Great Valley Little League
First Aid Manual
For Managers and Coaches
2017

Play Hard - Play Safe

HISTORY/STATS:

At the start in 1939, Little League Baseball had just 45 players. Today, Little League Baseball continues to be an important part of the lives of many children and their families.

Each year, more than 3.5 million sports-related injuries in children under age 15 are treated in hospital, doctor's offices, clinics, and emergency rooms in the USA according to the National Electronic Injury Surveillance System of the Consumer Product Safety Commission (NEISS).

Young athletes are not merely small adults. Their bones, muscles, tendons, and ligaments are still growing which makes them more susceptible to injury than adults.

Growth plates - the areas of developing cartilage where bone growth occurs in youngsters - are weaker than the nearby ligaments and tendons. What is often a bruise or sprain in an adult can be a potentially serious growth plate injury in a young athlete.

WHEN DO INJURIES OCCUR?

- Available evidence suggests that injuries are more likely to occur at the **start of the season.**

THE CAUSES OF INJURIES:

- Hit by a ball
- Sliding into base (older children)
- Overexertion
- Falls
- Collision with another player
- Misjudged catches resulting in a finger injury
- Being hit by the baseball bat (younger children)

MOST COMMON INJURIES:

- Abrasions (scrapes), contusions (bruises), lacerations (cuts),

Muscle cramps/spasms.

► Strains (a partial or complete tear of a muscle or tendon).
- Achilles, hamstrings, lower back most common

S/S: -Pain
- Muscle spasm
- Muscle weakness
- Swelling/Inflammation
- Cramping

► Sprains (a partial or complete tear of a ligament(s) around a Joint - shoulder, wrist, finger, knee, ankle).

Myths: * Ligament tears are painful
* Severe ligament injuries prevent activity
* Complete ligament tears swell badly

S/S: -Pain intensity varies
-bruising
-swelling

► Fractures: **Look for:** 1.) obvious deformity,
2.) pain with palpitation,
3.) pain with motion in all directions
4.) crunching noises with movement

► Eye Injuries: **Look for:** 1.) asymmetry between eyes and eye movement,
2.) cloudy or blurred vision,
* do not wash out the eye or force the eyelid closed
* shield or cover eye with patch

► Mouth Injuries: **Look for:** 1.) teeth fragments…send with child to ER

► Small Joint Injuries: Check active motion, compare to opposite side.

► Catastrophic injuries are rare: most occur when players are struck in the head or chest with a ball or bat. On average three to four children under the age of 15 die each year from baseball related injuries. Not all injuries are caused by a single sudden twist, fall or collision. A series of small injuries to immature bodies can cause minor fractures, muscle tears or progressive bone deformities known as overuse injuries.
As an example, "Little League Elbow" is the term used to describe a group of common overuse injuries in young throwers involved in many sports, not just baseball. Other

common overuse injuries occur in the heels and knees with tears in the tissue where tendons attach to the leg bone or the heel bone.

Children often experience some discomfort with athletic activity. Some aches and pains can be expected. Still, their complaints always deserve careful attention. Some injuries, if left untreated, can cause permanent damage and interfere with proper physical growth. A child should never be allowed or expected to " work through the pain".

WHAT TO DO WHEN MUSCULOSKELETAL (Strains/Sprains) INJURIES OCCUR:

1. The easiest way to detect injury is through the presence of pain. Pain is how your body tells you that it has been damaged in some way, often this pain will result in a loss of athletic performance.
   ***********Any athlete who is not playing up to their skill level may be suffering from a significant injury**********

2. The most common and effective method of treatment is **RICE**

   Rest - Stop further activity and keep injured area in a relaxed position.
   Do not try to straighten an injured part!

   Ice - Apply ice to injured area to prevent or slow swelling. Use a bag of ice if possible. You can use a chemical cold pack but it is not as cold as a regular bag of ice. Put a towel between the ice bag and the skin. Every 20 minutes take off the ice pack for about 5 minutes.

   Compression - Apply pressure and wrap the injured area.

   Elevation - Raise the injured area to minimize swelling.

Get evaluated by a physician.

BLEEDING YOU CAN SEE:

► Remain calm, bleeding often looks worse than it is.

► Put pressure over the wound with a large clean dressing.

► You should be able to stop bleeding with pressure alone.

► If the bleeding does not stop, add a second dressing.
DO NOT take a dressing off.

► If bleeding is from a wound on the arm or leg, raise the arm or leg so that it is higher than the chest while you continue to put pressure in the wound. DO NOT raise the arm or leg if movement causes pain to the child.

NOSEBLEED:

► Have child sit and lean forward.

► With a tissue or clean cloth press both sides of the child's nostrils while the child leans forward. Place constant pressure on both sides of the nostrils for a few minutes.

► DO NOT ask the child to lean his head back.

► DO NOT use an icepack on the nose or forehead.

BLEEDING YOU CAN'T SEE:

► When a child looses a lot of blood or when the child's blood does not circulate properly, there is not enough blood delivered to the cells of the body. We call this condition "shock".

► ***Signs of SHOCK:***
- Feel cold and shiver
- Feel weak, faint, and dizzy
- Be restless, agitated or confused
- Vomit
- Feel thirsty

► ***Actions for SHOCK***
- Help the child lie on their back.
- If there is no leg injury or pain, raise the child's legs about 12 inches.

- Use pressure to stop bleeding you can see.
- Cover the child with a blanket to keep him warm.
- Phone or ask someone to call 911.

HEAT CRAMPS: are muscle contractions, usually in hamstrings. These contractions can be forceful and painful. These cramps seem to be connected to heat, dehydration, and poor condition, rather than to a lack of salt or mineral imbalances. They usually improve with rest, drinking water, and a cool environment.

HEAT EXHAUSTION: A result of excessive heat and dehydration.

S/S: -Paleness
-Dizziness
-Nausea
-Vomiting
-Fainting
-Moderately increased temp (101- 102 degrees F)

- ***ACTION****:* Rest and water may help in mild heat exhaustion, and ice packs and a cool environment (with fan blowing on child) may also help.

HEAT STROKE: Confusion, disorientation, hysterical behavior, coma, hot, flushed, dry skin.*****************Medical Emergency…call 911***

WATER BEFORE, DURING AND AFTER PRACTICE AND GAMES

Heat Stroke–A Medical Emergency

What are the symptoms?

DRY, PALE SKIN WITH NO SWEATING; HOT, RED SKIN THAT LOOKS SUNBURNED; MOOD CHANGES SUCH AS IRRITABILITY, CONFUSION, OR THE INABILITY TO THINK STRAIGHT; SEIZURES OR FITS; AND UNCONCIOUSNESS WITH NO RESPONSE

What should you do?

- Call 911 for emergency help immediately.
- Move the victim to a cool, shaded area. Don't leave the person alone. Lay the victim on his or her back. Move any nearby objects away from the person if symptoms include seizures or fits. If symptoms include nausea or upset stomach, lay the victim on his or her side.
- Loosen and remove any heavy clothing.
- Have the person drink cool water (about a cup every 15 minutes) if alert enough to drink something, unless sick to the stomach.
- Cool the person's body by fanning and spraying with a cool mist of water or wiping the victim with a wet cloth or covering him or her with a wet sheet.
- Place ice packs under the armpits and groin area.

How can you protect yourself and your coworkers?

- Learn the signs and symptoms of heat-induced illnesses and how to respond.
- Train your workforce about heat-induced illnesses.
- Perform the heaviest work during the coolest part of the day.
- Build up tolerance to the heat and the work activity slowly. This usually takes about 2 weeks.
- Use the buddy system, with people working in pairs.
- Drink plenty of cool water, about a cup every 15 to 20 minutes.
- Wear light, loose-fitting, breathable clothing, such as cotton.
- Take frequent, short breaks in cool, shaded areas to allow the body to cool down.
- Avoid eating large meals before working in hot environments.
- Avoid alcohol or beverages with caffeine. These make the body lose water and increase the risk for heat illnesses.

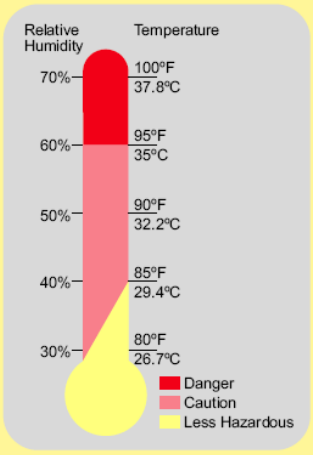
What factors put you at increased risk?

- Taking certain medications. Check with your health-care provider or pharmacist to see if any medicines you are taking affect you when working in hot environments.
- Having a previous heat-induced illness.
- Wearing personal protective equipment such as a respirator or protective suit.

The Heat Equation

HIGH TEMPERATURE + HIGH HUMIDITY + PHYSICAL WORK = HEAT ILLNESS

When the body is unable to cool itself through sweating, **serious** heat illnesses may occur. The most severe heat-induced illnesses are heat exhaustion and heat stroke. If left untreated, **heat exhaustion** could progress to **heat stroke** and possible **death**.



U.S. Department of Labor
Occupational Safety and Health Administration
OSHA 3154
2002

Heat Exhaustion

What are the symptoms?

HEADACHES; DIZZINESS OR LIGHTHEADEDNESS; WEAKNESS; MOOD CHANGES SUCH AS IRRITABILITY, CONFUSION, OR THE INABILITY TO THINK STRAIGHT; UPSET STOMACH; VOMITING; DECREASED OR DARK-COLORED URINE; FAINTING OR PASSING OUT; AND PALE, CLAMMY SKIN

What should you do?

- Act immediately. If not treated, heat exhaustion may advance to heat stroke or death.
- Move the victim to a cool, shaded area to rest. Don't leave the person alone. If symptoms include dizziness or lightheadedness, lay the victim on his or her back and raise the legs 6 to 8 inches. If symptoms include nausea or upset stomach, lay the victim on his or her side.
- Loosen and remove any heavy clothing.
- Have the person drink cool water (about a cup every 15 minutes) unless sick to the stomach.
- Cool the person's body by fanning and spraying with a cool mist of water or applying a wet cloth to the person's skin.
- Call 911 for emergency help if the person does not feel better in a few minutes.

DIABETES AND LOW BLOOD SUGAR:

- ► A change in behavior, such as confusion or irritability.
- ► Sleepiness or even unresponsiveness.
- ► Hunger, thirst, or weakness.
- ► Sweating, pale skin color.

ACTIONS FOR LOW BLOOD SUGAR:

- ► Give the child something containing sugar to eat or drink. This can be fruit juice, a packet of sugar or soda. DO NOT USE SUGAR FREE OR DIET SODA BECAUSE THEY DO NOT CONTAIN SUGAR.

BEE STINGS:

- ► If child is allergic this can be a medical emergency - - CALL 911
- ► If allergy is known, child may have an epi pen.
  Have child or parent use epi pen.

GENERAL RULES:

- ► Unresponsive - - CALL 911
- ► Suspect head or spine injury - - DO NOT MOVE THE CHILD. Hold the head and neck so that the head and neck do not move, bend or twist.
- ► Check child for medical bracelet or necklace.
- ► Learn or recertify for CPR.

Medical emergencies dial 911

GVLL fields (if medical personnel are needed)

King Rd complex

- King and Ravine Rds,
- specify Schmidt, Majors, Big, Rookie
- Best to have someone in the parking lot to direct medics.

East Goshen

- Paoli Pike, east of Rt 352
- Specify baseball or tee-ball fields
- Best to have someone in the parking lot to direct medics.

East Whiteland (Battle of the Clouds)

- Phoenixville Pike, north of Swedesford Rd, south of 401 (Conestoga Rd)
- Best to have someone in the parking lot to direct medics.

Mill Creek

- Airport Rd to Wrights Lane to Goshen Pkwy.
- Best to have someone on Goshen Pkwy to direct medics.