

## **Coon Rapids-Andover American LL Coaches Clinic - First Aid Training**



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Firefighter/EMT - Coon Rapids FD

## Things to know and do before the season starts -

- ★ Complete the mandatory concussion training. MN Legislature's "Concussion Law" requires online training for all coaches and proof of completion to be on file with the league.  
(<http://www.cdc.gov/concussion/HeadsUp/Training/index.html>)
- ★ Get to know your players and any medical conditions that they may have. Read all medical release forms. A child may have asthma, allergies, or other medical conditions that require special attention. For example they may carry an inhaler or epi-pen. Know what to do if an emergency happens.



- ★ Get to know your parents. Some of them may be nurses, EMTs, firefighters, etc. and they can help with medical incidents.
- ★ First aid kits are issued to each team. Each coach is responsible for making sure that the kit is present at all games and practices. Talk to the league safety officer when you need to replenish supplies.
- ★ Injury rates in little league baseball are very low. Chances are that the vast majority of injuries that you may treat will be handled with an ice pack or band aid. But prepare for the worst-case scenarios.
- ★ **The AED is located in the concession stand.** This is also where you can find bags of ice.

**To reduce the risk of pre-game, practice and in-game injuries, the following shall be adhered to before and during games -**

- Catch is only allowed in the outfield areas, with one player on the foul line and the other standing in the outfield area. Players should be horizontal to the 1st to 2nd or 3rd to 2nd baselines.
- Warming up a pitcher should only occur in designated bullpen area.
- No on-deck batters are allowed on the field, nor are practice/warm-up swings allowed.
- All team equipment needs to be stored within the dugout or behind screen and not within the "in play" area.
- Catcher's must wear catcher's helmet, mask with throat guard, chest protector, shins and cup at all times for games and practices.
- Head first slides are not permitted except when returning to a base.
- Players are not allowed to wear watches, rings, pins, piercings or metallic items during practice or games.
- **Severe weather** - In no event should a practice or game continue if lightning is spotted or severe weather sirens are heard in the area of the field.

**How to report an injury -**

- Inform parents of an injury if they are not present when it happens.
- Any injury sustained during an activity sponsored by CRAALL is to be reported to the Safety Officer. A form for reporting the injury information is to be completed by the head coach of the team where a player or coach is injured in practice or for which their team is the home team for a game in which a player, coach or spectator is injured. All injuries should be reported to the Safety Officer via a phone call or email within 24 hours of the injury. Fill out the league's incident/injury tracking report.
- If professional treatment is required, then the player must present a non-restrictive medical release prior to being allowed in a game or practice.

**CRAALL Safety Officer - Lisa Karnowski**

Text injury information at 612-889-9054 or email at lkarnowski@msn.com

There are also injury forms located in the concession stand

## Concussions in youth sports -

<http://www.cdc.gov/concussion/HeadsUp/youth.html>

### What is a concussion -

- A concussion is a type of traumatic brain injury that is caused by a blow to the head or body, a fall, or another injury that jars or shakes the brain inside the skull. Although there may be cuts or bruises on the head or face, there may be no other visible signs of a brain injury.
- **You do not have to pass out (lose consciousness) to have a concussion.**
- Concussions can occur in *any* sport.

### Signs and symptoms of a concussion -

**Signs** observed by the coaches may include -

- Athlete appears dazed or stunned; is confused about position on the field, unsure of game score or opponent; moves clumsily; answers questions slowly; can't recall events prior to hit or fall; loses consciousness even briefly...

**Symptoms** reported by the athlete may include -

- Headache or "pressure" in the head; nausea or vomiting; balance problems; double or blurry vision; sensitivity to light; feeling sluggish, hazy, or groggy; concentration or memory problems; confusion; just doesn't "feel right".
- The following are "**danger signs**" that require a trip to the emergency department right away -
  - Look very drowsy or cannot be awakened.
  - Have one pupil larger than the other.
  - Have convulsions or seizures.
  - Cannot recognize people or places.
  - Are getting more and more confused, restless, or agitated.
  - Have unusual behavior.
  - Lose consciousness (*a brief loss of consciousness should be taken seriously and the person should be carefully monitored*).

## What to do if you suspect a concussion -

- Remove from play right away.
- Ensure that the athlete is evaluated by a health care professional. Do not try to judge the seriousness of the injury yourself.
- Inform the parents about the possible concussion.
- An athlete can only return to play or practice after at least 24 hours and with permission from a health care professional.
  
- Signs and symptoms of concussion generally show up soon after the injury. But the full effect of the injury may not be noticeable at first. For example, in the first few minutes the athlete might be slightly confused or appear a little bit dazed, but an hour later he or she can't recall coming to the practice or game. You should repeatedly check for signs of concussion and also tell parents what to watch out for at home. Any worsening of concussion signs or symptoms indicates a medical emergency
  
- Most athletes with a concussion will recover quickly and fully. But for some athletes, signs and symptoms of concussion can last for days, weeks, or longer. If an athlete has a concussion, his or her brain needs time to heal. A repeat concussion that occurs before the brain recovers from the first—usually within a short time period (hours, days, weeks)—can slow recovery or increase the chances for long-term problems. In rare cases, repeat concussions can result in brain swelling or permanent brain damage. It can even be fatal.
  
- Although difficult to do, don't succumb to pressure from the player or the parents to send them back out there if you feel there was a possible concussion.
  
- **When in doubt, sit them out.**



## Spine injuries -

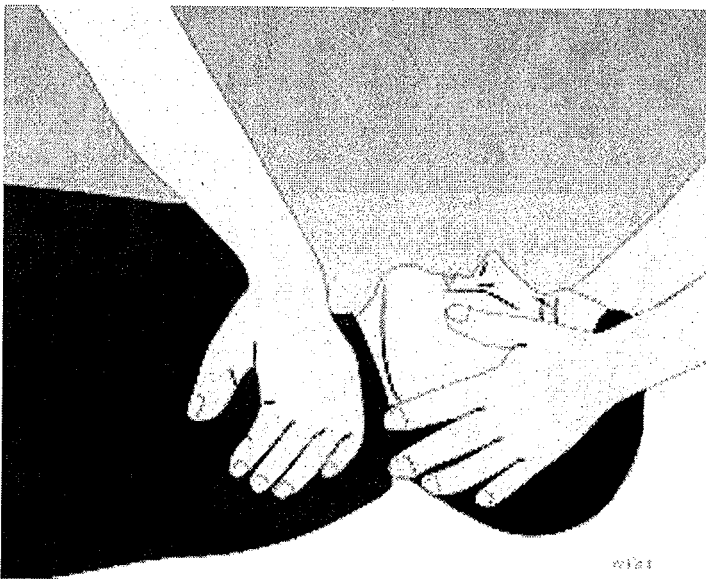
**Never move anyone who you think may have a spinal injury, unless it is absolutely necessary.** For example, if you need to help them to breathe.

Keep the person absolutely still and safe until medical help arrives.

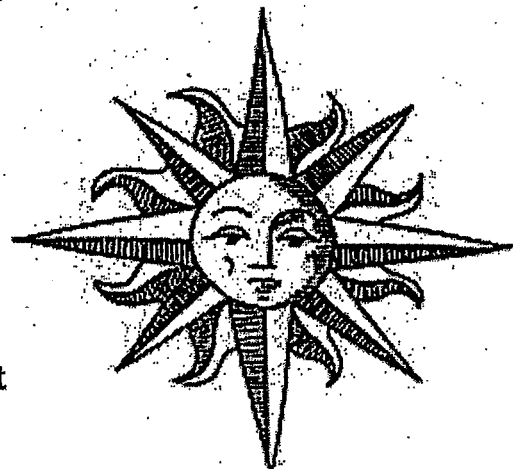
- Call 911.
- Hold the person's head and neck in the position in which they were found. Do not try to straighten the neck. Do not allow the neck to bend or twist.
- Do not allow the person to get up and walk unassisted.

Do not roll the person over unless the person is vomiting or choking on blood, or you need to check for breathing and circulation. If you need to roll the person over:

- Have someone assist you.
- One person should be located at the person's head; others at the person's side.
- Keep the person's head, neck, and back in line while you roll him or her onto one side.



## Heat related emergencies -

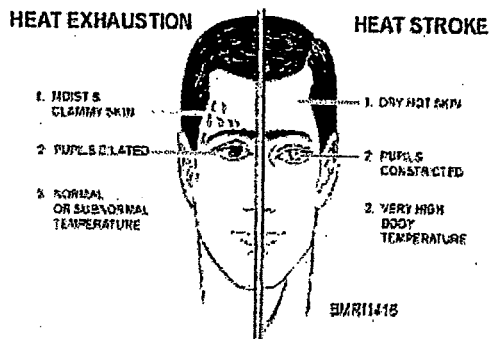


- Heat related emergencies range in severity from heat cramps to heat exhaustion to heat stroke.
- Children adjust more slowly than adults do to changes in environmental heat and are more vulnerable to heat-related illnesses. Children also produce more heat with activity than adults and sweat less. Sweating is one of the body's normal cooling mechanisms; so children can become overheated when playing or exercising. Children often do not think to rest when having fun and they may not drink enough fluids when playing or playing sports.
- High humidity aggravates the problem, since it reduces the efficiency of sweating. Sweating is how our bodies attempt to cool down; when the air is full of water (high humidity) sweat doesn't evaporate as well.
- **Heat cramps** are the mildest form of heat injury and consist of painful muscle cramps and spasms (especially in the legs) that occur during or after intense exercise and sweating in high heat. **Treat** by moving to a cooler area, rest, place cool towel on the cramp, and give cool sports drinks that contain salt and sugar, such as Gatorade. Stretch cramped muscles slowly.
- **Heat exhaustion** is more severe than heat cramps and results from a loss of water and salt in the body. It occurs in conditions of extreme heat and excessive sweating without adequate fluid and salt replacement. Heat exhaustion occurs when the body is unable to cool itself properly and, if left untreated, can progress to heat stroke. Symptoms may include pale moist skin, dizziness, headache, nausea, weakness. **Treat** by moving to a cool area, fanning, cool towels, and give cool sports drinks such as Gatorade. If symptoms persist or unable to take fluids, then take to ER or call 911. An IV may be needed to get fluids on board.
- **Heat stroke**, the most severe form of heat illness, occurs when the body's heat-regulating system is overwhelmed by excessive heat. It's a life-threatening emergency and requires immediate medical attention.

Symptoms of heat stroke may include hot and dry skin (not pale and moist like heat exhaustion), rapid heart rate, confusion, vomiting, agitation...Treat by moving to a cool area, call 911, drenching with cool water, ice packs on the core body areas (neck, armpits, groin). Give fluids if alert and able to drink.

**Extra steps to prevent heat emergencies -**

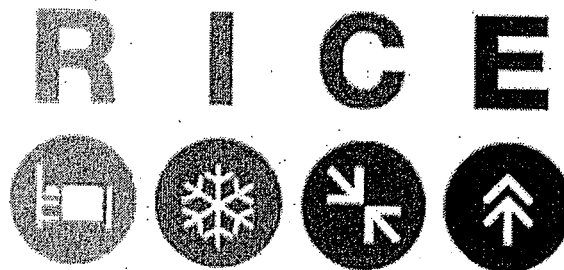
- Kids will forget to bring drinks or not bring enough. Bring extra waters.
- Bring a cooler with ice and cool towels.
- Remind parents and kids of the importance of hydrating before practice or games.
- Watch your catchers closely and make sure they are cooling down and hydrating between innings.





## Sprains and Strains -

- These are common injuries. Most are minor and can be treated with ice and rest. A sprain is an injury to a ligament. A strain is an injury to a muscle or tendon and is often caused by overuse. The most commonly sprained and strained joint is the ankle.
- Signs and symptoms include pain, swelling, discoloration and difficulty in moving the area. If immediate swelling occurs or the limb is obviously deformed, immobilize the site and call 911. If it is hard to tell if there are any deformities, it helps to check the injured extremity vs. the uninjured one.
- If a player can't move the injured area within a few moments of an injury, they should be taken out of the game (if they can't "walk it off").
- If you see an obvious deformity or there was a popping sound, immobilize the area and call 911. Do not attempt to move the limb for them.
- Treatment includes "RICE". Rest the injured limb, Ice the area, Compress the area (lightly not tightly) with an elastic bandage or wrap, Elevate the limb to reduce swelling.



( Rest Ice Compression Elevation )

## **Cuts and abrasions -**

- Clean the wound. Rinse the cut or scrape with water to remove dirt. Hold the area under running water or pour clean water over it from a cup.
- Smaller cuts and abrasions usually stop bleeding on their own. A cut to the head or hand may bleed more because those areas have a lot of blood vessels.
- To stop the bleeding, apply direct pressure using a clean cloth or gauze pad. If the gauze pad gets saturated with blood, don't lift and discard it. Just apply another pad or two and keep applying pressure.
- If the cut is on the hand or arm, use elevation to help stop the bleeding by raising it above the head.
- Once the bleeding has stopped, cover with a bandage or gauze pad/roll in order to prevent infection.
- Seek medical attention if the cut spurts blood or does not stop bleeding, if the cut is deep (1/4 inch or more), or you can see fat or muscle, or if the wound was caused by something dirty or rusty.

## **Nose Bleeds -**

- Have the person sit up straight and lean forward slightly. Don't have the person lie down or tilt the head backward.
- With thumb and index finger, pinch the nose on fleshy portion around nostrils.
- Apply pressure for 5 to 10 minutes or until it stops. Repeat if necessary.
- Seek medical care if the bleeding lasts for more than 15 to 30 minutes or the person feels weak or faint (which can result from excessive blood loss).

## **Broken or knocked out tooth -**

Per: (<http://www.nlm.nih.gov/medlineplus/ency/article/000058.htm>)

- A permanent tooth that is knocked out can sometimes be reimplanted. In most cases, only permanent, adult teeth are reimplanted into the mouth.
- Baby teeth are usually left out.

### **First Aid -**

- Save any tooth that has been knocked out. Bring it to the dentist as soon as possible. The longer you wait, the less chance there is for the dentist to fix it. Hold the tooth only by the crown (chewing edge).

You can take the tooth to the dentist by following one of these tips:

- Place the tooth in a container and cover with a small amount of milk or saliva.
- A tooth-saving storage device such as a contact case.

Also follow these steps:

- Apply a cold compress to the mouth and gums for pain.
- Apply direct pressure using gauze to control bleeding.

If the tooth is badly broken, nerve endings may be exposed. Immediate dental help will be needed to avoid infection and pain.

**Do NOT** handle the roots of the tooth. Handle only the chewing edge -- the crown portion of the tooth. **Do NOT** scrape the root of the tooth to remove dirt. **Do NOT** brush or clean the tooth with alcohol or peroxide.

### **When to Contact a Medical Professional**

Immediately contact a dentist when a tooth is broken or knocked out. If you can find the tooth, bring it with.

If you cannot close your upper and lower teeth together, your jaw may be broken. This requires immediate medical help at a dentist or hospital.

**Commotio Cordis** ("agitation of the heart")

*(The following is from the Naeg School of Education at the University of Connecticut)*

- ▶ Commotio Cordis refers to the sudden arrhythmic death caused by a low/mild chest wall impact. Commotio Cordis is seen mostly in athletes between the ages of 8 and 18 who are partaking in sports with projectiles such as baseballs, hockey pucks, or lacrosse balls. These projectiles can strike the athletes in the middle of the chest with a low impact but enough to cause the heart to enter an arrhythmia. This condition is extremely dangerous with rare survival. **Without immediate CPR and defibrillation the prognosis of commotio cordis is not very good.**
  
- ▶ **Prevention** - Know how to perform CPR and use an AED. Know where the AED is located. Ensure protective equipment is properly fitted. Teach athletes how to avoid being hit with a ball. Use safety baseballs.
  
- ▶ **Recognition**- Look for an athlete who was hit in the chest by an object such as a baseball, baseball bat, or lacrosse ball. The athlete will typically fall forward for a few seconds, which is followed by unconsciousness. Factors that lead to commotio cordis include being struck by a small dense object at precise timing with impact directly over the heart.
  
- ▶ **Treatment** - Use an AED and defibrillate as quickly as possible. For every 1 minute delay in getting shocked by the AED there is a 10% decline in survival rate. Using an AED is the best practice and gives the athlete the greatest chance of survival. Immediately activate EMS. Continue AED use and CPR until EMS arrives and takes over.



## **Little League Elbow and Shoulder -**

**From *OrthoCarolina Pediatric Orthopedics* - <http://www.orthocarolina.com/patient-education/pediatric/little-league-elbow-shoulder>**

**Little league elbow** is an injury to the growth plate on the inner aspect of the elbow. The growth plate connects the medial epicondyle to the elbow, which is the attachment site for the muscles that flex the wrist and rotate the forearm palm down. The condition tends to occur in young athletes involved in sports that require over-head throwing activities.

**Little league shoulder** is an injury to the growth plate at the upper end of the humerus, at the shoulder. The growth plate connects the humeral head to the shaft of the humerus. The muscles of the shoulder cross over the growth plate and place stress across the area when the shoulder is taken through a range of motion. The condition also tends to occur in young over-head throwing athletes.

### **What causes Little League Shoulder and Elbow?**

The conditions are caused by repetitive throwing and over-head exercises. As the arm is taken through the throwing motion, the forceful contraction of the muscles crossing the growth plate put stress on them. Since the growth plate is made of cartilage, it is softer than the surrounding bone, and is susceptible to injury. With repetitive activities, small injuries in the growth plate, which can result in disruption of the plate or fracture.

### **What are the symptoms?**

The most significant symptom is pain at the inner elbow or shoulder. The pain can be severe or described as achy. It can occur abruptly after a single hard throw or it may occur gradually over the course of a game or season. The pain may also be associated with swelling, redness and/or increased warmth. Often there is an associated decreased control or speed of the athlete's pitches.

### **What should I do if I begin to have symptoms?**

The first and most important thing to do when symptoms occur is to stop throwing. Ice can help with symptoms. If the symptoms continue, the athlete should not return to activities and should be evaluated by a physician.

### **How can the conditions be prevented?**

The risk of the conditions can be decreased by following several straight-forward practices:

1. Following the recommendations for pitch counts created by Little League Baseball.
2. Warm up and stretch before throwing activities.
3. No curve balls or breaking pitches until age 14.
4. See a physician at the onset of symptoms in the elbow or shoulder of the patient's dominant hand.

## If you do call 911...

- When you call 911, be prepared to answer the call-taker's questions, which may include:
  - The location of the emergency, including the street address or name of the park.
  - The phone number you are calling from.
  - The nature of the emergency.
  - Details about the emergency, such as a description of injuries or symptoms being experienced by a person having a medical emergency.
- If there is an emergency at the little league complex, specify that it is at the little league. Don't just say "Sand Creek Field #2". This could mean one of the softball fields or one of the football fields. Be specific.
- If you're not sure whether the situation is a true emergency, call 911 and let the dispatcher determine whether you need emergency help.
- Help is only minutes away. Coon Rapids Fire Department is staffed 365 days a year, 24 hours a day. Expect to see a CR police car and CR fire truck arrive within 3 to 4 minutes, and an Allina ambulance shortly after that.

**\*\*\* Thank you for being a CRALL volunteer! \*\*\***

**\*\*\* Best of luck this summer and have fun! \*\*\***

