**SAFETY CLINIC PRESENTER NOTES 2021**

**CA DISTRICT 33**

**Evaluating injuries:**

Treatment decisions depend on **symptoms** and **signs**

A **symptom** is what your player reports

A **sign** is what you observe

You’ll discover the injured player’s symptoms and signs as you **evaluate** the injury by **listening to a report of the injury**, then by looking for deformity- swelling, displacement, discoloration, pain reported with movement.

The sooner a player has disability, the more serious the injury.

The larger/more immediate the swelling, the more serious the injury.

A noticeable deformity (swelling or depression) means a serious injury.

Consider unconsciousness or any eye injury a serious situation.

**Initial Treatment**

**P** Protection

**R** Rest

**I** Ice

**C** Compression

**E** Elevation

**S** Support

**Communication:** Managers and coaches must cultivate timely, open and trusting two-way communication with their players, parents and guardians. If a parent is present, share your evaluation of the injury. If you suspect serious injury, encourage the parents to seek immediate medical evaluation or call for EMS. **In the absence of a parent, you must decide whether to call EMS.** Do not attempt to transport the individual yourself, as he/she may go into shock while in transit.

**First Aid Kit, Safety Plan and Chemical Ice Packs at all Practices and Games**

* A list of emergency telephone numbers in Safety Plan. Separate parent contact information
* Written instructions to the nearest emergency medical services.
* Written instructions on how to get to where you are including nearest cross streets.
* League Safety Plan, First Aid Kit and chemical Ice Packs with team equipment bag at all practices and games.

Most injuries are categorized into three groups: Muscle Skeletal, Environmental, and Head-face

**Muscle Skeletal**

**Broken Bones/fractures-** Call 911

* Immobilize.
* Don't move the injured individual unless you are sure it will not create additional discomfort. Players to dugouts.
* Stop the Bleeding if it is present- Apply pressure over a sterile pad, raise injured limb above heart, tourniquet as indicated (if bleeding profusely).

Evaluation: Look for an obvious deformity- displacement or swelling, discoloration. Listen to a report of what happened, and report of any pain upon movement of the injured area.

Treatment: Call for emergency help, in the meantime apply ice to reduce swelling and pain.

The most important consideration in dealing with suspected fractures will be whether to leave the athlete where he or she is. Accept that the game may be delayed until EMS has dealt with the issue.

Prevention:

* Make the playing environment as safe as possible.
* Be sure that the playing field is properly maintained.
* Teach all of the proper techniques for play, especially for sliding.

**Injuries to the small joints** (fingers, foot/toes):

Evaluation: Sign of dislocation/obvious deformity, swelling, inability of individual to move the joint

Treatment: PRICES Utilize "buddy-taping" as a method of temporary splinting for fingers. Do not buddy tape toes- the shoe provides support until the injury is medically assessed.

Prevention: Injuries to small joints can be prevented by teaching proper playing techniques. This is especially true for catchers (free hand behind back).

**Falls**- Call 911

* Lay individual on back
* Immobilize Head
* Fall from 3 x individual’s height = Major Trauma

**Contusions**: A contusion is what is commonly called a bruise.

Evaluation: Discoloration from broken blood vessels, swelling.

Treatment: Apply PRICES as necessary, notify parents.

Pay particular attention to any internal injuries such as Testicular, Cardiac, Spleen, and Kidney.

Prevention:

* Safe playing area for games and practices.
* Proper protective gear, especially catcher's gear and cup.
* Guidance on how to avoid pitched ball when batting.

**Muscle Pulls and Strains**: A strain is a tear or "pull" of a muscle or tendon. A tendon is the tissue that connects muscle to bone.

Evaluation: Look for obvious deformity, discoloration, swelling, painful movement.

Initial Treatment: Apply PRICES, notify parents

Prevention:

* Stretching and warming up before games and practices

**Over-Use injuries**: An over-use injury results when a part of the body is subjected to repeated stress, such as excessive throwing. Growth plates can be permanently damaged if over-use injury is suspected and not medically evaluated, such that the player continues to throw.

Evaluation: Reluctance to use the injured limb, soreness across bottom or inside of elbow.

Treatment: Rest, ice, notify parents.

* Suggest physician referral, especially if symptoms persist.
* Return to throwing program after medically cleared. Short throws initially, days later- medium toss…

Prevention:

* Proper warm-up
* Avoid over-use- excessive hard throwing, excessive throws
* Develop skills that are age appropriate.

**Sprains**: A sprain is an injury to a ligament. A ligament is the strong connective tissue that runs from bone to bone across a joint.

Evaluation: Reported “popping” sound, joint destabilized, not necessarily painful (ligaments do not have nerves).

Treatment : PRICES Notify Parents. Severe injuries- see a physician right away. Return to play protocol outlined by the treating health care provider,

Prevention:

* Stretching and warming up before games and practices.
* Proper maintenance of playing fields.

**After the health care provider releases the player to return to activity, the player is not fully healed and is at risk for re-injury if not treated with care. You must follow a** Return From Injury Protocol- Applies to any injury that caused the player to be medically held from practice and games as a result of the injury.

* Return to Running Program
* Return to Throwing Program
* Strains, sprains, overuse injury and broken bones all require a period of recovery as determined by a health care provider. Once the player has recovered to the point of beginning physical activities related to the sport, it does not mean the player has achieved 100% recovery. A return to activity program must be followed lest the injury re-occur.

For example, with an arm injury, soft-toss without pain for at least a practice or two, then medium toss for a practice or two and then long toss, harder throws if no pain is present. The treating health care provider may provide direction to facilitate recovery. Only activities that are pain-free should be engaged in during recovery.

**Environmental**

**Hydration up to 24 hours before a game/practice reduces the possibility of dehydration.**

**Water is best!**

**Heat illness**

* Muscle cramping
* Sweating
* Irritability or disorientation

Treatment: Drink **cold** water / sports drink to lower internal temperature.

**Heat Exhaustion**

* Skin cool and clammy heavy sweating

Treatment: Remove from environment - rapid cooling

* **Remove cloths down to underwear**
* Drink **cold** water / Sports drink

**Heat Stroke** – **Call 911 Life threatening emergency!**

* Internal temp of 105o
* Cellular death to brain, liver, kidneys is eminent if not cooled
* No sweating
* Hot/dry skin
* Seizures
* Coma and death eminent

Treatment: Remove from environment / **remove all cloths / ice packs in armpits and groin**

* Water and IV fluids- Emergency Medical Services (EMS)

**Asthma** \* 911 if severe attack and rescue inhaler is not immediately effective

* Triggers: cold air, exercise, food, stress, medications, stings.
* Rescue Inhaler (EMS). Check expiration date- **cannot be expired**

**Anaphylactic shock** / throat swelling - Call 911

* Severe allergic reaction to nuts, bee stings/insect stings, latex, medications.
* First remove the allergen: remove the bee stinger by flicking with a credit card, etc.
* Epi pen - put in the child's thigh, the needle will go thru clothing. Check expiration date- **cannot be expired**

**Spider / Flying Insect Bites**

* Wash area / Cold compress
* Watch for signs of anaphylaxis (swelling, throat swelling, shock)

**Scorpion Bites** - 91 1

* Constricting band above bite / no tighter than a wrist watch

**Snake Bite** - Call 911

* Lay child on back in a neutral position
* Immobilize limb with a splint (cardboard will do)
* NO constricting band / NO ICE!

**Head and Face injuries**

**Concussion**

The CDC offers an online resources as well as an online training course for coaches and league officials, awarding a certificate upon successful completion: **CDC.gov, Heads Up to Youth Sports**

The individual completing the training can **present the original certificate to the designated league official, who will make and retain a copy of the original for league records**. **The CDC now keeps a record of certificates issued. In the event the certificate and email and password is lost, the course can be retaken.**

Little League International strongly encourages all leagues and teams to not only comply with any applicable state/county/municipal laws, but also, to review the information and training materials on concussions that are available free of charge on the Centers For Disease Control website, accessible at <http://www.cdc.gov/ConcussionlnYouthSports>

CA AB 2007, passed in 2016, requires that all coaches and youth sports league officials receive training in concussions in 2017 before leading practices or games, that all youth sports league offer yearly training in concussion awareness for new adult representatives of the youth sports league. Parents and athletes participating in the league must annually sign and date a Concussion Information Form which must be turned in to the league before the individual participates in practices or games.

While participating in baseball or softball, a concussion could result from a fall while running such that the head strikes the ground, a collision with another player, or being struck by an object, such as a ball flying through the air as well as other less likely but possible scenarios. The possibility of a concussion cannot be taken lightly- further head injury while in concussion recovery can result in a much more severe concussion or death.

1.  If a medical professional, the game umpire, the player’s coach/manager, a league official or the player’s parent has determined a player sustained a possible concussion, the player must be removed from the game and/or practice for the remainder of that day. Further, the player must be evaluated by a licensed health care provider who is trained in the diagnosis and treatment of concussion. In the event a concussion is diagnosed, a return to play protocol overseen by a licensed health care provider must be followed. The player cannot return to full participation until written clearance is provided by a licensed health care provider.

**Any blow to the head has the potential to cause a concussion, which is a traumatic brain injury (TBI). This concussion/TBI must be medically evaluated to determine the severity and treatment!**

**Concussion/Traumatic Brain Injury (TBI)**

There are some common physical, mental and emotional signs a person may display following a blow to the head or a severe jolt to the body. Any of the following could be a sign of traumatic brain injury (concussion):

* **Loss of consciousness (knocked out cold) Severe concussion!**
* Confusion or feeling dazed
* Concentration difficulties
* Balance problems or dizziness
* **Ringing in ears- suggests a more severe concussion**
* Slurred speech or Slow speech, which indicates difficulty processing information
* Sensitivity to light
* Sensitivity to noise
* Memory loss- not able to remember event or retain information
* Blurred vision
* Clumsiness
* Sluggishness
* Headache
* Nausea or vomiting
* Behavior or personality changes- agitation, silliness, extreme irritability

**The more signs observed or symptoms reported, the more severe the concussion. The injured individual may not be a good self-evaluator as a consequence of the injury. At the same time, reported symptoms must be taken seriously.**

**Initial evaluation of concussions/Traumatic Brain Injury (TBI)**

While a concussion /TBI can be rated as mild, moderate or severe (Grade 1, 2 or Grade 3) by medical professionals, this is what you need to know:

A concussion, which is a traumatic brain injury, occurs when the brain strikes the inside of the skull. All neurons within the brain fire at one time.

The brain needs 20 minutes to reset itself, while glycine, carried by the blood circulatory system, enters the neurons and recharges them.

Reducing stimulation- resting in a dark, quiet area helps the process. The more signs of TBI initially present and still evident after 20 minutes are suggestive of a more severe concussion.

In the event of a severe concussion, the brain could be bleeding inside the skull and creating additional brain damage.

**Health Care Provider Evaluation: Any blow to the head or jarring fall has the potential to cause a concussion, which is a traumatic brain injury (TBI). This concussion/TBI must be medically evaluated to determine the severity and treatment timeline!**

**Treating Concussions/TBI**

Further injury to the brain from jarring or collision before it has recovered from a concussion can result in a more severe concussion. People can die from concussion, it is not to be taken lightly. The affected individual is not always a reliable reporter, in part due to the brain injury, so it is important parents be informed and understand what they are watching for. Once cleared by a health care provider qualified to treat concussions to begin a Return to Play Protocol, there are five steps-

**Baseline**: Participating in regular school activities, no symptoms from the injury, permission from health care provider to begin Return to Play

**Step 1**: Light aerobic exercise designed to increase heart rate- 5-10 minutes of walking or light jogging. No weightlifting or strenuous activity. No pain or discomfort

**Step 2**: Activities to increase heart rate and body/head movement such as moderate jogging, brief running, moderate intensity weight lifting- fewer reps, lower weights than usual. No discomfort

**Step 3**: Heavy non-contact physical activity- sprinting, running, regular weightlifting, non-contact sport specific drills using 3 planes of movement.

**Step 4**: Practice and full activity in a controlled practice setting.

**Step 5**: Full participation in competition with written permission from H-Care Provider.

Parents and coach monitor for concussion signs/symptoms at each step in the progression. **In the event of symptoms, consult with Health Care Provider- once authorized, resume at the previous step and do not progress unless there are no signs or symptoms.**

**Seizures- Epileptic or Other**

Evaluation: loss of consciousness with extremity movement - may be subtle motion only

Treatment: place patient on her/his side, allow saliva/emesis to drain from mouth, monitor closely, notify parents.

Do not place anything in patient's mouth, do not hold/restrain extremities.

Prevention:

* Know about any player's pre-existing diagnosis of seizures.
* Patient may be more prone to seizures during hot weather and following exertion.

**Sudden Cardiac Arrest**

**Sudden cardiac arrest (SCA)** is when the heart stops beating, suddenly and unexpectedly. When this happens, blood stops flowing to the brain and other vital organs.

SCA is likely an inherited condition- it is not a heart attack caused by a blockage that stops blood flow. SCA is a malfunction in the heart’s electrical system, which causes the heart to stop beating.

SCA can happen to adults and children- it is the #1 cause of deaths in adults and the #1 cause of deaths in young athletes.

SCA happens unexpectedly in many cases, however, sometimes the individual may have signs or symptoms such as:

 Fainting or seizures during exercise Unexplained shortness of breath

 Dizziness Extreme fatigue

 Chest pains Racing heart

These signs can often be confused with physical exhaustion. If unrecognized, they may lead to SCA!

When the heart stops, death or permanent brain damage can occur in just a few minutes. Most people who experience SCA die from it. This condition can be identified through an EKG test, and if identified, is treatable.

**Recognizing SCA has occurred in a victim**

* The victim is collapsed, unresponsive and not breathing effectively, even if gasping, gurgling or exhibiting breathing noises or seizure-like activity.
* Call 9-1-1
* Begin CPR immediately- fast and continual 2” chest compressions, about 100/minute.
* Immediately retrieve and use an Automated External Defibrillator (AED), following audio instructions.
* Designate a bystander to direct EMS to the victim for transfer to a hospital.

**Responding to possible SCA symptoms**

Immediately remove any player who passes out or faints while participating in any game or practice, or exhibits any of the following symptoms:

 Fainting or seizures during exercise Unexplained shortness of breath

 Dizziness Extreme fatigue

 Chest pains Racing heart

A manager, coach or league official trained in CPR and AED use, if available, should remain present in case the symptoms lead to Sudden Cardiac Arrest. American Red Cross and American Heart Association both offer online and in-person Adult, Child and Infant CPR/AED courses, among other providers. Training is good for two years from time of completion.

Any player who has been removed from play due to the above symptoms shall not return to play or practice before being evaluated by a licensed health care provider. Clearance for full or graduated return must be in writing from the attending health care provider.

**The Eric Paredes Save A Life Foundation (epsavealife.org) offers free SCA screening for youth up to 19 years old. Upcoming SCA screening dates are posted on this website.**

Included in this Safety Plan are Athlete/Parent/Guardian Acknowledgement of SCA risks and SCA follow-up Medical Release forms.

**All Coaches and League Officials must take a two-year Sudden Cardiac Awareness Training and carry a Certificate of Completion to all District-sponsored tournaments.** Free training available via the Eric Paredes Save a Life Foundation. Print and take a photo of the course completion certificate, as a mobile device certificate is not available.

**Nosebleeds- Spontaneous or Traumatic**

Spontaneous nosebleeds can occur when humidity is low or player is dehydrated.

Traumatic nosebleeds result from a blow to the face and can indicate additional damage to the facial bones.

Treatment:

* Use a cotton ball or in an emergency a tampax to staunch the flow. Player sitting and bent forward. Swallowing blood can cause nausea and vomiting.
* Apply pressure to the top (bridge) of the nose unless this is painful to the individual. Pressure should be applied by the individual.

**Injuries to the Teeth**: In dealing with dental injuries, time becomes critical, especially if a tooth has been knocked out.

Evaluation: Is tooth wiggly or missing? Have the child lightly wiggle the tooth.

Treatment: Sterile gauze, pressure and ice as needed for bleeding and swelling. Notify Parents. Immediate referral to a dentist or hospital for treatment.

A knocked out tooth must be replaced with in one hour. Tooth should be transported in water or milk, do not handle by the root. A parent or the payer may re-insert the tooth if emergency attention is not available.

Prevention:

* Proper maintenance of playing field.
* Teaching proper playing techniques. Avoid mismatching skills between players.

**Eye injuries**:

# Evaluation: bleeding, swelling, obvious injury

Treatment: Ice is the only acceptable painkiller. Notify parents. Immediate physician referral.

# Prevention: Proper playing techniques, avoid mismatching skills.

**Facial Injuries:** A blow to the face could result in more than one injury, all possibly serious.

# Evaluation: What area of the face/head was struck! Possible eye socket or facial bone injury.

Treatment: PRICES, evaluate for concussion. Notify Parents.

# Prevention:

# Proper maintenance of playing field.

# Proper use of all protective gear.

# Teaching proper playing techniques.

**Triage:** In cases of multiple injuries, possibly two or more players- treat the most severe injury first.

**Safety Measures:**

* Proper maintenance of the playing site.
* Pay close attention to playing conditions.
* Avoid over-use of muscles and joints.
* Consistent and proper use of protective gear.
* Effective coaching supervision and organization of warm-ups, practices and games.
* Always emphasize proper playing techniques.

Careful compliance with all Little League rules having to do with safety-

* Catchers wearing a catching helmet at all practices;
* Catchers must wear a protective cup;
* No swinging of bats away from the playing field;
* No loose bats in the dugout…
* Players retrieving bats wear helmets.
* Do not condone horseplay- it goes too far too quickly!

Be vigilant with a mind to maintaining safe situations for the players, fans and younger children who might be present.

All injuries reported to your league safety officer or the league president within 24 hours, an **Injury Tracking Form completed by the League Safety Officer (S.O.) or designated league official** - keep a league copy**.** If anaccident claim is to be made, the **Accident Notification** form is filled out within 48 hours by the manager or coach with firsthand knowledge and the parents (their insurance information) and reviewed by the League S.O. or league official.

**If medical evaluation/treatment was provided, the Accident Notification form needs to be completed. If not mailed, there is no claim with LL!**

League fills out part of the Accident Report, then parents are to complete their part before it is mailed- within five work days. One copy of the Accident Notification form for parents and one copy kept by the league before mailing.

If parents are reluctant or refuse to provide the information necessary to complete the Accident Notification Form, it should still be mailed by the league with explanation.

Little League has insurance to help with parent out-of-pocket expenses (expenses not covered by their personal insurance- deductibles, copays…).

This will be managed between the LL insurer and the responsible adult(s) once a claim has been filed.

Forms at **Little League Online- Forms and Publications, Insurance**

**Last words:**

**There must be a coach in the dugout when even one player is in the dugout. This coach’s attention needs to be on the players in the dugout.**

**All “practice only coaches” must complete the volunteer form and be background checked!**

**A player wearing a helmet retrieves bats from the field of play- regular season and tournament! Use the last player to bat in the last inning.**

**Only the correct number of coaches for a particular division may be in the dugout, for example, a maximum of three for Minors, Majors, Intermediate, Juniors and Seniors. No other adults can sit in the dugout.**

**If a coach is ejected, they are automatically suspended for a minimum of the next game played and may not be replaced while suspended- the team has one fewer coach. They cannot participate in practices while suspended.**