



1. FIRST AID AND COMMON INJURIES

The annual safety clinic addresses the most common first aid issues and practices encountered in Little League. In addition, EDHLL strongly encourages all adults to become trained in First Aid and CPR. The Red Cross provides relatively affordable online training courses for first aid and combined online and in-person CPR and AED training in Sacramento. Visit <https://www.redcross.org/take-a-class> to learn more and to sign up for available courses.

(1) a. First Aid Do's and Don'ts

DO...

- Reassure a child who is injured, sick, frightened, or lost.
- Ask permission before providing first aid.
- Know your limitations.
- Managers, carry with you or know the location of a first aid kit to all practices and games.
- Managers have all player medical release forms with you at all practices and games.
- Always have a cell phone charged and available at all practices and games.
- Report hazardous conditions to the Safety Officer or other board member immediately.

DO NOT...

- Administer any medications.
- Apply ice packs directly to skin. Wrap in a towel or apply over clothing.
- Provide food or beverages other than water.
- Be afraid to ask for help.
- Leave an unattended child at a practice or game.
- Hesitate to report any present or potential safety hazards to the Safety Officer or other board member.

b. Common injuries

Contusions (bruises)

- Result from a direct blow from a ball or player.
- There is swelling and discoloration from bleeding under the skin.
- Treat with ice and compression. Players are usually able to return to play the same day unless there is pain with bearing weight or with moving a joint (see musculoskeletal injuries below).
- **Note on applying ice:** do not apply ice or an ice pack directly to the skin. Wrap it in a towel or a shirt or apply over clothing. In the first 2-3 days after an injury, apply ice for 10 minutes every hour (at the most). After that, it may be applied for 10-15 minutes, up to 3 times a day.

Abrasions

- Abrasions of the skin include small cuts, scrapes, turf burn, etc.
- Always use universal precautions when caring for wounds (gloves, etc.).
- Gently cleanse the wound with clean water to remove any debris. Allow to dry. Apply a clean dressing to keep wet areas covered. See Little League rules regarding blood on uniforms and equipment.



Bloody Nose

- To control a nosebleed, have the player sit, lean forward* slightly, and pinch the nostrils closed for 5 minutes. [**Leaning back can cause the player to swallow blood, which can irritate the stomach and/or cause vomiting.*]
- If the nosebleed has not stopped after 15 minutes, the player should be medically evaluated.
- There is no evidence to support using ice packs on the back of the neck to stop bleeding from the nose.

Musculoskeletal injuries

- Children and adolescents are not small adults. As they grow, their soft tissues (muscles, ligaments, tendons, and fascia) are stiff and weak, which is a recipe for injury.
- The growth plates in the elbow and shoulder do not close until about age 15-17 in boys and about age 14-16 in girls. The growth plates are extremely vulnerable to injury from overuse and rotational forces like throwing. Growth plate injuries require appropriate treatment to avoid lifelong issues with the corresponding bone or joint.
- **Players should not play through any pain, especially in the shoulder or elbow, as this may signal a growth plate injury.**
- For other musculoskeletal injuries, if there is swelling, pain with bearing weight, pain with moving the joint, or limited movement of the joint, then medical evaluation is recommended prior to returning to play.

Heat illness

- Children and adolescents, again, are not small adults. They produce more heat with activity and are not able to cool themselves as well as adults (as was previously discussed). Thus, children and adolescents can overheat very quickly **and** in any type of weather.
- When it is hot, provide frequent water breaks (every 15 minutes) in the shade. Water is sufficient for hydration unless the activity is intense and lasts more than 60 minutes.
- Players should have their own water bottle labeled with their name. **No sharing of water bottles will be allowed.**
- Players who are overheated should rest and hydrate until they feel well enough to rejoin the activity.
- **If symptoms progress to vomiting or confusion, this is heat stroke and is a medical emergency. Call 9-1-1 right away.**

Anaphylaxis / Allergic reactions

- Some people/players may have serious allergic reactions to things like bees or peanuts. **Managers and coaches need to know if any players on their team have a serious allergy, and if they carry an EpiPen.**
- **If you suspect a player is having an allergic reaction, administer an EpiPen if one is on hand (see Appendix O for instructions) and call 9-1-1. The longer you wait to administer an EpiPen, the harder it is to stop an allergic reaction.**
- For moderate symptoms after a bee sting, try to remove the stinger by gently scraping with a fingernail or business card and apply ice to the area.



Dental Injuries

- Control the bleeding in the mouth by gently biting on a towel. This will also help stabilize the tooth.
- If the tooth is broken or knocked out completely, first find the tooth or broken piece, then rinse it and store in milk or inside the cheek for transport to the dental office.
- **IMMEDIATELY** transport the player and the tooth to the dentist.