

Safety Manual
For
Manager/Coach/
Or Team Parent



Table of Contents

Important Phone #'s	Page 3
Important Do's and Don'ts	Page 4
Managers and Coaches Responsibilities	Page 5
Injury Reporting Procedures	Page 6
Giving First Aid	Page 7-8
In Cases of Emergency	Page 9
Checking the Victim	Page 10-14
Concussion Information	Page 15-16
Bodily Injuries	Page 17-22
Heat, Illness & Miscellaneous Care	Page 23-27
Injury Report	Page 28



IMPORTANT INFORMATION

Board Information:

VP & Safety Officer, Joe Boeckman	(858) 382-6667
Player Agent, Brandi Roberts	(858) 735-5585
President, Bill Beasley	(858) 243-3422

Local Urgent Care and Hospital Information:

Sharp Urgent Care, 16899 W Bernardo Dr, San Diego, CA 92127	(858) 521-2300
Scripps Urgent Care, 15004 Innovation Drive, San Diego, CA 92128	(858) 605-7994
Pomerado Hospital, 15615 Pomerado Rd, Poway, CA 92064	(858) 613-4000

Emergency Phone Numbers:

Police – Emergency – All locations	9-1-1
4S Ranch Sheriff Station, 10282 Rancho Bernardo Rd, SD, CA 92127	
Non-Emergency (M-F 8am to 5pm)	(858) 521-5200
Emergency	(858) 565-5200
4S Ranch Park Ranger	(858) 673-3900

Field Locations

<i>4S Ranch Sports Park:</i> 16118 4S Ranch Parkway, SD, CA 92127 (West of Boys and Girls Club)
<i>Stagecoach Park:</i> 10255 Camino San Thomas, San Diego, CA 92127
<i>Rancho Bernardo Community Park:</i> 18448 W. Bernardo Drive, San Diego, CA 92127

Some Important Do's and Don'ts

Do ...

- Reassure and aid children who are injured, frightened, or lost.
- Provide, or assist in obtaining, medical attention for those who require it.
- Know your limitations.
- Carry your first-aid kit to all games and practices.
- Keep this Safety Manual and Coaching Handbook with your first-aid kit.
- Assist those who require medical attention - and when administering aid, remember to ...
 - **LOOK** for signs of injury (*Blood, Black-and-blue, deformity of joint etc.*).
 - life threatening priorities (conscious level, bleeding -ears/nose/mouth, shock, breathing)
 - Have the victim stay still
 - **LISTEN** to the injured describe what happened and what hurts if conscious. Before questioning, you may have to calm and soothe an excited child.
 - **FEEL** gently and carefully the injured area for signs of swelling, or grating of broken bone.
- Make arrangements to have a cellular phone available when your game or practice is at a facility that does not have any public phones.

Don't ...

- Administer any medications.
- Provide any food or beverages (other than water).
- Hesitate in giving aid when needed.
- Be afraid to ask for help if you're not sure of the proper procedures (i.e., CPR, etc.)
- Transport injured individuals except unless scene becomes dangerous.
- Leave an unattended child at a practice or game.
- Hesitate to report any present or potential safety hazard to the Safety Officer immediately.

Responsibility - Managers and Coaches

Pre-Season, Managers/Coaches will:

- ⇒ Take possession of this Safety Manual and the First-Aid Kit.
- ⇒ Attend the preseason coach's clinic.
- ⇒ Make sure a manager, coach or team parent takes the online training session on Safety and Concussions endorsed and paid for by 4S Ranch Girls Softball.
- ⇒ Cover the basics of safe play with his/her team and parents before starting the first practice.
- ⇒ Encourage players to bring water bottles to practices and games.

In Season Play, Managers/Coaches will:

- ⇒ Make sure *equipment* is in first-rate working order. Replace damaged equipment.
- ⇒ Walk the field prior to game/practice for hazards.
- ⇒ Always have **First-Aid Kit** and **Safety Manual** on hand.
- ⇒ Always *use good judgment* in preventing accidents.
- ⇒ Use common sense.
- ⇒ Enforce all playing rules.

During the Game, Managers will:

- ⇒ Make sure that players carry all gloves and other equipment off the field and to the dugout when their team is up at bat. No equipment shall be left lying on the field, either in fair or foul territory.
- ⇒ Keep players alert.
- ⇒ Be aware of weather and make sure players have appropriate hydration
- ⇒ Maintain discipline at all times.
- ⇒ Be organized.
- ⇒ Keep players and substitutes sitting on the team's bench or in the dugout unless participating in the game or preparing to enter the game.
- ⇒ Make sure catchers are wearing the proper equipment.
- ⇒ Attend to players that become injured in a game.

Post-Game, Managers will:

- ⇒ Not leave the field until every team member is safely in his/her car and able to leave the parking area.
- ⇒ ***Notify parents if their child has been injured*** no matter how small or insignificant the injury.
- ⇒ Discuss any safety problems with the 4S Softball Safety Officer that occurred before, during or after the game.
- ⇒ If there was an injury, make sure an injury report form was completed and given to the 4S Softball Safety Officer.
- ⇒ Return equipment to the storage shed or knock box and make certain the dugout is clean.

Injury Reporting Procedure

What to report:

An incident that causes any player, manager, coach, umpire, or volunteer to receive medical treatment and/or first aid must be reported to the 4S Softball VP and Safety Officer. This includes even passive treatments such as the evaluation and diagnosis of the extent of the injury.

When to report:

All such incidents described above must be reported to the 4S Softball Safety Officer within 24 hours of the incident. The Safety Officer, Joe Boeckman, can be reached at the following:

Cell: (858) 382-6667

Email: joeboeckman@4Ssoftball.com

How to make a report:

- ⇒ Please call or email the Safety Officer with a short report of the injury as quickly as possible.
- ⇒ Within 24 hours, complete the 4S Ranch Girls Softball *Injury Report Form* (found at the back of this manual) and email it to the Safety Officer.

4S Softball Safety Officer Responsibilities:

Within 24 hours of receiving the *Injury Report Form* the Safety Officer will contact the injured party or the party's parents and;

- ⇒ Verify the information received;
- ⇒ Obtain any other information deemed necessary;
- ⇒ Check on the status of the injured party; and in the event that the injured party required other medical treatment (i.e., Emergency Room visit, doctor's visit, etc.) will advise the parent or guardian of 4S Softball's insurance coverage and the provision for submitting any claims.

If the extent of the injuries is more than minor in nature, the Safety Officer shall periodically call the injured party to:

- ⇒ Check on the status of any injuries, and
- ⇒ Check if any other assistance is necessary in areas such as submission of insurance forms, etc., until such time as the incident is considered "closed" (i.e., no further claims are expected and/or the individual is participating in the League again).

Health and Medical - Giving First-Aid



What is First-Aid?

First-Aid means exactly what the term implies – it is the **first care** given to a victim. It is usually performed by the **first person** on the scene and continued until professional medical help arrives, (9-1-1 paramedics). At no time should anyone administering First-Aid *go beyond* his or her capabilities. **Know your limits!**

The average response time on **9-1-1** calls is 5-7 minutes. En-route Paramedics are in constant communication with the local hospital at all times preparing them for whatever emergency action might need to be taken. You do not have this capability. Therefore, do not attempt to transport a victim to a hospital. Perform whatever First Aid you can and wait for the paramedics to arrive.

First Aid-Kits

First Aid Kits will be furnished to each team at the beginning of the season.

The First Aid Kit will become part of the Team's equipment package and shall be taken to all practices, batting cage practices, games (whether season or post-season) and any 4S Softball event where player's safety is at risk.

First Aid Kits must be turned in at the end of the season along with your equipment package.

Additional First-Aid Kits will be available in the storage shed or the concession stand.

Good Samaritan Laws

There are laws to protect you when you help someone in an emergency situation. The "**Good Samaritan Laws**" **give legal protection** to people who provide emergency care to ill or injured persons. When citizens respond to an emergency and act as a *reasonable* and *prudent* person would under the same conditions, Good Samaritan immunity generally prevails. This legal immunity protects you, as a rescuer, from being sued and found financially responsible for the victim's injury.

For example, a reasonable and prudent person would --

- ⇒ Move a victim only if the victim's life was endangered.
- ⇒ Ask a conscious victim for permission before giving care.
- ⇒ Check the victim for life-threatening emergencies before providing further care.
- ⇒ Summon professional help to the scene by calling **9-1-1**.
- ⇒ Continue to provide care until more highly trained personnel arrive.

Good Samaritan laws were developed to encourage people to help others in emergency situations. They require that the "Good Samaritan" use common sense and a reasonable level of skill, not to exceed the scope of the individual's training in emergency situations. They assume each person would do his or her best to save a life or prevent further injury. People are rarely sued for helping in an emergency. However, the existence of Good Samaritan laws does not mean that someone cannot sue. In rare cases, courts have ruled that these laws do not apply in cases when an individual rescuer's response was grossly or willfully negligent or reckless or when the rescuer abandoned the victim after initiating care.

Permission to Give Care

If the victim is conscious, you must have his/her permission before giving first-aid. If the patient is unconscious it is implied consent. To get permission you **must** tell the victim who you are, how much training you have, and how you plan to help. Only then can a conscious victim give you permission to give care. Do not give care to a conscious victim who refuses your offer to give care. If the conscious victim is an infant or child, permission to give care should be obtained from a supervising adult when one is available. If the condition is serious, permission is implied if a supervising adult is not present.

Treatment at Site

Some Important Do's and Don'ts

Do ...

- ⇒ **Assess** the injury. If the victim is conscious, find out what happened, where it hurts, watch for shock. Assess for your safety and those around you to ensure that nobody else becomes a victim.
- ⇒ **Know** your limitations.
- ⇒ **Call** 9-1-1 immediately if person is unconscious or seriously injured.
- ⇒ **Look** for signs of *injury* (*blood, black-and-blue, deformity of joint etc.*)
 - life threatening priorities (conscious level, bleeding -ears/nose/mouth, shock, breathing)
 - Have the victim stay still
- ⇒ **Listen** to the injured player describe what happened and what hurts if conscious. Before questioning, you may have to calm and soothe an excited victim.
- ⇒ **Feel** gently and carefully the injured area for signs of swelling or grating of broken bone.
- ⇒ **Talk** to your team afterwards about the situation if it involves them. Often players are upset and worried when another player is injured. They need to feel safe and understand why the injury occurred.



Don't ...

- ⇒ **Administer** any medications.
- ⇒ **Provide** any food or beverages (other than water).
- ⇒ **Hesitate** in giving aid when needed.
- ⇒ **Be afraid** to ask for help if you're not sure of the proper procedure, (i.e., CPR, etc.)
- ⇒ **Transport or move** injured individual except in extreme emergencies.
- ⇒ **Allow a player to resume play** anytime 9-1-1 has been called until the player presents a written medical release to return to play.

9-1-1 Emergency Number

The most important help that you can provide to a victim who is seriously injured is to call for professional medical help. Be sure that you or another caller follows these steps.

- ⇒ First Dial **9-1-1**.
- ⇒ Give the dispatcher the necessary information. Answer any questions that he or she might ask. Most dispatchers will ask:
 - The exact location or address of the emergency. Include the following (as applicable):
 - *4S Ranch Sports Park, 16118 4S Ranch Parkway, San Diego, CA 92127 (West of the Boys and Girls Club)*
 - *Stagecoach Park, 10255 Camino San Thomas, San Diego, CA 92127*
 - *Rancho Bernardo Community Park, 18448 W. Bernardo Drive, San Diego, CA 92127*
 - The caller's name and telephone number from which the call is being made.
 - What happened - for example, a softball related injury, bicycle accident, fire, fall, etc.
 - How many people are involved.
 - The condition of the injured person - for example, unconsciousness, chest pains, or severe bleeding.
 - What help (first aid) is being given.
- ⇒ **Do not hang up until the dispatcher hangs up.** The EMS dispatcher may be able to tell you how to best care for the victim.
- ⇒ Continue to care for the victim until professional help arrives.
- ⇒ **Appoint somebody to go to the street and look for the ambulance and fire engine and flag them down if necessary.** This saves valuable time. Remember, every minute counts.

When to call -

If the injured person is unconscious, call **9-1-1** immediately. Sometimes a conscious victim will tell you not to call an ambulance, and you may not be sure what to do. Call **9-1-1** anyway and request paramedics if the victim -



- | | |
|--|---|
| ⇒ Is or becomes unconscious. | ⇒ Is vomiting or passing blood. |
| ⇒ Has trouble breathing or is breathing in a strange way. | ⇒ Has seizures, a severe headache, or slurred speech. |
| ⇒ Has chest pain or pressure. | ⇒ Appears to have been poisoned. |
| ⇒ Is bleeding severely. | ⇒ Has an injury to the head, neck or back. |
| ⇒ Has pressure or pain in the abdomen that does not go away. | ⇒ Has possible broken bones. |

If you have any doubt at all, call 9-1-1 and request paramedics.

Also call 9-1-1 for any of these situations:

- | | |
|--|--------------------------------------|
| ⇒ Fire or explosion | ⇒ Vehicle Collisions |
| ⇒ Downed electrical wires | ⇒ Vehicle/Bicycle Collisions |
| ⇒ Swiftly moving or rapidly rising water | ⇒ Victims who cannot be moved easily |
| ⇒ Presence of poisonous gas | |



Checking the Victim

Conscious Victims:

If the victim is conscious, ask what happened. Look for other life-threatening conditions and conditions that need care or might become life-threatening. The victim may be able to tell you what happened and how he or she feels. This information helps determine what care may be needed.

1. **Talk to the victim** and to any people standing by who saw the accident take place.
2. **Check the victim** from head to toe, so you do not overlook any problems.
3. Do not ask the victim to move, and do not move the victim yourself.
4. Examine the scalp, face, ears, nose, and mouth.
5. Look for swelling, cuts, bruises, bumps, or depressions.
6. Watch for changes in consciousness.
7. Notice if the victim is drowsy, not alert, or confused.
8. Look for changes in the victim's breathing. A healthy person breathes regularly, quietly, and easily. Breathing that is not normal includes noisy breathing such as gasping for air; making rasping, gurgling, or whistling sounds; breathing unusually fast or slow; and breathing that is painful.
9. Notice how the skin looks and feels. Note if the skin is reddish, bluish, clammy, moist, pale or gray.
10. Feel with the back of your hand on the forehead to see if the skin feels unusually damp, dry, cool, or hot.
11. Ask the victim again about the areas that hurt.
12. Ask the victim to move each part of the body that doesn't hurt.
13. Ask the victim if they have any allergies, are on any medication or alcohol.
14. Check the shoulders by asking the victim to shrug them.
15. Check the chest and abdomen by asking the victim to take a deep breath.
16. Ask the victim if he or she can move the fingers, hands, and arms.
17. Check the hips and legs in the same way.
18. Watch the victim's face for signs of pain and listen for sounds of pain such as gasps, moans or cries.

19. Look for odd bumps or depressions.
20. Think of how the body usually looks. If you are not sure if something is out of shape, check it against the other side of the body.
21. Look for a medical alert tag on the victim's wrist or neck. A tag will give you medical information about the victim; care to give for that problem, and who to call for help.
22. When you have finished checking, if the victim can move his or her body without any pain and there are no other signs of injury, have the victim rest sitting up.
23. When the victim feels ready, help him or her stand up.

Unconscious Victims

If the victim does not respond to you in any way, assume the victim is unconscious. Call 9-1-1 and report the emergency immediately.

Checking An Unconscious Victim:

1. Tap and shout to see if the person responds. If no response – call 911
2. Look, listen and feel for breathing for about 5 seconds.
3. If there is no response, position victim on back, while supporting head and neck.
4. Tilt head back, lift chin and pinch nose shut. (See breathing section to follow, page 20)
Look, listen, and feel for breathing for about 5 seconds.
5. If the victim is not breathing, give 2 slow breaths into the victim's mouth.
6. Check pulse for 5 to 10 seconds.
7. Check for severe bleeding.

When treating an injury, remember:

- ⇒ **P**rotection
- ⇒ **R**est
- ⇒ **I**ce
- ⇒ **C**ompression
- ⇒ **E**levation
- ⇒ **S**upport

Breathing Problems/Emergency Breathing

If victim is not breathing:

1. Position victim on back while supporting head and neck.
2. With victim's head tilted back and chin lifted, pinch the nose shut.
3. Give two (2) slow breaths into victim's mouth. Breathe in until chest gently rises.
4. Check for a pulse at the carotid (neck) artery (use fingers instead of thumb).
5. If pulse is present but person is still not breathing give 1 slow breath about every 5 seconds. Do this for about 1 minute (12 breaths).
6. Continue rescue breathing as long as a pulse is present but person is not breathing.

If victim is not breathing and air won't go in:

1. Re-tilt person's head.
2. Give breaths again.
3. If air still won't go in, place the heel of one hand against the middle of the victim's abdomen just above the navel.
4. Give up to 5 abdominal thrusts.
5. Lift jaw and tongue and sweep out mouth with your fingers to free any obstructions.
6. Tilt head back, lift chin, and give breaths again.
7. Repeat breaths, thrust, and sweeps until breaths go in.

Once a victim requires emergency breathing you become the life support for that person -- without you the victim would be clinically dead. You must continue to administer emergency breathing and/or CPR until the paramedics get there. It is your obligation and you are protected under the "Good Samaritan" laws.



Asthma and Allergies

Many children suffer from asthma and/or allergies (allergies especially in the springtime). Allergy symptoms can manifest themselves to look like the child has a cold or flu while children with asthma usually have a difficult time breathing when they become active. Allergies are usually treated with prescription medication. If a child is allergic to insect stings/bites or certain types of food, you must know about it because these allergic reactions can become life threatening. Encourage parents and players to let their manager know of any allergies, have used inhalers or an EpiPen. Know which children on your team need to be watched. Likewise, a child with asthma needs to be watched. If a child starts to have an asthma attack, have him stop playing immediately and calm him down until he/she is able to breathe normally. If the asthma attack persists, dial **9-1-1** and request emergency service.

If A Victim is Choking

Partial Obstruction with Good Air Exchange:

Symptoms may include forceful cough with wheezing sounds between coughs.

Treatment:

Encourage victim to cough as long as good air exchange continues. **DO NOT interfere** with attempts to expel object.

Partial or Complete Airway Obstruction in Conscious Victim:

Symptoms may include: Weak cough; high-pitched crowing noises during inhalation; inability to breathe, cough or speak; gesture of clutching neck between thumb and index finger; exaggerated breathing efforts; dusky or bluish skin color.

Treatment - The Heimlich Maneuver:

- ⇒ Stand behind the victim with a stable wide based stance.
- ⇒ Reach around victim with both arms under the victim's arms.
- ⇒ Place thumb side of fist against middle of abdomen just above the navel.
- ⇒ Grasp fist with other hand.
- ⇒ Give quick, upward thrusts in a J fashion. Goal is to go in under the ribcage and up
- ⇒ Repeat until object is coughed up.



Transporting an Injured Person

If injury involves neck or back DO NOT move victim unless absolutely necessary as scene is dangerous. Wait for paramedics.

If victim must be pulled to safety move body lengthwise, not sideways. If possible, slide a coat or blanket under the victim:

- a. Carefully turn victim toward you and slip a half-rolled blanket under back.
- b. Turn victim on side over blanket, unroll, and return victim onto back.
- c. Drag victim head first, keeping back as straight as possible.



If victim must be lifted:

Support each part of the body. Position a person at victim's head to provide additional stability. Use a board, shutter, tabletop or other firm surface to keep body as level as possible.

Communicable Disease Procedures

While risk of one athlete infecting another with **HIV/AIDS** or the **hepatitis B or C virus** during competition is close to non-existent, there is a remote risk other blood borne infectious disease can be transmitted. Procedures for guarding against transmission of infectious agents should include, but not be limited to the following:

A bleeding player should be removed from the playing field as soon as possible.

use personal protective equipment at all times (gloves/cpr shields/goggles).

Bleeding must be stopped and open wound covered before the player may re-enter the game.

Immediately wash hands and other skin surface if contaminated with blood.

Concussions

Concussions are defined as any blow to the head. They can be fatal if the proper precautions are not taken.

- ⇒ If a player, remove player from the game.
- ⇒ See that victim gets adequate rest.
- ⇒ Note any symptoms and see if they change within a short period of time.
- ⇒ If the victim is a child, tell parents about the injury and have them monitor the child after the game.
- ⇒ Urge parents to take the child to a doctor for further examination.

If the victim is unconscious after the blow to the head, diagnose head and neck injury. **DO NOT MOVE** the victim. **Call 9-1-1** immediately. (See below on how to treat head and neck injuries.)

Second Impact Syndrome

Second Impact Syndrome is a condition that may occur if the brain is subjected to a second impact (concussion) before it has completely recovered from an initial injury.

Half of the people who develop SIS die, while others sustain permanent brain damage! Please watch any player with a concussion closely afterwards.

Head and Spine Injuries

When to suspect head and spine injuries:

- A fall from a height greater than the victim's height.
- Any bicycle, skateboarding, roller blade mishap.
- A person found unconscious for unknown reasons.
- Any injury involving severe blunt force to the head or trunk, such as from a bat or line drive baseball.
- Any injury that penetrates the head or trunk, such as an impalement.
- A motor vehicle crash involving a driver or passengers not wearing safety belts.

- Any person thrown from a motor vehicle.
- Any person struck by a motor vehicle.
- Any injury in which a victim's helmet is broken, including a motorcycle, batting helmet, industrial helmet.
- Any incident involving a lightning strike.

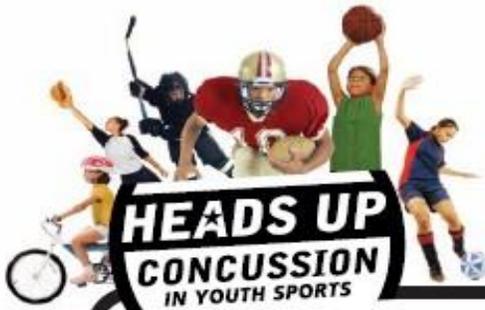
Signals of Head and Spine Injuries

- Changes in consciousness.
- Severe pain or pressure in the head, neck, or back.
- Tingling or loss of sensation in the hands, fingers, feet, and toes.
- Partial or complete loss of movement of any body part.
- Unusual bumps or depressions on the head or over the spine.
- Blood or other fluids in the ears or nose or mouth.
- Heavy external bleeding of the head, neck, or back.
- Seizures.
- Impaired breathing or vision as a result of injury.
- Nausea or vomiting.
- Persistent headache.
- Loss of balance.
- Bruising of the head, especially around the eyes and behind the ears.



General Care for Head and Spine Injuries

1. **Call 9-1-1 immediately.**
2. Immobilize the head and spine.
3. Maintain an open airway.
4. Check consciousness and breathing.
5. Control any external bleeding.
6. Keep the victim from getting chilled or overheated until paramedics arrive and take over care.



A Fact Sheet for **COACHES**

To download the coaches fact sheet in Spanish, please visit www.cdc.gov/ConcussionInYouthSports
Para descargar la hoja informativa para los entrenadores en español, por favor visite:
www.cdc.gov/ConcussionInYouthSports

THE FACTS

- A concussion is a **brain injury**.
- All concussions are **serious**.
- Concussions can occur **without** loss of consciousness.
- Concussions can occur **in any sport**.
- Recognition and proper management of concussions when they **first occur** can help prevent further injury or even death.

WHAT IS A CONCUSSION?

A concussion is an injury that changes how the cells in the brain normally work. A concussion is caused by a blow to the head or body that causes the brain to move rapidly inside the skull. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious. Concussions can also result from a fall or from players colliding with each other or with obstacles, such as a goalpost.

The potential for concussions is greatest in athletic environments where collisions are common.¹ Concussions can occur, however, in **any** organized or unorganized sport or

recreational activity. As many as 3.8 million sports- and recreation-related concussions occur in the United States each year.²

RECOGNIZING A POSSIBLE CONCUSSION

To help recognize a concussion, you should watch for the following two things among your athletes:

1. A forceful blow to the head or body that results in rapid movement of the head.

-and-

2. Any change in the athlete's behavior, thinking, or physical functioning. (See the signs and symptoms of concussion listed on the next page.)

It's better to miss one game than the whole season.

ACTION PLAN

WHAT SHOULD A COACH DO WHEN A CONCUSSION IS SUSPECTED?

- 1. Remove the athlete from play.** Look for the signs and symptoms of a concussion if your athlete has experienced a bump or blow to the head. Athletes who experience signs or symptoms of concussion should not be allowed to return to play. When in doubt, keep the athlete out of play.
- 2. Ensure that the athlete is evaluated right away by an appropriate health care professional.** Do not try to judge the severity of the injury yourself. Health care professionals have a number of methods that they can use to assess the severity of concussions. As a coach, recording the following information can help health care professionals in assessing the athlete after the injury:
 - Cause of the injury and force of the hit or blow to the head
 - Any loss of consciousness (passed out/ knocked out) and if so, for how long
 - Any memory loss immediately following the injury
 - Any seizures immediately following the injury
 - Number of previous concussions (if any)

- 3. Inform the athlete's parents or guardians about the possible concussion and give them the fact sheet on concussion.** Make sure they know that the athlete should be seen by a health care professional experienced in evaluating for concussion.
- 4. Allow the athlete to return to play only with permission from a health care professional with experience in evaluating for concussion.** A repeat concussion that occurs before the brain recovers from the first can slow recovery or increase the likelihood of having long-term problems. Prevent common long-term problems and the rare *second impact syndrome* by delaying the athlete's return to the activity until the player receives appropriate medical evaluation and approval for return to play.

REFERENCES

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2. Langlois JA, Rutland-Brown W, Wald M. The epidemiology and impact of traumatic brain injury: a brief overview. *Journal of Head Trauma Rehabilitation* 2006; 21(5):375-378.
3. Lovell MR, Collins MW, Iverson GL, Johnston KM, Bradley JP. Grade 1 or "ding" concussions in high school athletes. *The American Journal of Sports Medicine* 2004; 32(1):47-54.
4. Institute of Medicine (IOM). Is soccer bad for children's heads? Summary of the IOM Workshop on Neuropsychological Consequences of Head Impact in Youth Soccer. Washington (DC): National Academy Press; 2002.
5. Centers for Disease Control and Prevention (CDC). Sports-related recurrent brain injuries—United States. *Morbidity and Mortality Weekly Report* 1997; 46(10):224-227. Available at: www.cdc.gov/mmwr/preview/mmwrhtml/00046102.htm.

***If you think your athlete has sustained a concussion...
take him/her out of play, and seek the advice of a health care professional
experienced in evaluating for concussion.***

For more information and to order additional materials free-of-charge, visit:
www.cdc.gov/ConcussionInYouthSports

For more detailed information on concussion and traumatic brain injury, visit:
www.cdc.gov/Injury

Abrasions and Lacerations

An abrasion is usually a break in the skin caused by something scraping the skin surface. A laceration is usually a sharp cutting of the skin.

- When bleeding occurs, use rubber gloves (if available) to treat the wound and place all bloody dressings in a plastic bag and dispose of properly.
- Disinfect all objects that have been used to treat a bloody wound and remove contaminated dirt by placing in a plastic bag and disposing properly.
- If the player become light-headed or faint, lie the player down and elevate the legs.
- If the player does not immediately return to feeling normal, seek emergency help.
- Jewelry can provide sharp surfaces that can cause an abrasion or laceration – follow ASA rules and do not allow jewelry during practices or games.

Deep Cuts

If the cut is deep, stop bleeding, bandage, and encourage the victim to get to a hospital so he/she can be stitched up.

Stitches prevent scars.

Apply pressure to the area with clean gauze (once applied do not take initial gauze off instead keep adding clean gauze to assist). If not slowing or stopping elevate area above head...the final step is pressure points. If not slowing or stopping with elevation put pressure on the pressure point closest to the injured area (wrist, bicep or groin).

Bleeding in General

If a victim is bleeding,

1. **Act quickly.** Have the victim lie down. Elevate the injured limb higher than the victim's heart unless you suspect a broken bone.
2. **Control bleeding** by applying direct pressure on the wound with a sterile pad or clean cloth.
3. If bleeding is controlled by direct pressure, **bandage firmly** to protect wound. Check pulse to be sure bandage is not too tight.
4. If bleeding is not controlled by use of direct pressure to pressure points. (Wrist, bicep or groin).

Nosebleed

- Have player sit with head angled slightly forward to prevent blood from going down the throat.
- Clamp nose closed with fingers for 5 uninterrupted minutes. Encourage player to breathe through mouth.
- If associated with a crooked nose/deviated septum, send the athlete to the emergency room immediately while maintaining gentle pressure either externally or internally to control bleeding.
- If blood comes from only 1 side, then press the fleshy part of the nostril towards the midline and maintain pressure for 5-10 minutes
- If bleeding persists, insert sterile gauze or twisted piece of cloth from a torn handkerchief into the nostril, leaving a tail for easy removal. Try not to use facial tissue or material that easily comes apart.
- Supplement the pressure and packing with ice to the bridge of the nose.
- If the bleeding is not controlled with pressure or packing, or it fails to stop after 20 minutes, call 911 or go the emergency room.
- Have the player avoid blowing the nose after bleeding is controlled
- Notify parents.

Bleeding on the Inside and Outside of the Mouth

To control bleeding inside the cheek, place folded dressings inside the mouth against the wound. To control bleeding on the outside, use dressings to apply pressure directly to the wound and bandage so as not to restrict.

Contusions

Contusion is another word for bruise. The most likely causes for a contusion in a young player are:

- Getting hit by a ball
- Falling and hitting the ground
- Sliding into another player
- Running into a hard object such as a fence, the dugout or another player

Evaluate the player:

- Determine if player received a direct blow
- Look for swelling, discoloration, breaks in the skin
- Feel for areas of tenderness
- Determine the degree of pain upon movement

Treat the player:

- Apply PRICES as necessary
- Notify parents
- Call 911 when necessary

Cardiac/Heart contusions

- **This is life threatening**
- Call 911 immediately
- Even players without immediate problems should be referred to a physician or emergency room
- *Commotio Cordis* (irregular heart rhythm) can occur and can cause sudden death

Spleen - A blow to the upper abdomen under left rib cage can cause an injury to the spleen.

- **This can be life threatening**
- Player complains of belly pain, has an aversion to movement, has extreme tenderness to the touch
- Call 911 immediately
- Refer player to physician or emergency room

Kidney - A blow to the back, just below the rib cage and on either side of the spine, can cause kidney damage.

- Watch for blood in the urine
 - Refer to a physician if player suffers severe pain in the lower back on either side of the spine
-

Fractures

A fracture is a broken bone.

- Determine the severity of the injury and whether the player should be left where he/she is and help summoned, or whether a splint should be applied and the player transported to a medical care facility.
- Splints may be made of wood, cardboard, magazines or any other material that is reasonably firm.
- Open fractures are especially serious and should be treated as soon as possible to avoid infection.
 - If open fracture control bleeding immediately (pressure, elevation, pressure points-if needed) and watch for shock.
 - **Prevention:**
- Playing field should be properly maintained.
- Teach all players the proper techniques for play, especially sliding.

Facial Injuries

Facial injuries can be associated with skull fractures, concussion, neck, eye and throat injuries. Some of these injuries may require emergency surgery or life-saving treatments.

Look for:

- Bleeding
- Clear fluid from either the nose or ear (suggestive of a skull fracture)
- Change in appearance of the face or asymmetry that was not present before injury
- Swelling around nose, cheek or inside the nose

Treatment:

- Apply PRICES where appropriate
 - Summon emergency help
 - Notify parents
-
-

Eye Injuries

The ability to evaluate eye injuries properly is an important skill. Generally, eye injuries will require physician referral and treatment, but **your initial handling of the injury, along with safety precautions on and off the field, can make the difference between full recovery and permanent blindness.**

Look for:

- Complaints of sharp, stabbing or deep, throbbing pain in the eye
- Complaints of blurred or double vision
- A report of seeing halos of light, flashing lights or the sensation of floating objects in the eye
- Complaints of extreme sensitivity to light
- Complaints of loss of part or all of the visual field
- One eye bulging or protruding more than the other
- Cut or puncture on the eyeball
- Pupils that are not equal in size or shape
- Blood in the eye
- Foreign particle on the iris or elsewhere in or around the eye
- Swelling, bruising, discoloration around the eye

Treatment:

- For any of the above abnormalities, cover the eye with an eye shield and transport player to the emergency room. An eye shield can be made from a paper cup. Cut off the top part of the cup so that it is 1 ½ - 2 inches deep and tape in place over the eye.
- flush away from the other eye.-goes for any liquid flushing.
- If they have an impalement to the eye make sure they cover immobilize the impalement and cover the other eye (since eyes move together).
- For sand or similar foreign body, flush the eye with plain water
- Foreign bodies such as glass or metal should be covered and sent to the emergency room
- For chemical irritants such as chalk, wash the eye with a sterile salt solution or water. If burning persists, transport to the emergency room.
- Ice is the only acceptable painkiller for an eye injury.

Remember: Any blow to the face that may create an eye injury may also cause a concussion.

Prevention:

- Any athlete who routinely wears glasses should wear some type of safety glasses when playing softball.
- Swinging bats and throwing balls should be prohibited in the dugout.

Jaw, Mouth and Tooth Injuries

The time from injury to treatment of tooth injuries may be of critical importance in determining the survival of an injured tooth. **TIME IS CRITICAL!**

- Re-implantation within 1 hours provides the best chance for saving a tooth!
- Handling and transporting the tooth: **DO NOT TOUCH THE ROOT OF THE TOOTH!**
- Gently rinse debris from the tooth with a sterile solution or tap water.
- Transport the tooth in a commercial tooth transport kit, or wrapped in moist sterile gauze or sponge or in a cup of water, milk or the person's own saliva.

Prevention:

- Promote proper use of protective mouth guards.

Injuries of the Hands and Fingers

Finger injuries should be taken seriously. In the case of what is commonly called a *jammed finger*, the delicate tendon and ligament balance around the small joints can be disrupted and permanently damaged if the injury is not treated correctly.

One of the most common significant finger injuries is the “mallet finger.” In this injury, the tendon along the back of the finger that straightens the joint is torn off of the last bone in the finger. Consequently, the tip of the finger droops, and the player cannot completely straighten the fingertip with his own muscle power. A mallet finger requires medical attention.

Muscle Pulls and Strains

Strains, or muscle pulls, are caused by overstretching muscles or tendons. Minor strains involve stretching the tissue; Major strains can result in tearing the tissue.

- Apply PRICES.
- Notify parents
- If you suspect a severe injury, the player should be splinted and sent to a physician immediately.
- Recovery must go through 5 phases: decreasing inflammation, regaining motion, strengthening, regaining agility, participating in sport-specific activities.

Sprains

A sprain is an injury to a ligament, which attaches bones. Sprains make the joint unstable.

- Although not life-threatening, sprains are the most common athletic injury leading to the need for surgery.
- Ankle and knee sprains can result in long-term consequences.
- A complete ligament tear can result in the dislocation of the joint.
- If a dislocation is suspected, summon emergency help immediately – Do NOT try to put the joint back in place!
- Complete ligament tears can be less painful than partial tears because the nerve endings have been completely torn as well.

Prevention:

- Players should have a thorough warm-up and playing fields should be properly maintained.

Muscle, Bone, or Joint Injuries

Symptoms of Serious Muscle, Bone, or Joint Injuries:

Always suspect a serious injury when the following signals are present:

- Significant deformity.
- Bruising and swelling.
- Inability to use the affected part normally.
- Bone fragments sticking out of a wound.
- Victim feels bones grating; victim felt or heard a snap or pop at the time of injury.
- The injured area is cold and numb.
- Cause of the injury suggests that the injury may be severe.

If any of these conditions exists, call **9-1-1** immediately and administer care to the victim until the paramedics arrive.

Treatment for muscle or joint injuries:

- ⇒ If ankle or knee is affected, do not allow victim to walk. Loosen or remove shoe; elevate leg.
- ⇒ Protect skin with thin towel or cloth. Then apply cold, wet compresses or cold packs to affected area. Never pack a joint in ice or immerse in icy water.
- ⇒ If a twisted ankle, do not remove the shoe --this will limit swelling.
- ⇒ Consult professional medical assistance for further treatment if necessary.

Treatment for broken bones:

Once you have established that the victim has a broken bone, and you have called **9-1-1** all you can do is comfort the victim, keep him/her warm and still and treat for shock if necessary (see “Caring for Shock” section, page 25)

Dismemberment – Call 9-1-1

If part of the body has been torn or cut off, try to find the part and wrap it in sterile gauze or any clean material, such as a washcloth. Put the wrapped part in a plastic bag. Keep the part cool by placing the bag on ice, If possible, but do not freeze. Be sure the part is taken to the hospital with the victim. Doctors may be able to reattach it.

Heat Cramps

Symptoms may include: muscle tightening and spasm with intense pain, usually in the lower leg, but may be abdominal or rib cage.

Treatment:

1. Provide rest, cooling.
2. Stretch gently.



Administer diluted salt solution (1 tsp salt to 1 quart water) by mouth

Heat Exhaustion

Symptoms may include: fatigue; irritability; headache; diarrhea; faintness; weak, rapid pulse; shallow breathing; cold, clammy skin; profuse perspiration.

Treatment:

1. Instruct victim to lie down in a cool, shaded area or an air-conditioned room. Elevate feet.
 2. Massage legs toward heart.
 3. Only if victim is conscious, give cool water, diluted salt solution or electrolyte solution every 15 minutes.
 4. Watch for progression to heat stroke!
 5. Use caution when letting victim first sit up, even after feeling recovered.
 6. Add apply ice to pressure points (wrist, biceps, groin and neck areas).
 7. Avoid caffeine and alcohol..
-
-

Sunstroke (Heat Stroke)

Symptoms may include: extremely high body temperature (106 °F or higher); hot, red, dry skin; absence of sweating; rapid pulse; confusion; disorientation; agitation; hysterical behavior; convulsions; unconsciousness.

Treatment:

1. **Call 9-1-1 immediately.**
2. Lower body temperature quickly by placing victim in partially filled tub of cool, not cold, water (avoid over-cooling). Briskly sponge victim's body until body temperature is reduced then towel dry. If tub is not available, wrap victim in cold, wet sheets or towels in well-ventilated room or use fans and air conditioners until body temperature is reduced. Focus ice and clothes on pressure points.
3. **DO NOT** give stimulating beverages (caffeine beverages), such as coffee, tea or soda.

Sudden Illness

When a victim becomes suddenly ill, he or she often looks and feels sick.

Symptoms of sudden illness include:

- Feeling light-headed, dizzy, confused, or weak
- Changes in skin color (pale or flushed skin), sweating
- Nausea or vomiting
- Diarrhea
- Changes in consciousness
- Seizures
- Paralysis or inability to move
- Slurred speech
- Impaired vision
- Severe headache
- Breathing difficulty
- Persistent pressure or pain

Care For Sudden Illness

1. Call **9-1-1**
2. Help the victim rest comfortably
3. Keep the victim from getting chilled or overheated
4. Reassure the victim
5. Watch for changes in consciousness and breathing
6. Do not give anything to eat or drink unless the victim is fully conscious.

If the victim:

Vomits --Place the victim on his or her side, make sure mouth is clear

Faints --Position him or her on the back and elevate the legs 8 to 10 inches if you do not suspect a head or back injury.

Has a diabetic emergency --Give the victim some form of sugar.

Has a seizure --Do not hold or restrain the person or place anything between the victim's teeth. Remove any nearby objects that might cause injury. Cushion the victim's head using folded clothing or a small pillow. Call 911

Caring for Shock

Shock is likely to develop in any serious injury or illness. Signals of shock include:

Restlessness or irritability
Altered consciousness
Pale, cool, moist skin

Rapid breathing
Rapid pulse

Caring for shock involves the following simple steps:

1. Have the victim lie down. Helping the victim rest comfortably is important because pain can intensify the body's stress and accelerate the progression of shock.
2. Control any external bleeding.
3. Help the victim maintain normal body temperature. If the victim is cool, try to cover him or her to avoid chilling.
4. Try to reassure the victim.
5. Elevate the legs about 12 inches unless you suspect head, neck, or back injuries or possible broken bones involving the hips or legs. If you are unsure of the victim's condition, leave him or her lying flat.
6. Do not give the victim anything to eat or drink, even though he or she is likely to be thirsty.
7. Call 9-1-1 immediately. Shock can't be managed effectively by first aid alone. A victim of shock requires advanced medical care as soon as possible.

Splinters

Splinters are defined as slender pieces of wood, bone, glass or metal objects that lodge in or under the skin. **If splinter is in eye, DO NOT remove it.**

Symptoms: *May include* Pain, redness and/or swelling.

Treatment:

1. First wash your hands thoroughly, then gently wash affected area with mild soap and water.
2. Sterilize needle or tweezers by boiling for 10 minutes or heating tips in a flame; wipe off carbon (black discoloration) with a sterile pad before use.
3. Loosen skin around splinter with needle; use tweezers to remove splinter. If splinter breaks or is deeply lodged, consult professional medical help.
4. Cover with adhesive bandage or sterile pad, if necessary.

Infection

To prevent infection when treating open wounds you must:

CLEANSE .. the wound and surrounding area gently with mild soap and water or an antiseptic pad; rinse and blot dry with a sterile pad or clean dressing.

TREAT .. to protect against contamination with ointment supplied in your First-Aid Kit.

COVER .. to absorb fluids and protect wound from further contamination with Band-Aids, gauze, or sterile pads supplied in your First-Aid Kit. (Handle only the edges of sterile pads or dressings)

TAPE .. to secure with First-Aid tape (included in your First-Aid Kit) to help keep out dirt and germs.

Penetrating Objects - Call 9-1-1

If an object, such as a knife or a piece of glass or metal, is impaled in a wound:

1. **Do not** remove it. Make sure the impalement is immobilized as well
2. Place several dressings around object to keep it from moving.
3. Bandage the dressings in place around the object.
4. If object penetrates chest and victim complains of discomfort or pressure, quickly loosen bandage on one side and reseal. Watch carefully for recurrence. Repeat procedure if necessary.

Treat for shock if needed (see “Care for Shock” section, page 25). **Call 9-1-1** for professional medical care

Insect Bites and Stings

In highly sensitive persons, do not wait for allergic symptoms to appear. Get professional medical help immediately. **Call 9-1-1** If breathing difficulties occur, start rescue breathing techniques; if pulse is absent, begin CPR.

Symptoms:

Signs of allergic reaction *may include*: nausea or stomach cramps; severe swelling; breathing difficulties; bluish face, lips and fingernails; sudden weakness; shock or unconsciousness.

Treatment:

1. For mild or moderate symptoms, wash with soap and cold water, apply ice.
2. Remove stinger or venom sac by gently scraping with fingernail or business card. Do not remove stinger with tweezers as more toxins from the stinger could be released into the victim’s body.
3. For multiple stings, soak affected area in cool water. Add one tablespoon of baking soda per quart of water.
4. If victim has gone into shock, treat accordingly (see section, “Care for Shock” page 25).
5. Players who have a history of allergic reactions to bee stings may carry a special kit with them for treatment often in the form an “EpiPen” syringe.



Prescription Medication

Do not, at any time, administer any kind of prescription medicine. This is the parent's responsibility and 4S Softball does not want to be held liable, nor do you, in case the child has an adverse reaction to the medication.

Colds and Flu

The softball season usually coincides with the cold and flu season. There is nothing you can do to help a child with a cold or flu except to recognize that the child is sick and should be at home recovering and not on the field passing his cold or flu on to all your other players. **Prevention** is the solution here. Don't be afraid to tell parents to keep their child at home.

Overuse Injuries

An overuse injury results when a part of the body is repeatedly subjected to stress, even minor stress. In softball players, there are certain motions that are repeated over and over again and are likely to create an overuse injury. The most obvious of these will be to the arm, usually the shoulder or elbow.

Overuse, stress-related problems can affect growing parts of the bone, not just the soft tissues. If this condition is not treated, it could cause deformity of the limb and permanent disability.

The elbow is under a tremendous amount of stress during the overhand throwing motion. The structures on the inside part of the elbow are under tension as the throwing stress tries to pull them apart. The structures on the outside part of the elbow are being forcefully compressed by the stress of throwing.

The most serious complication of soft tissue overuse injury of the shoulder in a throwing sport is injury to the rotator cuff. Given enough wear and tear, a rotator cuff tear can develop, but is rare in this age group. Rotator cuff tendonitis is more likely to occur.

Prevention:

Proper warm-ups including adequate stretching, running, and gradual throwing should be done at each practice and game.



4S RANCH GIRLS SOFTBALL INJURY REPORT

Name (Injured): _____ Date: _____

Team Name/Manager: _____ Division: _____

Incident Location: _____

Treatment (Circle One): None First Aid at Field By Doctor At Hospital Refused Other

Injury (Circle Any that Apply):

Struck By:

- 1. Pitched Ball
- 2. Batted Ball
- 3. Thrown Ball
- 4. Bat

Collided With:

- 5. Fence
- 6. Backstop
- 7. Hit Ground Too Hard by Sliding
- 8. Umpire, Coach, Other Player
- 9. Other Equipment

Other:

- 10. Tripped
- 11. Fell
- 12. Over Exertion
- 13. Pre-existing Medical Condition

Unsafe Conditions? Yes or No

Uneven field surface such as holes, humps, etc.? _____ Weather conditions, such as rain, sun, darkness? _____

Foreign objects such as glass, rakes, stones, etc.? _____ Lack of poor-fitting equipment? _____

Please explain. _____

Unsafe Acts? Circle any that apply.

- | | |
|---------------------------|--|
| 1. Mishandled ball | 9. Poor running form |
| 2. Mishandled bat | 10. Wild pitch |
| 3. Poor evasive action | 11. Wild throw |
| 4. Incorrect sliding form | 12. Wild swing |
| 5. Not watching the ball | 13. Distracted (hot air balloon, etc.) |
| 6. Awkward position | 14. Lack of attention |
| 7. Player out of position | 15. Horseplay |
| 8. Lack of grip on bat | 16. Other |

Brief Statement of What Happened: _____

Reviewed by: _____ Signature: _____

Date: _____ Correction Actions Taken: _____