

# **FIRST AID & SAFETY TRAINING**

**2025**



# Summary - Contents

- First Aid
- Concussion Awareness
- Other Issues
  - Warm up
  - Use Proper Equipment/Training
  - Discourage Risky Behavior
  - Field Survey/Inspection
  - Thunder/Lightning
  - Incident Reporting

# Protection and Health Awareness

- Coaches and Managers are not expected to be experts in First Aid, but we do carry responsibility for maintaining Player Safety.
- Each manager provided with First Aid Kit and Ice Packs– Familiarize yourself with contents of Kit. Replenish Kits if supplies run low by contacting WDLL Safety Officer or Equipment Manager. Additional Ice Packs always available at Clubhouse and Sheds
- All coaches must pass 2024 Little League Volunteer Background Check (JDP System) , have current West Deptford Volunteer Background Check for youth sports (TruView) and successfully pass the Abuse Awareness course posted by Little League International.

# Injuries/Medical Emergencies – Assessment

- In event of an injury or medical problem, ASSESS - visually examine player. Is it a serious or superficial problem/injury? Is there significant pain? Err on the side of caution.
- If problem is serious, locate parent and if it is an emergency, call 911.
- Even if the problem is not serious, it may be desirable to locate the parent to examine their child and determine whether he or she should continue to participate.

# Common Injuries

## Bruises/Contusions

- Causes – Hit by ball, collisions with other players, solid objects
- Signs – Pain, swelling, discoloration
- Treatment – Rest, ice pack on and off
- Special evaluation for bruise/impact to head (see Concussion).

## Cuts & Scrapes

- Causes-Collisions, sliding, hit by ball, thrown bat, etc
- Signs- Bleeding, torn skin
- Treatment – Use kit supplies to stop bleeding, keep sterile, advise wash. Bring injury to parents attention
- Note – Equipment, balls, etc with blood need to be removed from use

# Less Common Injuries

## Strains

- Causes - Muscle over-stretched, torn by sudden movements, inadequate stretching
- Signs – Pain
- What to do – avoid movement, rest, ice.

## Sprains

- Signs- Pain, swelling, dislocation, discoloration
- What to do – Notify parent, avoid movement, ice pack, rest, elevation
- Note – Player with suspected sprain should not rejoin game/practice
- PREVENTION of strains/sprains is key by proper warm-up and stretching

## Open or closed fracture

- 911 and get parent
- Control bleeding and keep clean
- Do not attempt to straighten
- No pressure. Stabilize

# Injuries- Eye, Nose, Mouth

## Eyes Minor/Irritation

- Signs – Redness, Watery, Dirt in eyes
- What to do – Avoid rubbing eyes. Contact parents.

## Eyes Major Injury

- What to do – Contact 911, parents, do not remove impaled objects, cover good eye, place cup over impaled object to prevent movement

## Nose

- Signs – Swelling, discoloration, pain, bleeding
- What to do – Contact parent, Lean patient forward (not back), pinch nose closed should stop 10 minutes, ice

## Mouth Injuries

- Signs – Broken teeth, bleeding
- What to do – Contact parent, save teeth (do not put in liquid)(hold by enamel, not root). Use gauze to control bleeding.

# Medical Emergency – Commotio Cordis

## Commotio Cordis - Rare but possible

- Cause – An object like a baseball striking the chest wall with sufficient velocity at a precise interval of the heart rhythm can stop the heart
- Reduced-impact balls for developmental leagues (T-ball, Coach, Rookie)
- Signs – Player collapses after being struck in chest and has no pulse.
- What to do – Get someone to call 911, commence CPR/use AED, get someone to contact parent.

## CPR Summary

- Check for response, consciousness
- Open airway head tilt chin lift
- Check for breathing 10 seconds
- No breathing, ask bystander to CALL 911 and get AED – Located in shed next to clubhouse
- Check pulse, if no pulse
- Start CPR, chest compressions only, no breaths.
- Anyone can do Hands-Only CPR
- <http://www.redcross.org/get-help/prepare-for-emergencies/be-red-cross-ready/hands-only-cpr>

# Medical Problems – Allergies and Loss of Consciousness

## Allergic Reactions

- Signs – Allergen (bee sting, peanut butter), Itchy, watery eyes, hives, red skin, swelling, tightness in chest and throat, difficulty breathing, player carries Epi-pen
- What to do – Contact parent, call 911

## Loss of Consciousness

- Signs – Player feels faint, swoons, loses consciousness (e.g. diabetic emergency).
- What to do – Call 911, check breathing, check pulse, if no pulse then either commence CPR if trained, or Hands-only CPR. Contact parent.

# Heat Exhaustion, Cramps and Heat Stroke

## Heat Exhaustion

- Signs: Heavy sweating, muscle cramps, weakness, nausea, can be very thirsty or not thirsty, feeling faint, confused.
- What to do – rest, get out of sun, drink water, wet towels
- Note: In extreme case of dehydration and loss of salts, plain water may not be enough.

## Heat Stroke - Very Serious/True emergency

- Signs - Doesn't sweat (too dehydrated), dry skin may be red, hot to the touch, nausea, faint, confused
- What to do – Contact parent, 911, get out of sun, rest, cool down

**When it is hot, encourage your players to drink plenty of water!**

# Medical Problems – Seizures and Choking

## Epilepsy/Seizure

- Signs - Stares into space, uncontrollable shaking, statement from person knowing that it is coming on, knowledge of this issue from health form.
- What to do – 911, contact parent, don't hold down, but protect person from injuring himself.
- Place on ground on side (to keep tongue out of airway), something soft under head.

## Choking

- Signs – holding throat, unable to cough, speak or breathe
- What to do – if they can pass air or cough leave them alone. If you know how to administer heimlich maneuver, do so. Call 911, parent. If person becomes unconscious, commence CPR, if trained or find someone who is.

# Concussion Awareness

## Possible Concussion

- Players who have had a sufficient head/body impact or who have concussion symptoms should not be allowed to continue participating in the game or practice. **"WHEN IN DOUBT, SIT OUT"**
- Parents should be made aware of the incident and advised to seek medical attention/advice.
- No helmet is “concussion-proof”

## Concussion

- If a player has a diagnosed concussion, player’s parent must provide a “Return to play” letter from medical professional before he or she can participate in baseball games or practice.

## Second Impact Syndrome

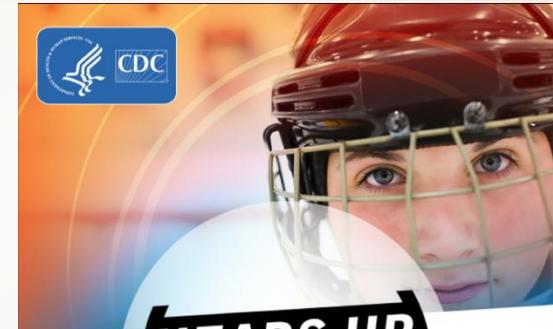
- Rare but serious condition. Can result from getting another concussion before prior concussion has healed. Rapid swelling of brain, 50% chance of death, 100% certainty of brain damage.

# Concussion Awareness – Source - CDC Heads Up Concussion in Youth Sports

## Potential Signs – Observed by you

- Appears dazed or stunned
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Mood, behavior, personality changes
- Can't recall events prior or after impact/hit
- Forgets instructions
- There may be no signs
- Use on-field device app and material to aid in concussion identification and response

**“CDC HEADS UP” in app store**



Learn about helmet safety, how to spot and what to do if you think your child has a concussion or other serious brain injury.



**HELMET FIT 360°**



**BRAIN INJURY BASICS**



**ABOUT HEADS UP**

# Concussion Awareness – Source - CDC Heads Up Concussion in Youth Sports

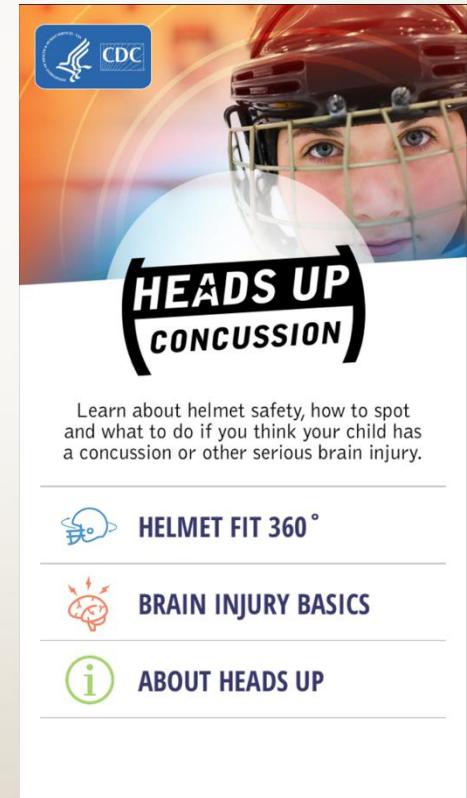
## Symptoms – Reported by Athlete

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light or noise
- Feeling sluggish, hazy, groggy
- Concentration or memory problems
- Confusion
- “Not feeling right” or “feeling down”
- There may be no symptoms

- Use on-field device app and material to aid in concussion identification and response

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# Concussion Training for Coaches and Managers

Online concussion training course encouraged for ALL coaches and managers

- CDC HeadsUp Prevention and Awareness course
  - Link available on WDLL website and in 2023 Coaches Guide
  - approx 30 min to complete
  - excellent training and resource



# Concussion Awareness – Source - CDC Heads Up Concussion in Youth Sports

Who puts players with concussions back in the field/game?

- Medical professionals, Parents

Impact/Collision involving the head

- Athlete is done for the day
- Inform parent directly of occurrence and any signs or symptoms
- Direct parent to online resources (for example: CDC Heads Up Concussion Awareness)
- Follow up to determine if player went to see MD and results.
- If concussion diagnosis, MD note to resume play.

# Be Prepared

## Warm up/Stretching

- Prior to practice and games, manager should direct their players to stretch and warm up.
- Stretching/warm up can help cut down many types of injuries

## Use Proper Equipment

- Catcher's must wear full protective gear in practice, during warm-up throws and games. No exceptions.
- Batters must wear helmets in practice, warm-up hitting & during games. No exceptions.
- All players are encouraged to wear cups. Required for catchers & infielders

# Training/Teaching to Mitigate Risk

- Teach players how to run bases properly to avoid collisions
- Teach fielders to field properly to avoid collisions (e.g. they may not block plates without possession of ball).
- Teach infielders/outfielders to call fly balls.
- Teach batters how to get out of the way of wild pitches and practice it.
- Teach pitchers to finish in fielding position.
- Coaches cannot warm up pitchers
- No “on-deck batters” on the field

# Have Safe Games & Practices

## Pre-practice/Pregame Inspections

- Managers are required to inspect the fields, dugouts, etc. prior to practices and game to see if any unsafe conditions exist.
- Manager should delay the start of or cancel a practice or game until any and all unsafe conditions are remedied.

## Thunder/Lightning

- After each incidence of thunder OR lightning, there is a mandatory delay of 30 minutes before play can start or resume. If any thunder or lightning is present during the interval, the 30 minute wait time is reset for that occurrence.
- Respect and observe this rule. Don't let your desire to play put your players and yourself at risk.

# Sample Facility Checklist

- ✓ Infield free of divots, stones, hazards, etc.
- ✓ Outfield free of holes, loose balls, debris, etc.
- ✓ Slippery areas, puddles cleared
- ✓ Fences and screens free of holes or sharp corners
- ✓ Pitcher's mound, bases, and home plate secure
- ✓ Field grooming equipment in good shape
- ✓ Telephone readily available if 911 needed
- ✓ Dugouts cleared of garbage and debris

# Bats & Balls

## Legal Bats

- All bats for Tee Ball and Baseball play must be stamped with the USA Baseball logo
- Bats may not be altered in any way
- Softball bats must not exceed 33inches (34" Juniors), 2 1/4" diameter, and shall be printed with a BPF of 1.20.



## Use Balls Appropriate for Level of Play

- Practice & Game Balls are not always the same
- Tee Ball – 9" Soft-core
- Rookie – 9" Soft-core baseball, 10" Soft-core softball
- Coach Pitch/Minors – 9" Standard core baseball, 11" Standard core Softball
- Majors – 9" Standard core baseball, 12" Standard core Softball
- Intermediate/Juniors – 9" Senior League baseball, 12" Standard core Softball

# Practice & Play Safe

## Avoid Risk/Risky Behaviors

- Whatever can happen will eventually happen. Don't be the manager/coach who says, "It will never happen..."
- No swinging of bats anywhere but at the plate
- No throwing balls in dugout or warming up pitchers anywhere but on mound after game has started.
- Fielders need to pay attention, not just to play well, but to be safe.

## Incident Reporting

- Managers are required to report incidents where the safety or well-being of players, managers, coaches and spectators has been negatively impacted, on WDLL incident forms (on website). Please report any incidents to the WDLL Safety Coordinator- Gina Dechen 856-540-0767 or @ [ginadechen@yahoo.com](mailto:ginadechen@yahoo.com)