

First Aid and Safety Training



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Woodstock Little League
Woodstock, Connecticut



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Overview of Injuries

- The most common baseball injuries include mild soft tissue injuries:
 - Muscle pulls (sprains)
 - Ligament injuries (sprains)
 - Cuts
 - Contusions (bruises)
- Although baseball is a non-contact sport, most injuries are due to contact with:
 - A ball
 - Bat
 - Another player
- The repetitive nature of the sport can cause injuries.
- For ALL injuries inform player's parent or legal guardian immediately.

Basic Baseball Injuries

- Bruises/contusions-caused by being hit by the ball or collisions with other players
 - Symptoms: pain, swelling and/or discoloration
 - Treatment: rest, apply ice 15-20 min. on and 15-20 min. off
- Cuts and Scrapes-caused by collisions, sliding being hit, etc.
 - Symptoms: bleeding, torn skin
 - Treatment: Use your first aid kit to stop the bleeding and keep clean
- Strains-caused by the muscle being over stretched or torn.
 - Symptoms: pain
 - Treatment: avoid movement, apply ice, rest and elevate
- Heat Related Problems
 - Symptoms: dizziness, lightheadedness, nausea, rapid breathing/heart rate
 - Treatment: remove player from game and sun, loosen or remove clothing, moist compresses, water or Gatorade in small amounts

Basic Baseball Injuries-Cont.

- Sprains-caused by the muscle being over stretched or torn.
 - Symptoms: pain, swelling, dislocation, discoloration
 - Treatment: avoid movement, apply ice, rest and elevate
- Fractures (open and closed) and Dislocations
 - Symptoms: Pain in or over the affected bone, swelling, tender to the touch, deformity, bruising, and loss or limited motion or ability to bear weight. Dislocations can also cause tingling or numbness in the area of the injury
 - Treatment: **CALL 911**, control the bleeding, keep clean, do not move
- Nose Injuries
 - Symptoms: swelling, discoloration, pain and bleeding
 - Treatment: Lean player forward (NOT BACK), apply ice
- Mouth Injuries
 - Symptoms: broken teeth and bleeding
 - Treatment: save teeth (DO NOT PUT IN LIQUID) (hold by enamel not the root), use gauze to control bleeding

The Six Most Common Baseball Injuries

- [Rotator cuff injuries](#)-A rotator cuff strain is a tear to any of the four rotator cuff muscles in the shoulder. These muscles stabilize the shoulder joint.
 - Symptoms: sudden pain in the shoulder sometimes accompanied by a tearing feeling. This can be severe and may transmit down into the arm.
- [Impingement syndrome of the shoulder](#) - Impingement syndrome is sometimes called swimmer's shoulder or thrower's shoulder and is caused by the tendons of the rotator cuff becoming impinged as they pass through the shoulder joint.
 - Symptoms: include shoulder pain which comes on gradually over a period of time.

The Six Most Common Baseball Injuries-Cont.

- [Shoulder instability](#) - Shoulder instability occurs when the shoulder partially dislocates.
 - Symptoms: may be associated with pain and / or dead arm sensation.
- [Medial elbow ligament \(MCL\) sprain](#) - The (MCL) provides stability to the joint. Damage to this ligament can occur through an impact injury or an accident or from repetitive overuse, for example throwing with poor technique.

The Six Most Common Baseball Injuries-Cont.

- [Throwers elbow \(Golfers elbow\)](#) - is an injury similar to tennis elbow.
 - Symptoms: pain on the inside of the elbow, it often comes on gradually through overuse although acute injuries can occur to pitchers who throw too hard too soon or with bad technique.
- [Tennis elbow](#) - also known as lateral epicondylitis.
 - Symptoms: pain on the outside of the elbow. Usually comes on gradually through over use.

Concussion Awareness

- What is a Concussion- A concussion is defined as a complex pathophysiological process that affects the brain, typically induced by trauma to the brain. It can be caused either by a direct blow to the head, or an indirect blow to the body, causing neurological impairments.
 - » Symptoms: usually reflect a functional disturbance to the brain, physical (headaches, nausea), cognitive (difficulty with concentration or memory), emotional (irritability, sadness), and other symptoms (sleep disturbances, changes in appetite or energy levels).
 - » Treatment: **IF UNCONSCIOUS, DO NOT MOVE-CALL 911.** During a suspected concussion, it is recommended that the player be removed from play immediately. For players who are unable to stand up after an injury, the proper first-aid emergency procedures should be followed. For players who have sustained an impact but can make their own way off the field, the following protocol is recommended: 1) Remove from Play, 2) Sideline Assessment, and 3) Re-evaluation.

Concussion Awareness-Cont.

Sideline Assessment Tool

Ask the player the following questions

- 1 point for each correctly answered ques
 - At what venue are we today? 0 1
 - Which inning/half is it now? 0 1
 - Who scored last? 0 1
 - Who did we play at the last game? 0 1
 - Did your team win the last game? 0 1
 -
-
- SCORE OUT OF 5
 - Inability to answer these questions indicates a need for further evaluation

Concussion Awareness-Cont.

- For more complete information regarding concussions, please refer to the handout provided today
- <http://www.concussiontreatment.com>

Basic First Aid

Immediate first aid for acute injuries

- The **PRICE** principles (Protection, Rest, Ice, Compression and Elevation) are for treating acute sports injuries. PRICE should be applied as early as possible and continued for at least the first 24-72 hours.

Protection

- Protection of the damaged tissue is vital to prevent further damage and enable the healing process to start. Limiting further movement and use of the joint/muscle/ligament/tendon and use a support or splint.

Basic First Aid-Cont.

Rest

- Rest is one of the most important components of the PRICE principle. A player must know when to stop training and allow the injured area to heal otherwise minor injuries can often result in a more severe injury.

Ice

- Ice therapy is one of the most widely known and used treatments for acute sports injuries. The application of ice to an injury, in the acute phase can substantially decrease the extent of the damage. Ice can decrease bleeding, reduce pain, reduce muscle spasms, and can reduce the risk of cell death. Ice should be applied to the injured site with a barrier between the site and the ice. Do not leave the ice on for more than 15-20 minutes. **DO NOT APPLY ICE TO:** the neck, outside bone of elbow, the upper end of the collar bone, the bony part of the front of the hip and the outer bone of the knee.

Basic First Aid-Cont.

Compression

- Applying compression to an injured area minimizes the amount of swelling that forms after an injury. Compression bandage is the most effective way to apply compression.

Elevation

- Elevation of the injured limb is the final principle of PRICE but is equally as important. Elevation allows gravity to drain the fluid away from the injured site. This aids in decreasing the swelling therefore decrease the pain..

Call 911 or Seek Medical Treatment

When the player should seek professional treatment?

If the player has any of the following symptoms they should seek further medical assistance!

- Severe pain, especially on walking
- Severe swelling
- Altered sensation in the limbs (pins and needles) or a loss of feeling
- Fractures (open or closed)-**call 911**

Anaphylaxis

- Anaphylaxis is the severe life threatening reaction to a specific allergic trigger.
 - Food
 - Insect bites
 - Bee stings
 - Medications
 - Latex
 - Other unknown causes

Use of an EpiPen

Please refer to the handout provided.

The handout is a copy of the insert that is provided with an EpiPen.

Being circulated around the room is a trainer EpiPen please take a moment and give it a try.

EpiPen Trainer Instructions for Use

In an emergency: Do not use the grey Trainer. Use your real yellow EpiPen[®] or green EpiPen Jr[®] Auto-Injector.


Important Information

- The Trainer label has a grey color.
- The Trainer contains no medicine and no needle.
- Periodically practice with the grey colored Trainer before an allergic emergency (anaphylaxis) happens to make sure you are able to safely use the real yellow EpiPen or green EpiPen Jr Auto-Injector in case of an emergency.
- Always carry your real yellow EpiPen or green EpiPen Jr Auto-Injector. In case of an allergic emergency.

The EpiPen Trainer

Familiarize yourself with this grey Trainer. Practice until you are comfortable using it.

Your grey colored Trainer:



Blue Safety Release
Do not remove until ready for use!

Orange Tip

- Never put your thumb, other fingers, or hand over the Orange Tip.
- The Orange Tip is where the needle comes out of your EpiPen or EpiPen Jr Auto-Injector.

Practice Instructions

1. Prepare the Trainer for Simulated Injection
 - Grasp the grey Trainer in your fist with the orange tip pointing downward.
 - With your other hand, remove blue safety release by pulling straight up without bending or twisting it.
 - Removing the blue safety release unlocks the Trainer.
2. Administer the Trainer Simulation
 - Hold the Trainer with the orange tip near the middle of the outer thigh (upper leg).
 - Swing and firmly push the orange tip against the middle of the outer thigh until it "clicks". Keep the Trainer firmly pushed against the thigh at a 90° angle (perpendicular) to the thigh.
 - Hold firmly against the thigh for approximately 10 seconds.
 - Remove the Trainer from the thigh and massage the injection area for 10 seconds. The orange tip automatically extends out after use.
3. To reset the Trainer
 - Put the blue safety release back on the Trainer
 - Place the orange tip on a hard surface
 - Squeeze the sides of the orange tip and push down on the Trainer with the other hand

Note: In an actual emergency, you would need to seek medical help right away

- The actual auto-injector is made to work through clothing
- Do not inject into any other part of the body

Note: With the real yellow EpiPen or green EpiPen Jr Auto-Injector, the orange tip covers the needle after self-injection to help protect you from accidentally sticking yourself or others.

Proper Preparation for Play for Coaches

Be prepared and know:

- **First aid**
 - Familiarity with first aid and being able to administer basic first aid.
- **Field Knowledge**
 - Familiarity with the field, including knowing where the First Aid Kit is located.
- **Emergency Situations**
 - Always be prepared. Have a plan when more significant injuries occur like concussions, breathing problems, fractures and dislocations.
- **Follow the rules**
 - Know the rules and encourage safe play.
- **Have a Little League Medical Release form completed for each player**
 - Refer to handout.

Baseball Injury Prevention

Make Sure Players Warm-up

- A warm-up is a vital part of injury prevention. Warm-ups get the heart rate up and increases the flow of blood around the body. Warming –up stretches the muscles to ensure they are working to their optimum and do not sustain an injury due to being cold and inflexible.
- A warm-up should consist of: a minimum of 5 minutes cardio (jogging or skipping) and dynamic stretches (running with high knees, heels to bum and cariocas). Baseball players should also concentrate to upper body warm-ups. Warm-ups should be performed for a minimum of 5 minutes, up to a maximum of 20 minutes.

Baseball Injury Prevention-Cont.

Protection-players should wear appropriate equipment

- Wearing the right kind of protective equipment is vital to avoiding injury in baseball.
- The most important position in terms of protective equipment must be the catcher. It is necessary to wear a helmet with face guard, a chest protector, throat protector, leg guards and catchers mitt.
- The batter should also wear a helmet and batting gloves.
- Other protective equipment includes padded shorts, a cup for boys and face guards for girls and/or boys.

Baseball Injury Prevention-Cont.

Rest

- Resting is an important part of any athletes training program! Overtraining often results in injuries due to fatigue causing poor technique and overuse type injuries.

Training

- Training is vitally important. Training not only the cardiovascular and muscular systems but also techniques and tactics are required to make sure the body is strong.

Baseball Injury Prevention-Cont.

Nutrition and Hydration is a must

- Proper nutrition is important. A bad diet prevents a player from recovering from training sessions making the player prone to injury. A balanced diet is what should be aimed for:
 - Carbohydrate is important for refueling muscles
 - Protein rebuilds muscles
 - Hydration allows for flow through muscles. Dehydration causes muscles to be more prone to injury
 - Vitamins and minerals are required for a multiple reasons related to recovery

First Aid Kits: What goes in them

Individual leagues decide what they need in a first aid kit.

Here are some suggestions:

first-aid manual
adhesive tape
elastic bandage
antiseptic wipes

Tweezers

disposable instant cold packs

plastic non-latex gloves (at least 2 pairs)

mouthpiece for administering CPR (can be obtained from your local Red Cross)

sterile gauze pads of different sizes

adhesive bandages in several sizes

a splint

antibiotic ointment

sharp scissors

Ice bag

Ace wrap, athletic tape or elastic wrap

Return to Play Guidelines

The child must meet the following criteria after an injury to return to play:

- Full range of motion of affected area
- Minimal to no swelling of the affected area
- No bony crepitus on palpation of the affected area
- No limp or altered gait
- The ability to run, spring straight ahead, and perform cuts
- The ability to perform sport-specific drills (e.g., running backward, cross-over)
- The ability to perform one-hop test (hop up and down on the affected extremity)
- The ability to defend and protect self from further injury

Refer to the handout provided

References:

- <http://www.sportsinjuryclinic.net/sports-specific/baseball-injuries>
- <http://www.concussiontreatment.com>
- <https://www.epipen.com>
- <http://kidshealth.org/en/parents/firstaid-kit.html>
- <http://woodstockctlittleleague.org/2e5ca83d-a7fd-45d1-95f7-8735947a7429/Text/Documents/3918/20966.pdf>
- <http://woodstockctlittleleague.org/2e5ca83d-a7fd-45d1-95f7-8735947a7429/Text/Documents/3918/53606.pdf>
- EpiPen insert