

MENLO-ATHERTON LITTLE LEAGUE  
Coaches Safety Training  
March 12, 2005

## **Categorizing Injuries:**

- Mild, moderate, severe

### 1. Evaluate the injury:

Check player's breathing, pulse and alertness as well as any obvious injuries/deformities to immediately judge the seriousness of the injury. If necessary, call 9-1-1 and follow directions below for 'getting help'

During this time, it is important that coaches stop all play to protect the player from further injury – take a knee, or move to the sideline.

Review the medical release form for any important information/warnings about medical conditions the player may have

- Can player be moved off field?
- If not, clear area around player and begin examination
- If so, mover player to sideline for closer examination
- Determine if player can return to play, or needs first aid

### 2. Give the appropriate first aid for the injury

### 3. Turn over care to professionals when they arrive and help as directed

### 4. If parents are not available, go with player to treatment facility

### 5. If emergency medical treatment isn't required, urge player and parents to see a MD for a proper diagnosis and treatment plan

Remember, if anyone is ever in doubt to the nature or seriousness of an injury, they should NOT attempt treatment; a health care professional should be consulted immediately.

## **Injuries:**

- **Sprains, strains, collision, contusion, overuse, and breaks**

In evaluating fresh injuries, remember the three types of motion:

1. Active assistive motion – player is able to move the part themselves,
2. Active assistive motion – player is able to move with a little help from you, watch for warning signs like the player telling you it hurts to move, and
3. Passive motion – the player's injured part is moved by someone else; be especially cautious with passive motion that you do not make the injury worse. These are the injuries that need protection/splinting.

Look for disability (the player can't use injured part); this is the most serious injury. If a player sprains his/her ankle, but can still limp around, it may be mild or moderate; if he/she can't get up, it is probably severe. Look for swelling, the more immediate and large the swelling, the more serious the injury, because swelling on the outside means bleeding on inside. Also, a noticeable deformity means a serious injury. If the body part doesn't look the way it did before the accident, something's wrong. Consider unconsciousness, disorientation (after injury to head) serious facial injury or any eye injury, in the category of severe injuries, until you are assured otherwise by a medical professional

- **Head/neck/facial injuries**

1. Head - Issue of brain trauma in young children  
Loss of consciousness, disorientation, visual change, difficulties with balance, headache, nausea and/or vomiting
2. Neck – airway protection
3. Facial – orbital or eye socket injuries

- **Heat illness**

Children's heat regulating processes are not fully developed, and their skin surface is proportionately greater than that of an adult's. Because their body surface to weight ration is high, a child's skin actually works against them, taking in more heat than they can absorb internally. Make sure players are all properly hydrated before games and practices. Schedule drink breaks every 15-30 minutes during practices on hot days, and encourage players to drink between every inning.

- **Injuries to teeth/mouth**

1. Check airway, tongue swelling. More trauma due to braces?

- **Eye injuries**

External/penetrating injury (something in eye) vs. blunt trauma causing eye/orbital sock injury or fracture

- **Insect bites and stings**

Consider serious allergic/anaphylactic reaction – epinephrine (Epi) pen available in players bat bag?

## **Treatment:**

- **ABC's**

AIRWAY  
BREATHING  
CIRCULATION

- **PRICES** (Use these guidelines for treating injuries)

**P** – Protection  
**R** – Rest  
**I** – Ice  
**C** – Compression  
**E** – Elevation  
**S** - Support

- Splinting

## **Triage/Emergency Contact Procedures and Management:**

### **GETTING HELP:**

1. First dial 9-1-1. Make call quickly, preferably near the injured person. If this is not possible, send someone else to a phone nearby.
  2. Give the dispatcher the necessary information (they will usually ask)
    - Exact location or address of the emergency, cross street, landmarks, nature of injury, condition and age of victim
    - Telephone number from which call is being made
    - Callers name
    - What help is being given
  3. Do not hang up until the dispatcher hangs up
    - The dispatcher may be able to tell you how to best care for the victim
  4. Continue to care for the victim until professional help arrives
  5. Appoint someone to go to the street and look for ambulance or fire engine. This saves valuable time.
- Crowd control.  
 One or two people not tending to the victim should take control of the situation and direct other's actions. Don't forget to support parents' of victim. Collect information from them: child's pediatrician, allergies, previous medical/surgical history etc
  - Ensure all other players off the field, an adult should stay with them to support them as they are often frightened. Explain calmly what is happening and how the adults/medical personal are trying to help their teammate.

### **Safety Kits:**

- Location of kits

### **Prevention of Injury:**

- Proper maintenance of playing site
- Play close attention to playing conditions (heat and humidity as well as severe weather)

- Make sure players know basics of good nutrition (especially water/electrolyte replacement on hot days)
- Proper athletic conditioning (stretching, strengthening and endurance as well as agility and coordination drills)
- Avoid overuse
- Consistent and proper use of all protective equipment including a neck protector for catchers
- Close coach supervision and organization of warm-ups, practices and games

### **Comotio Cordis:**

- Literally, concussion of the heart, can cause sudden cardiac death of a young person following a blunt impact to the chest. While most people believe a high-energy impact is required to cause comotio cordis, that is not necessarily so.
- Statistically, most patients who sustain a comotio cordis event are young, and are involved in an organized sport (baseball, hockey, lacrosse)
- Early recognition of the arrest, CPR, and early defibrillation offer the best chance for survival

Remember that these are just guidelines.

If any questions feel free to call me on my cell phone (650 906-4014) or at the office.

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