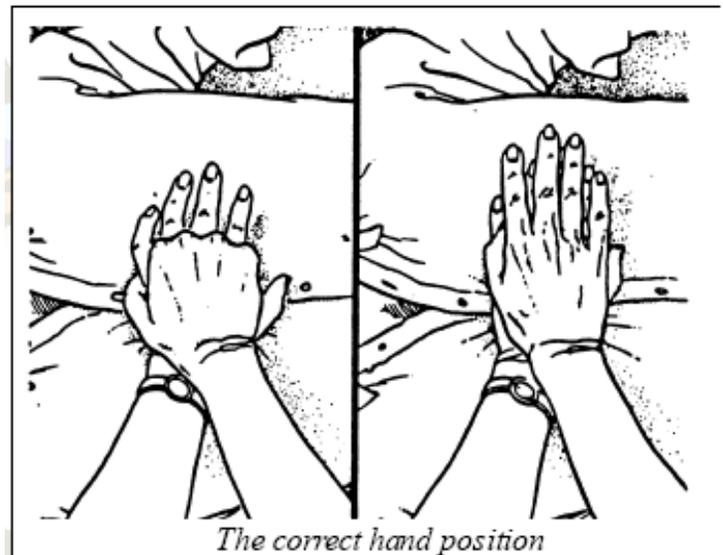
- 1) Recognize the signals of a heart attack.
- 2) Convince the victim to stop activity and rest.
- 3) Help the victim to rest comfortably.
- 4) Try to obtain information about the victim's condition.
- 5) Comfort the victim.
- 6) Call **9-1-1** and report the emergency.
- 7) Assist with medication, if prescribed.
- 8) Monitor the victim's condition.
- 9) Be prepared to give CPR if the victim's heart stops beating.



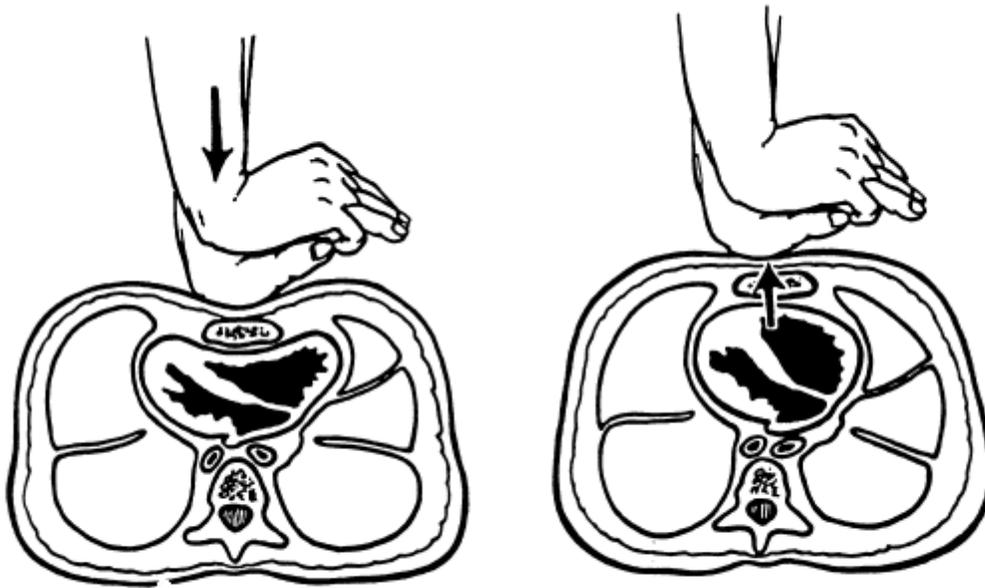
*Locate correct hand position on lower sternum*

## Giving CPR

- 1) Position victim on back on a flat surface.
- 2) Position yourself so that you can give rescue breaths and chest compression without having to move (usually to one side of the victim).
- 3) Find hand position on breastbone. (See figure)
- 4) Position shoulders over hands. Compress chest 15 times. (For small children only 5 times)
- 5) With victim's head tilted back and chin lifted, pinch the nose shut.
- 6) Give two (2) slow breaths into victim's mouth. Breathe in until chest gently rises. (For small children only 1 time)
- 7) Do 3 more sets of 15 compressions and 2 breaths.
- 8) (For small children, 5 compressions and 1 breath)
- 9) Recheck pulse and breathing for about 5 seconds.
- 10) If there is no pulse continue sets of 15 compressions and 2 breaths. (For small children, 5 compressions and 1 breath)
- 11) When giving CPR to small children only use one hand for compressions to avoid breaking ribs.



**It is possible that you will break the victim's ribs while administering CPR. Do not be concerned about this. The victim is clinically dead without your help. You are protected under the "Good Samaritan" laws.**



*The sternum should be compressed to a depth of 1 1/2 - 2 inches.*

### **When to Stop CPR**

- 1) If another trained person takes over CPR for you.
- 2) If Paramedics arrive and take over care of the victim.
- 3) If you are exhausted and unable to continue.
- 4) If the scene becomes unsafe.



---

## ***If A Victim is Choking –***



### **Partial Obstruction with Good Air Exchange:**

**Symptoms** may include forceful cough with wheezing sounds between coughs.

**Treatment:**

Encourage victim to cough as long as good air exchange continues. DO NOT interfere with attempts to expel object.

### **Partial or Complete Airway Obstruction in Conscious Victim**

**Symptoms** may include: Weak cough; high-pitched crowing noises during inhalation; inability to breathe, cough or speak; gesture of clutching neck between thumb and index finger; exaggerated breathing efforts; dusky or bluish skin color.

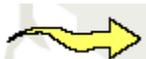
**Treatment - The Heimlich Maneuver:**

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



---

## ***Bleeding in General***



Before initiating any First Aid to control bleeding, be sure to wear the **latex gloves** included in your First-Aid Kit in order to avoid contact of the victim's blood with your skin.

If a victim is bleeding,

- 1) **Act quickly.** Have the victim lie down. Elevate the injured limb higher than the victim's heart unless you suspect a broken bone.
- 2) **Control bleeding** by applying direct pressure on the wound with a sterile pad or clean cloth.
- 3) If bleeding is controlled by direct pressure, **bandage firmly** to protect wound. Check pulse to be sure bandage is not too tight.
- 4) If bleeding is not controlled by use of direct pressure, **apply a tourniquet** only as a last resort and call **9-1-1** immediately.

### **Nose Bleed**

To control a nosebleed, have the victim lean forward and pinch the nostrils together until bleeding stops.

### **Bleeding On The Inside and Outside of the Mouth**

To control bleeding inside the cheek, place folded dressings inside the mouth against the wound. To control bleeding on the outside, use dressings to apply pressure directly to the wound and bandage so as not to restrict.

### **Deep Cuts**

If the cut is deep, stop bleeding, bandage, and encourage the victim to get to a hospital so he/she can be stitched up. **Stitches prevent scars.**

---

### **Infection**



To prevent infection when treating open wounds you must:

**CLEANSE...** the wound and surrounding area gently with mild soap and water or an antiseptic pad; rinse and blot dry with a sterile pad or clean dressing.

**TREAT...** to protect against contamination with ointment supplied in your First-Aid Kit.

**COVER...** to absorb fluids and protect wound from further contamination with Band-Aids, gauze, or sterile pads supplied in your First-Aid Kit. (Handle only the edges of sterile pads or dressings)

**TAPE...** to secure with First-Aid tape (included in your First-Aid Kit) to help keep out dirt and germs.

---

## Splinters



Splinters are defined as slender pieces of wood, bone, glass or metal objects that lodge in or under the skin. If splinter is in eye, *DO NOT* remove it.

**Symptoms:** *May include:* Pain, redness and/or swelling.

### Treatment:

- 1) First wash your hands thoroughly, then gently wash affected area with mild soap and water.
- 2) Sterilize needle or tweezers by boiling for 10 minutes or heating tips in a flame; wipe off carbon (black discoloration) with a sterile pad before use.
- 3) Loosen skin around splinter with needle; use tweezers to remove splinter. If splinter breaks or is deeply lodged, consult professional medical help.
- 4) Cover with adhesive bandage or sterile pad, if necessary.

---

## Insect Stings



In highly sensitive persons, do not wait for allergic symptoms to appear. Get professional medical help immediately. Call **9-1-1**. If breathing difficulties occur, start rescue breathing techniques; if pulse is absent, begin CPR.

**Symptoms:** Signs of allergic reaction may include: nausea; severe swelling; breathing difficulties; bluish face, lips and fingernails; shock or unconsciousness.

**Treatment:**

- 1) For mild or moderate symptoms, wash with soap and cold water.
- 2) Remove stinger or venom sac by gently scraping with fingernail or business card. Do not remove stinger with tweezers as more toxins from the stinger could be released into the victim's body.
- 3) For multiple stings, soak affected area in cool water. Add one tablespoon of baking soda per quart of water.
- 4) If victim has gone into shock, treat accordingly (see section, "Care for Shock").



---

## **Emergency Treatment of Dental Injuries**



### **AVULSION (Entire Tooth Knocked Out)**



If a tooth is knocked out, place a sterile dressing directly in the space left by the tooth. Tell the victim to bite down. Dentists can successfully replant a knocked-out tooth if they can do so quickly and if the tooth has been cared for properly.

- 1) Avoid additional trauma to tooth while handling.  
**DO NOT** handle tooth by the root. **DO NOT** brush or scrub tooth.  
**DO NOT** sterilize tooth.
- 2) If debris is on tooth, gently rinse with water.
- 3) If possible, re-implant and stabilize by biting down gently on a towel or handkerchief. **DO ONLY** if athlete is alert and conscious.
- 4) If unable to re-implant:
  - o Best - Place tooth in Hank's Balanced Saline Solution, i.e. "Saveatooth."
  - o 2nd best - Place tooth in milk. Cold whole milk is best, followed

- by cold 2 % milk.
- 3rd best - Wrap tooth in saline soaked gauze.
  - 4th best - Place tooth under victim's tongue. **Do only** if athlete is conscious and alert.
  - 5th best - Place tooth in cup of water.

**TIME IS VERY IMPORTANT.** Re-implantation within 30 minutes has the highest degree of success rate.

**TRANSPORT IMMEDIATELY TO DENTIST.**

### **LUXATION (Tooth in Socket, but Wrong Position)**

THREE POSITIONS -

**EXTRUDED TOOTH** - Upper tooth hangs down and/or lower tooth raised up.

- 1) Reposition tooth in socket using firm finger pressure.
- 2) Stabilize tooth by gently biting on towel or handkerchief.
- 3) **TRANSPORT IMMEDIATELY TO DENTIST.**

**LATERAL DISPLACEMENT** - Tooth pushed back or pulled forward.

- 1) Try to reposition tooth using finger pressure.
- 2) Victim may require local anesthetic to reposition tooth; if so, stabilize tooth by gently biting on towel or handkerchief.
- 3) **TRANSPORT IMMEDIATELY TO DENTIST.**

**INTRUDED TOOTH** - Tooth pushed into gum - looks short.

- 1) Do nothing - avoid any repositioning of tooth.
- 2) **TRANSPORT IMMEDIATELY TO DENTIST.**

### **FRACTURE (Broken Tooth)**



- 1) If tooth is totally broken in half, save the broken portion and bring to the dental office as described under Avulsion, Item 4. Stabilize portion of tooth left in mouth by gently biting on a towel or handkerchief to control bleeding.

- 2) Should extreme pain occur, limit contact with other teeth, air or tongue. Pulp nerve may be exposed, which is extremely painful to athlete.
- 3) Save all fragments of fractured tooth as described under Avulsion, Item 4.
- 4) **IMMEDIATELY TRANSPORT PATIENT AND TOOTH FRAGMENTS TO DENTIST** in a plastic bag.

---

## **Burns**



### **Care for Burns:**

The care for burns involves the following 3 basic steps.

**Stop** the Burning -- Put out flames or remove the victim from the source of the burn.

**Cool** the Burn -- Use large amounts of cool water to cool the burned area. Do not use ice or ice water other than on small superficial burns. Ice causes body heat loss. Use whatever resources are available-tub, shower, or garden hose, for example. You can apply soaked towels, sheets or other wet cloths to a burned face or other areas that cannot be immersed. Be sure to keep the cloths cool by adding more water.

**Cover** the Burn -- Use dry, sterile dressings or a clean cloth. Loosely bandage them in place. Covering the burn helps keep out air and reduces pain. Covering the burn also helps prevent infection. If the burn covers a large area of the body, cover it with clean, dry sheets or other cloth.

### **Chemical Burns:**

If a chemical burn,

- 1) Remove contaminated clothing.

- 2) Flush burned area with cool water for at least 5 minutes.
- 3) Treat as you would any major burn (see above).

If an eye has been burned:

- Immediately flood face, inside of eyelid and eye with cool running water for at least 15 minutes. Turn head so water does not drain into uninjured eye. Lift eyelid away from eye so the inside of the lid can also be washed.
- If eye has been burned by a dry chemical, lift any loose particles off the eye with the corner of a sterile pad or clean cloth.
- Cover both eyes with dry sterile pads, clean cloths, or eye pads; bandage in place.

### **Sunburn:**

If victim has been sunburned,

- 1) Treat as you would any major burn (see above).
- 2) Treat for shock if necessary (see section on “Caring for Shock”)
- 3) Cool victim as rapidly as possible by applying cool, damp cloths or immersing in cool, not cold water.
- 4) Give victim fluids to drink.
- 5) Get professional medical help immediately for severe cases.

---

### ***Dismemberment***



If part of the body has been torn or cut off, try to find the part and wrap it in sterile gauze or any clean material, such as a washcloth. Put the wrapped part in a plastic bag. Keep the part cool by placing the bag on ice, if possible, but do not freeze. Be sure the part is taken to the hospital with the victim. Doctors may be able to reattach it.

---

## **Penetrating Objects**

If an object, such as a knife or a piece of glass or metal, is impaled in a wound:

- 1) **DO NOT** remove it.
- 2) Place several dressings around object to keep it from moving.
- 3) Bandage the dressings in place around the object.
- 4) If object penetrates chest and victim complains of discomfort or pressure, quickly loosen bandage on one side and reseal. Watch carefully for recurrence. Repeat procedure if necessary.
- 5) Treat for shock if needed (see “Care for Shock” section).
- 6) Call 9-1-1 for professional medical care.

---

## **Poisoning**

Call 9-1-1 immediately before administering First Aid then:



- 1) **DO NOT** give any First Aid if victim is unconscious or is having convulsions. Begin rescue breathing techniques or CPR if necessary. If victim is convulsing, protect from further injury; loosen tight clothing if possible.
- 2) If professional medical help does not arrive immediately:
  - **DO NOT** induce vomiting if poison is unknown, a corrosive substance (i.e., acid, cleaning fluid, lye, drain cleaner), or a petroleum product (i.e., gasoline, turpentine, paint thinner, lighter fluid).
  - Induce vomiting if poison is known and is not a corrosive substance or petroleum product. To induce vomiting: Give adult one ounce of syrup of ipecac (1/2 ounce for child) followed by four or five glasses of water. If victim has vomited, follow with one ounce of powdered, activated charcoal in water, if available.
- 3) Take poison container, (or vomitus if poison is unknown) with victim to hospital.

---

## **Heat Exhaustion**



**Symptoms** may include: fatigue; irritability; headache; faintness; weak, rapid pulse; shallow breathing; cold, clammy skin; profuse perspiration.

### **Treatment:**

- 1) Instruct victim to lie down in a cool, shaded area or an air-conditioned room. Elevate feet.
- 2) Massage legs toward heart.
- 3) Only if victim is conscious, give cool water or electrolyte solution every 15 minutes.
- 4) Use caution when letting victim first sit up, even after feeling recovered.

---

## **Sunstroke (Heat Stroke)**



**Symptoms** may include: extremely high body temperature (106 degrees F or higher); hot, red, dry skin; absence of sweating; rapid pulse; convulsions; unconsciousness.

### **Treatment:**

- 1) Call **9-1-1** immediately.
- 2) Lower body temperature quickly by placing victim in partially filled tub of cool, not cold, water (avoid over-cooling). Briskly sponge victim's body until body temperature is reduced then towel dry. If tub is not available, wrap victim in cold, wet sheets or towels in well-ventilated room or use fans and air conditioners until body temperature is reduced.
- 3) **DO NOT** give stimulating beverages (caffeine beverages), such as coffee, tea or soda.

---

## **Transporting an Injured Person**



**If injury involves the neck or back, DO NOT** move victim unless absolutely necessary. Wait for paramedics.

**If victim must be pulled to safety,** move body lengthwise, not sideways. If possible, slide a coat or blanket under the victim:

- a) Carefully turn victim toward you and slip a half-rolled blanket under back.
- b) Turn victim on side over blanket, unroll, and return victim onto back.
- c) Drag victim head first, keeping back as straight as possible.

**If victim must be lifted:**

Support each part of the body. Position a person at victim's head to provide additional stability. Use a board, shutter, tabletop or other firm surface to keep body as level as possible.

---

## **Communicable Disease Procedures:**



While risk of one athlete infecting another with *HIV/AIDS* or the *hepatitis B* or *C virus* during competition is close to non-existent, there is a remote risk other blood borne infectious disease can be transmitted. Procedures for guarding against 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.
- Bleeding must be stopped, the open wound covered, and the uniform changed if there is blood on it before the player may re-enter the game.
- Routinely use gloves to prevent mucous membrane exposure when contact with blood or other body fluid is anticipated.
- Immediately wash hands and other skin surface if contaminated with blood with antibacterial soap (Lever 2000).
- Clean all blood contaminated surfaces and equipment with a 1:10 solution of Clorox Bleach. A 1:10 solution can be made by using a cap full of Clorox (2.5cc) and 8 ounces of water (250cc).
- CPR masks will be available in the concession stands.
- Managers, coaches, and volunteers with open wounds should refrain from all direct contact with others until the condition is resolved.

- Follow accepted guidelines in the immediate control of bleeding and disposal when handling bloody dressings, mouth guards and other articles containing body fluids.



### ***Facts about AIDS and hepatitis***

AIDS stand for acquired immune deficiency syndrome. It is caused by the human immunodeficiency virus (HIV). When the virus gets into the body, it damages the immune system, the body system that fights infection. Once the virus enters the body, it can grow quietly in the body for months or even years. People infected with HIV might not feel or appear sick. Eventually, the weakened immune system gives way to certain types of infections.

The *virus* enters the body in 3 basic ways:

- 1) Through direct contact with the bloodstream. *Example:* Sharing a non sterilized needle with an HIV-positive person -- male or female.
- 2) Through the mucous membranes lining the eyes, mouth, throat, rectum, and vagina. *Example:* Having unprotected sex with an HIVpositive person -- male or female.
- 3) Through the womb, birth canal, or breast milk. *Example:* Being infected as an unborn child or shortly after birth by an infected mother.

The virus cannot enter through the skin unless there is a cut or break in the skin. Even then, the possibility of infection is very low unless there is direct contact for a lengthy period of time. Currently, it is believed that saliva is not capable of transmitting HIV. The likelihood of HIV transmission during a First-Aid situation is very low. Always give care in ways that protect you and the victim from disease transmission.

- If possible, wash your hands before and after giving care, even if you wear gloves.
- Avoid touching or being splashed by another person's body fluids, especially blood.
- Wear disposable gloves during treatment.

If you think you have put yourself at risk, get tested. A blood test will tell whether or not your body is producing antibodies in response to the virus. If you are not sure whether you should be tested, call your doctor, the public health department, or the AIDS hot line (1-800-342-AIDS). In the meantime, don't participate in activities that put anyone else at risk. Like AIDS, hepatitis B and C are viruses. Even though there is a very small risk of infecting others by direct contact, one must take the appropriate safety measures, as outlined above, when treating open wounds. There is now a vaccination against hepatitis B. Managers are strongly recommended to see their doctor about this.

---

### **Prescription Medication**

**Do not, at any time, administer any kind of prescription medicine.** This is the parent's responsibility and BLL does not want to be held liable, nor do you, in case the child has an adverse reaction to the medication.

---

### **Asthma and Allergies**

Many children suffer from asthma and/or allergies (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 types of food, you must know about it because these allergic reactions can become life threatening. Encourage parents to fill out the medical history forms (*included in the appendix of this safety manual*). Study their comments and know which children on your team need to be watched. Likewise, a child with asthma needs to be watched. If a child starts to have an asthma attack, have him stop playing immediately and calm him down till he/she is able to breathe normally. If the asthma attack persists, dial **9-1-1** and request emergency service.

---

## **Colds and Flu**

The baseball season usually coincides with the cold and flu season. There is nothing you can do to help a child with a cold or flu except to recognize that the child is sick and should be at home recovering and not on the field passing his cold or flu on to all your other players. **Prevention** is the solution here. Don't be afraid to tell parents to keep their child at home.

---

## **Attention Deficit Disorder**



### **What is Attention Deficit Disorder (ADD)**

ADD is now officially called Attention-Deficit/Hyperactivity Disorder, or **ADHD**, although most lay people, and even some professionals, still call it ADD (the name given in 1980). ADHD is a neurobiologically based developmental disability estimated to affect between 3-5 percent of the school age population. This disorder is found present more often in boys than girls (3:1). No one knows exactly what causes ADHD. Scientific evidence suggests that the disorder is genetically transmitted in many cases and results from a chemical imbalance or deficiency in certain neurotransmitters, which are chemicals that help the brain regulate behavior.

### **Why should I be concerned with ADHD when it comes to baseball?**

Unfortunately more and more children are being diagnosed with ADHD every year. There is a high probability that one or more of the children on your team will have ADHD. It is important to recognize the child's situation for safety reasons because not paying attention during a game or practice could lead to serious accidents involving the child and/or his teammates. It is equally as important to not 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.

Treatment of ADHD usually involves medication. **Do not, at any time, administer the medication** -- even if the child asks you to. Make sure the parent is aware of how dangerous the game of baseball can be and suggest that the child take the medication (if he or she is taking medication) before he or she comes to the practice/game.

A child on your team may in fact be ADHD but has not been diagnosed as such. You should be aware of the symptoms of ADHD in order to provide the safest environment for that child and the other children around him.

## **What are the symptoms of ADHD? -**

**Inattention** - This is where the child:

- Often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities;
- Often has difficulty sustaining attention in tasks or play activities;
- Often does not seem to listen when spoken to directly;
- Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions);
- Often has difficulty organizing tasks and activities;
- Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework);
- Often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools);
- Often easily distracted by extraneous stimuli;
- Often forgetful in daily activities.

**Hyperactivity** - This is where the child:

- Often fidgets with hands or feet or squirms in seat;
- Often leaves seat in classroom or in other situations in which remaining seated is expected;
- Often runs about or climbs excessively in situation in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings or restlessness);
- Often has difficulty playing or engaging in leisure activities quietly;
- Often “on the go” or often act as if “driven by a motor”;
- Often talks excessively.

**Impulsivity** - This is where the child:

- Often blurts out answers before questions have been completed;
- Often has difficulty awaiting turn;
- Often interrupts or intrudes on others (e.g., butts into conversations or games).

**Emotional Instability** - This is where the child:

- often has angry outbursts;
- is a social loner;
- blames others for problems;
- fights with others quickly;
- is very sensitive to criticism.

Most children with ADHD experience significant problems socializing with peers and cooperating with authority figures. This is because when children have difficulty maintaining attention during an interaction with an adult, they may miss important parts of the conversation. This can result in the child not being able to follow directions and so called “memory problems” due to not listening in the first place. When giving directions to ADHD children it is important to have them repeat the directions to make sure they have correctly received them. For younger ADHD children, the directions should consist of only one or two step instructions. For older children more complicated directions should be stated in writing.

Children with ADHD often miss important aspects of social interaction with their peers. When this happens, they have a difficult time “fitting in.” They need to focus in on how other children are playing with each other and then attempt to behave similarly. ADHD children often enter a group play situation like the proverbial “bull in the china closet” and upset the play session. There is no way to know for sure that a child has ADHD. There is not a simple test, such as a blood test or urinalysis. An accurate diagnosis requires an assessment conducted by a well-trained professional (usually a developmental pediatrician, child psychologist, child psychiatrist, or pediatric neurologist) who knows a lot about ADHD and all other disorders that can have symptoms similar to those found in ADHD.

**END OF BLL HEALTH & MEDICAL REFERENCE MANUAL**