



First aid means exactly what the term implies -- it is the *first* care given to a victim. Do not hesitate to call 911 if someone is seriously injured or if you don't know what to do. Do not attempt to transport a seriously injured person to a hospital. Perform whatever first aid you can and wait for the paramedics to arrive.

First Aid Kits

First aid kits are distributed to each team with the equipment bag at the beginning of the season. First aid kits should be taken to all practices, games and any other Little League event where children's safety is at risk. First aid kits must be turned in at the end of the season along with your equipment bag. To replenish materials in the first aid kit contact the LTLL Safety Officer.

The First Aid Kit should include the following items:

- Band-aids – large, small
- Antiseptic wipes
- Antibiotic ointment
- Gauze pads, roll
- Tape
- Gloves
- Ace wrap
- Triangular bandage (sling)
- Cold pack

Hints for First Aid Treatment

Things to Do

Assess the injury. If the victim is conscious, find out what happened and where it hurts. You may need to calm a distressed child before questioning.

Call 911 immediately if the person is unconscious or seriously injured.

Look for signs of injury (blood, bruising, deformity of joint, etc.)

Feel gently and carefully the injured area for swelling, tenderness or grating of broken bone.

Talk to your team afterwards about the situation if it involves or affects them.
Often players are upset and worried when another player is injured. They need to feel safe and understand what happened.

Wear gloves if possible when coming in contact with blood.

Things Not to Do

Hesitate in giving aid when needed.

Be afraid to ask for help if you're not sure of the proper procedure.

Administer any medications.

Provide any food or beverages other than water (except in the case of heat injury)

Transport a seriously injured person except in extreme emergencies.

Wounds – lacerations/abrasions/contusions

The main concerns are bleeding and infection.

What to look for:

- An open wound
- Bleeding
- Dirt in the wound

What to do:

If the wound is bleeding wear gloves if available.

- For bruises:
 - Apply an ice pack.
- For minor cuts and scrapes:
 - Control bleeding by applying direct pressure to the wound.
 - Wash the wound with lots of clean water (and soap if available), then dry it with a clean cloth or gauze.
 - Apply antibiotic ointment (avoid neomycin/neosporin if possible).
 - Apply a clean bandage.
- For major cuts:
 - Place a dressing (gauze pad or a clean cloth) over the wound.
 - Apply direct pressure to the wound, using the flat part of your fingers or the palm of your hand.
 - If bleeding does not stop, add more dressings and press harder until bleeding stops.
 - If you can't keep pressure on the wound, wrap a bandage firmly over the dressing.

When to call 911:

- If you cannot stop the bleeding.
- If blood is pulsing or squirting out of the wound.
- If you're not sure what to do.

Orthopedic injuries – sprains/strains/fractures/dislocations

It is often difficult to know if an injury is a sprain or a fracture until an x-ray is done.

What to look for:

- Pain, tenderness
- Swelling, bruising
- Deformity of a limb
- Difficulty using a limb
- Open wound over the injured area

What to do:

- Cover any open wound with a clean bandage.
- Apply an ice pack.
- Do not try to straighten an injured extremity – splint it in the position found.
- Apply a splint if you suspect a bone is broken (improvise!).
- A folded magazine, newspaper or piece of cardboard can be used to make a splint.
- Buddy taping – two fingers can be taped together to splint a finger injury.
- A baseball bat can be used to splint a leg injury.
- The splint should support the joints above and below the injury.
- Tape, tie or wrap the splint in place.
- Do not bear weight on an injured lower extremity until cleared by a doctor.
- Have the person see a doctor as soon as possible.

When to call 911:

- If there is an open wound over the injured bone or joint.
- If the injured part is abnormally bent.
- If the body part beyond the injury turns pale, blue, cold or numb.
- If you're not sure what to do.

Head injury/concussion

These injuries result from a direct blow to or sudden jarring of the head, and may or may not involve a loss of consciousness.

What to look for:

- Loss of consciousness (even briefly)
- Appears dazed, stunned or confused
- Can't recall events before or after the injury
- Forgets instructions or answers questions slowly
- Feels sluggish, hazy, foggy or groggy
- Headache, nausea, vomiting
- Double or blurry vision
- Balance problems or moves clumsily
- Sensitivity to light or noise

What to do:

- Remove the athlete from play for the remainder of the day.
- Observe the injured person closely for concussion danger signs:
 - Worsening headache
 - One pupil larger than the other
 - Repeated vomiting
 - Increasing drowsiness or loss of consciousness
 - Cannot recognize people or places
 - Weakness, numbness or decreased coordination
 - Slurred speech or unusual behavior
 - Becomes increasingly confused, restless or agitated
 - Convulsions or seizures
- Make sure the injured person sees a doctor as soon as possible.
- Do not allow the athlete to return to play or practice until cleared in writing by an appropriate health care professional.

When to call 911:

- If the person is unconscious.
- If there are any concussion danger signs (listed above).
- If you suspect a neck or spine injury.
- If you're not sure what to do.

Neck/spinal injury

Neck fractures in sports usually result from a head-first collision.

What to look for:

- A collision involving a direct blow to the top of the head
- Pain or tenderness in the neck or back
- Numbness, tingling or weakness in arms or legs
- An associated head injury

What to do:

- For minor injuries, apply ice.
- Do not move the person if you suspect a spinal injury unless you need to perform CPR or move the person out of danger.
- If the victim is unconscious, assume there is a spinal injury.
- Stabilize the head until help arrives.
- If the person is vomiting stabilize the head/neck and roll him onto his side.

When to call 911:

- If you suspect the neck may be broken.
- If there is numbness, tingling or weakness in an extremity.
- If there is an associated head injury or loss of consciousness.
- If you're not sure what to do.

Chest/abdominal injury

A direct blow to the chest or abdomen can damage internal organs and cause internal bleeding.

What to look for:

- A collision with another player, or hit by a bat or ball in the chest or abdomen
- Pain in the chest or abdomen after an injury
- Coughing up or vomiting blood after an injury
- Shortness of breath after an injury
- Signs of shock (weak, faint, dizzy, nausea, thirst, pale/grayish skin, restlessness/agitation/confusion, cold/clammy to touch)

What to do:

- Have the person lay down and keep still.
- Monitor for signs listed above.

When to call 911:

- If you suspect an internal injury.
- If you're not sure what to do.

Eye injury

Eye injuries may affect the areas around the eye or the eyeball itself.

What to look for:

- An object in the eye, or a sensation that something is in the eye
- Eye pain, excessive tearing
- Difficulty seeing out of the injured eye
- Sensitivity to light
- Blood on or in the eyeball

What to do:

- For small objects in the eye such as dirt or debris:
 - Tell the person to blink several times to try to remove the object.
 - Gently flush the eye with water, away from the uninjured eye.
 - Seek medical attention if the object remains or the person feels like something is still in the eye.
- For an object embedded in the eye:
 - Do not attempt to remove the object.
 - If the object is small and stuck to the surface of the eyeball, have the person close the eye and patch it with a folded piece of gauze and tape.
 - If the object is large or penetrates the eyeball, bandage loosely around the object and do not apply pressure to the eye.
 - Seek immediate medical attention.

- For injuries around the eye:
 - Apply ice.
 - Watch for worsening eye symptoms.

When to call 911:

- If there is visible damage to the eyeball itself.
- If you see blood accumulating in the lens at the center of the eye.
- If the pupil is deformed.
- If the person cannot see with the injured eye.

Heat injury

Mild heat-related symptoms are a warning that the person's condition may worsen if you do not take action.

What to look for:

- Heat cramps: muscle cramps, sweating, headache
- Heat exhaustion: inability to exercise, sweating, nausea, vomiting, dizziness, muscle cramps, feeling faint, fatigue. May progress to heat stroke.
- Heat stroke: symptoms similar to heat exhaustion but also include confusion,
- unconsciousness or seizures. Heat stroke is a life-threatening emergency!

What to do:

- Prevent heat injury on hot days by taking rest breaks (in the shade if possible) and by having players drink water frequently, even if they are not thirsty. Consider canceling practice if you think it is too hot.
- For heat cramps:
 - Have the person rest and cool off.
 - Give juice or a sports drink, or water if those aren't available.
 - Stretching, massaging and icing painful muscles may be helpful.
 - The person can exercise again after symptoms completely resolve.
- For heat exhaustion or heat stroke:
 - Call 911 immediately.
 - Have the person lay down in a cool place with legs elevated.
 - Remove as much of the person's clothing as possible.
 - For heat exhaustion, cool the person with cool water spray or by placing cool damp cloths on the head, neck, armpit and groin areas.
 - For heat stroke, immediately cool the whole body by applying ice water-soaked towels and ice packs to the head, neck, torso and extremities.
 - If the person can drink, give juice or a sports drink, or water if those aren't available.

When to call 911:

- If you suspect heat exhaustion or heat stroke.
- If heat-related symptoms are worsening.
- If you're not sure what to do.

Nosebleed

Most nosebleeds are easily stopped with direct pressure.

What to look for:

- Nasal deformity (crooked or flattened nose)
- Vomiting, which may be caused by swallowing blood

What to do:

- Wear gloves if available.
- Have the person sit and lean forward. Press both sides of the nostrils, using the flat part of your fingers and covering as much of the nose as possible.
- If bleeding continues, press harder and longer.

- Apply ice if the nose is swollen or deformed.
- Have the person see a doctor as soon as possible if the nose is deformed.

When to call 911:

- If you can't stop the bleeding within 15-20 minutes.
- If bleeding is heavy or gushing.
- If the person has trouble breathing.
- If there is an associated head, neck or serious facial injury.

Tooth injury

A person with a mouth injury may have broken, loose or knocked-out teeth.

What to look for:

- Check the mouth for missing teeth, loose teeth, or parts of teeth.

What to do:

- If a tooth is loose, have the person bite down on a piece of gauze to keep the tooth in place, and call a dentist.
- If a tooth is chipped, gently clean the injured area and call a dentist.
- If a permanent (adult) tooth has come out:
 - Save the tooth. Handle it by the crown (the white part), not by the root.
 - Rinse the tooth with water if it is dirty. Put the tooth in milk or clean water.
 - Apply pressure with gauze to stop bleeding at the empty tooth socket.
 - Take the person and the tooth immediately to a dentist or the emergency room.

When to call 911:

- If there is an associated head, neck or serious facial injury.

Bee Stings

Most bee sting reactions are local reactions, not true allergic reactions.

What to look for:

- Check the person's medical release form to see if there is a history of allergic reaction to bee, wasp or yellow jacket stings.
- Signs of allergic reaction:
 - Difficulty breathing
 - Swelling of the face and tongue
 - Signs of shock (weak, faint, dizzy, nausea, thirst, pale/grayish skin, restlessness/agitation/confusion, cold/clammy to touch)

What to do:

- If you see a stinger, scrape it away with a credit card or similar object.
- Wash the area with running water and soap, if possible.
- Apply ice.
- Watch the person for at least 30 minutes for signs of an allergic reaction.
- If the person has a known allergy and has an epinephrine injector, assist them in self-administering the medication.

When to call 911:

- If the person has a known allergy to stinging insects, even if epinephrine was administered.
- If the person develops signs of an allergic reaction.

Asthma

Persons with asthma should bring their rescue inhalers to all games and practices.

What to look for:

- Difficulty breathing with every breath
- Breathing very fast or very slow
- Wheezing – a sound or whistle as air enters or exits the lungs
- Coughing or chest tightness with exercise
- Difficulty speaking full sentences

What to do:

- Ask the person if they are having an asthma attack, if they need medicine, and if they have it with them.
- Ask the child's parent to help, if they are present and the child needs help.
- Help the person retrieve and self-administer their rescue inhaler, if necessary.
- Inhaler may be repeated once after 5 minutes if necessary.

When to call 911:

- If the person has no medicine.
- If the person does not get better after using the medicine.
- If the person's breathing gets worse, the person has trouble speaking, or becomes unresponsive.