

Copper Hills Little League



P. O. Box 194
Sahuarita, AZ 85629



First Aid Training

(Materials provided by the MAYO Clinic and the American Safety & Health institute)

PREVENTION

Following safety rules is the first step in preventing player and spectator injuries from happening. **Insist** that your players and parents follow the rules for safe play in order to prevent injuries from occurring.

- Proper maintenance of playing site (game and practice facilities);
- Pay close attention to playing conditions (heat and humidity as well as severe weather);
- Make sure players know basics of good nutrition (especially water replacement on hot days);
- Proper athletic conditioning (stretching, strengthening and endurance, as well as agility and coordination drills);
- Avoid over use (pay special attention to activities outside of Little League, to allow rest to avoid over-use injuries);
- Consistent and proper use of all protective equipment;
- Close coach supervision and organization of warm-ups, practices and games;
- Careful compliance with all Little League rules, especially those having to do with safety.

EMERGENCY ACTION STEPS

Roles and Responsibilities of the First Aid Provider

Roles

The basic role of a first aid provider is to recognize a medical emergency and make a decision to help. Your personal safety is a high priority, as is the safety of the victim and any other bystanders.

Responsibilities

- Maintain composure.
- Maintain personal health and safety.
- Maintain a caring attitude.
- Maintain up-to-date knowledge and skills.
- Without putting yourself in unnecessary danger, make the victims' needs your main concern.
- Do no further harm.

Emergency Action Steps

The Emergency Action Steps are intended to help the first aid provider respond to an emergency and manage life-threatening problems of the airway, breathing, and circulation in a victim of any age.

ASSESS the victim. Do you know what happened? What is your first impression? Is the victim responsive? If the victim is unresponsive, appears badly hurt, seriously ill, or quickly gets worse.....

ALERT EMS. Call 9-1-1 or clearly designate someone else to do so.

ATTEND to the victim.

- Make sure managers/coaches stop all play to protect the player from further injury, as well as those not being closely monitored due to the focus on the injured player.
- Check player's breathing, pulse and alertness to immediately judge the seriousness of the injury:
 - If necessary, send someone to call 9-1-1 or get an ambulance or EMS.
 - Call the player's parents
 - Send someone to nearest intersection to direct emergency services to your location
 - Review the Medical Release form for any important information/warnings about medical conditions the player may have
- Evaluate the injury:

- Can player be moved off field?
- If not, clear area around player and begin examination;
- If so, move player to sideline for closer examination;
- Determine if player can return to play or needs first aid.
- Give the appropriate first aid for the injury.
- Turn over care to professionals when they arrive and help as directed.
- If parents are not available, go with player to treatment center with ambulance; turn over team to an authorized coach
- If emergency medical treatment isn't required, urge player and parents to see a doctor for a proper diagnosis and treatment plan.
- Record the injury on an injury report.
- Follow up with the player until injury is healed and player can return to play.
- Get medical release prior to allowing player to return, if formal treatment was required.

FIRST AID PROCEDURES

There are many types of injuries and varying severity of injuries that can occur to players, coaches and spectators. These procedures are some of the most common injuries that can occur as a result of normal baseball activities.

Bruises / Contusions

A bruise forms when a blow breaks blood vessels near your skin's surface, allowing a small amount of blood to leak into the tissues under your skin. The trapped blood appears as a black-and-blue mark.

If your skin isn't broken, you don't need a bandage, but you enhance bruise healing with these simple techniques:

- Elevate the injured area.
- Apply ice or a cold pack several times a day for a day or two after the injury.
- Rest the bruised area, if possible.
- Consider acetaminophen (Tylenol, others) for pain relief, or ibuprofen (Advil, Motrin, others) for pain relief and to reduce swelling.

See your doctor if:

- You have unusually large or painful bruises — particularly if your bruises seem to develop for no known reasons.
- You bruise easily and you're experiencing abnormal bleeding elsewhere, such as from your nose or gums, or you notice blood in your eyes, stool or urine.
- You have no history of bruising, but suddenly experience bruises.

These signs and symptoms may indicate a more serious problem, such as a blood-clotting problem or blood-related disease. Bruises accompanied by persistent pain or headache also may indicate a more serious underlying illness and require medical attention.

Sprains & Strains

Your ligaments are tough, elastic-like bands that connect bone to bone and hold your joints in place. A sprain is an injury to a ligament caused by excessive stretching. The ligament can have a partial tear, or it can be completely torn apart.

Of all sprains, ankle and knee sprains occur most often. Sprained ligaments swell rapidly and are painful. Generally, the greater the pain, the more severe the injury is. For most minor sprains, you probably can treat the injury yourself.

Follow the instructions for P.R.I.C.E.

1. **Protect** the injured limb from further injury by not using the joint. You can do this using anything from splints to crutches.
2. **Rest** the injured limb. But don't avoid all activity. Even with an ankle sprain, you can usually still exercise other muscles to minimize deconditioning. For example, you can use an exercise bicycle with arm exercise handles, working both your arms and the uninjured leg while resting the injured ankle on another part of the bike. That way you still get three-limb exercise to keep up your cardiovascular conditioning.
3. **Ice** the area. Use a cold pack, a slush bath or a compression sleeve filled with cold water to help limit swelling after an injury. Try to ice the area as soon as possible after the injury and continue to ice it for 10 to 15 minutes four times a day for 48 hours. If you use ice, be careful not to use it too long, as this could cause tissue damage.
4. **Compress** the area with an elastic wrap or bandage. Compressive wraps or sleeves made from elastic or neoprene are best.
5. **Elevate** the injured limb above your heart whenever possible to help prevent or limit swelling.

After two days, gently begin using the injured area. You should feel a gradual, progressive improvement. Over-the-counter pain relievers, such as ibuprofen (Advil, Motrin, others) and acetaminophen (Tylenol, others), may be helpful to manage pain during the healing process.

See your doctor if your sprain isn't improving after two or three days.

Get emergency medical assistance if:

- You're unable to bear weight on the injured leg, the joint feels unstable or you can't use the joint. This may mean the ligament was completely torn. On the way to the doctor, apply a cold pack.
- You have a fever higher than 100 F (37.8 C), and the area is red and hot. You may have an infection.
- You have a severe sprain. Inadequate or delayed treatment may cause long-term joint instability or chronic pain.

Fractures

A fracture is a broken bone. It requires medical attention. If the broken bone is the result of major trauma or injury, call 911 or your local emergency number. Also call for emergency help if:

- The person is unresponsive, isn't breathing or isn't moving. Begin cardiopulmonary resuscitation (CPR) if there's no respiration or heartbeat.
- There is heavy bleeding.
- Even gentle pressure or movement causes pain.
- The limb or joint appears deformed.
- The bone has pierced the skin.
- The extremity of the injured arm or leg, such as a toe or finger, is numb or bluish at the tip.
- You suspect a bone is broken in the neck, head or back.
- You suspect a bone is broken in the hip, pelvis or upper leg (for example, the leg and foot turn outward abnormally).

Don't move the person except if necessary to avoid further injury. Take these actions immediately while waiting for medical help:

- **Stop any bleeding.** Apply pressure to the wound with a sterile bandage, a clean cloth or a clean piece of clothing.
- **Immobilize the injured area.** Don't try to realign the bone or push a bone that's sticking out back in. If you've been trained in how to splint and professional help isn't readily

available, apply a splint to the area above and below the fracture sites. Padding the splints can help reduce discomfort.

- **Apply ice packs to limit swelling and help relieve pain until emergency personnel arrive.** Don't apply ice directly to the skin — wrap the ice in a towel, piece of cloth or some other material.
- **Treat for shock.** If the person feels faint or is breathing in short, rapid breaths, lay the person down with the head slightly lower than the trunk and, if possible, elevate the legs.

Head Trauma

Most head trauma involves injuries that are minor and don't require hospitalization. However, call 911 or your local emergency number if any of the following signs or symptoms are apparent:

- Severe head or facial bleeding
- Bleeding from the nose or ears
- Severe headache
- Change in level of consciousness for more than a few seconds
- Black-and-blue discoloration below the eyes or behind the ears
- Cessation of breathing
- Confusion
- Loss of balance
- Weakness or an inability to use an arm or leg
- Unequal pupil size
- Repeated vomiting
- Slurred speech
- Seizures

If severe head trauma occurs:

- **Keep the person still.** Until medical help arrives, keep the injured person lying down and quiet, with the head and shoulders slightly elevated. Don't move the person unless necessary, and avoid moving the person's neck.
- **Stop any bleeding.** Apply firm pressure to the wound with sterile gauze or a clean cloth. But don't apply direct pressure to the wound if you suspect a skull fracture.
- **Watch for changes in breathing and alertness.** If the person shows no signs of circulation (breathing, coughing or movement), begin CPR.

Tooth Injury / Loss

If your tooth is knocked out, get emergency dental care. It's sometimes possible to successfully implant permanent teeth that have been knocked out, but only if you follow the steps below immediately — before you see a dentist.

If your tooth is knocked out:

- Handle your tooth by the top or crown only, not the roots.
- Don't rub it or scrape it to remove debris. This damages the root surface, making the tooth less likely to survive.
- Gently rinse your tooth in a bowl of tap water. Don't hold it under running water.
- Try to replace your tooth in the socket. If it doesn't go all the way into place, bite down slowly and gently on gauze or a moistened tea bag to help keep it in place. Hold the tooth in place until you see your dentist.
- If you can't replace your tooth in the socket, immediately place it in some milk, your own saliva or a warm, mild saltwater solution — 1/4 teaspoon salt to 1 quart water (about 1 milliliter of salt to about 1 liter water).

- Get medical attention from a dentist or emergency room immediately.

If you participate in contact sports, you can often prevent tooth loss by wearing a mouth guard, fitted by your dentist.

Heat Cramps

Heat cramps are painful, involuntary muscle spasms that usually occur during heavy exercise in hot environments. The spasms may be more intense and more prolonged than are typical nighttime leg cramps. Inadequate fluid intake often contributes to heat cramps.

Muscles most often affected include those of your calves, arms, abdominal wall and back, although heat cramps may involve any muscle group involved in exercise.

If you suspect heat cramps:

- Rest briefly and cool down
- Drink clear juice or an electrolyte-containing sports drink
- Practice gentle, range-of-motion stretching and gentle massage of the affected muscle group
- Don't resume strenuous activity for several hours or longer after heat cramps go away
- Call your doctor if your cramps don't go away within one hour or so

Heat exhaustion is one of the heat-related syndromes, which range in severity from mild heat cramps to heat exhaustion to potentially life-threatening heatstroke.

Heat Exhaustion

Signs and symptoms of heat exhaustion often begin suddenly, sometimes after excessive exercise, heavy perspiration, and inadequate fluid or salt intake. Signs and symptoms resemble those of shock and may include:

- Feeling faint or dizzy
- Nausea
- Heavy sweating
- Rapid, weak heartbeat
- Low blood pressure
- Cool, moist, pale skin
- Low-grade fever
- Heat cramps
- Headache
- Fatigue
- Dark-colored urine

If you suspect heat exhaustion:

- Get the person out of the sun and into a shady or air-conditioned location.
- Lay the person down and elevate the legs and feet slightly.
- Loosen or remove the person's clothing.
- Have the person drink cool water or other nonalcoholic beverage without caffeine.
- Cool the person by spraying or sponging him or her with cool water and fanning.
- Monitor the person carefully. Heat exhaustion can quickly become heatstroke.

If fever greater than 102 F (38.9 C), fainting, confusion or seizures occur, call 911 or emergency medical help.