

Basic issues with baseball/softball would be: • Contusions • Muscle pulls and strains • Over-use injuries • Sprains • Fractures • Injuries to small joints • Facial injuries • Injuries to teeth • Eye injuries • Insect bites and stings • Heat illness

Make sure managers/coaches stop all play to protect the player from further injury, as well as those not being closely monitored due to the focus on the injured player.

- Check player's breathing, pulse and alertness to immediately judge the seriousness of the injury: · If necessary, send someone to call 9-1-1 or get an ambulance or EMS. Call the player's parents · Send someone to nearest intersection to direct emergency services to your location · Review the Medical Release form for any important information/ warnings about medical conditions the player may have.

EMS (AMR ambulance and Roseville FD) will want chief complaint, name, DOB, address, hospital (KFHR, SRMC, or UCD), medical hx, medications and allergies to medications.

- Evaluate the injury: · Can player be moved off field? · If not, clear area around player and begin examination; · If so, move player to sideline for closer examination; · Determine if player can return to play or needs first aid. • Give the appropriate first aid for the injury. • Turn over care to professionals when they arrive and help as directed. • If parents are not available, go with player to treatment center with ambulance; turn over team to authorized coach.

- Record the injury on an injury report. • Follow up with the player until injury is healed and player can return to play. • Get medical release prior to allowing player to return, if formal treatment was required.

First Aid Kits

A team's first aid kit should contain ice in bags; these will be used almost anytime you have an injury to help reduce the pain and potential swelling. If using chemical cold packs, be cautious using around the face in case of leaks. Also, bandages, both large and small, gauze, some kind of dressing material like an Ace wrap or elastic wrap to hold gauze in place, or athletic tape. You should also provide water or a cleanser (antiseptic wipes, etc.) to clean abrasions or cuts.

First Aid Basics

Remember CPR

ABC's

A – Airway: Be sure the airway is open and not obstructed

B – Breathing: Begin assessment and provide respiratory support if needed *

C – Circulation: If pulse is absent send for defibrillator (if one is available), call 911, and begin CPR

Heimlich: stand behind them, make a fist with one hand, put your arms around them, grasp your fist with your other hand near the stomach just below the rib cage and make quick hard movements upwards and inwards. (With children you can get on one knee and don't trust hard enough to lift them off of their feet)

Basic Trauma

PRICE – Protect, Rest, Ice, Compress, and Elevate

Protect the injury, hold pressure, elevate and call 911.

Heat Emergences

Heat exhaustion – Faint or dizzy, excessive sweating, cool, pale

Heat stroke – Throbbing headache, no sweating, red, hot, dry skin, nausea vomiting

Seizures

Cushion head, turn on their side, time the seizure, don't put anything in their mouth, and don't restrain them.

Anaphylaxis (Allergic reaction) food or Insect bites

Severe (call 911) – Remember parents may have a EpiPen – difficulty/noisy breathing, swelling of the tongue or tightness in throat, difficulty talking or hoarse voice, wheezing, pale, etc.

Mild/Moderate – Hives/welts, swelling of lips, face, and eyes

Concussions

A type of traumatic brain injury that can show up right after the injury or days or weeks later. Most occur without a loss of consciousness. Young children and teens are more likely to get a concussion and take longer to recover than adults.

If you suspect a concussion remove the child from play until evaluated by a medical professional

Signs and symptoms – headache, nausea/vomiting, balance or dizziness, light or noise sensitivity, double or blurred vision, sluggish, etc.

PARENT & ATHLETE CONCUSSION INFORMATION SHEET



WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

DID YOU KNOW?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

SYMPTOMS REPORTED BY ATHLETE:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or is "feeling down"

SIGNS OBSERVED BY COACHING STAFF:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.



"IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON"

Hands-only CPR

The latest research shows that chest compressions alone are the most effective way for an untrained bystander to save a life after an adult collapses from cardiac arrest. The technique shown here should not be performed on infants, children, drowning victims, or in cases involving a drug overdose. Otherwise, here's what to do.

- 1** Call 911 or ask someone else to.



- 2** Kneel beside victim's chest. Loosen clothing if practical.



- 3** Place the heel of one hand in the middle of the victim's chest.



- 4** Cover first hand with your other hand, locking fingers.



- 5** Push down hard and fast. Try to maintain at least 100 pushes per minute.

Lock your elbows and push with all your weight, depressing the chest 2 inches each pump.

Don't worry about hurting the victim – you're trying to save a life.

Continue until medical help arrives.



HEAT EXHAUSTION

OR

HEAT STROKE

Faint or dizzy



Throbbing headache



Excessive sweating



No sweating



Cool, pale, clammy skin

Body temperature above 103°



Red, hot, dry skin

Nausea or vomiting



Nausea or vomiting

Rapid, weak pulse



Rapid, strong pulse



Muscle cramps



May lose consciousness



- Get to a cooler, air conditioned place
- Drink water if fully conscious
- Take a cool shower or use cold compresses

CALL 9-1-1

- Take immediate action to cool the person until help arrives

mjflynn



Weather.gov/socialmedia
Weather.gov/heat



@SacramentoOES
SacramentoReady.org

Most minor soft tissue injuries can be managed at home. For the first two to three days after your injury, you should follow the **PRICE** procedure.



P

Protect



Protect your injury from further damage, for example, by using a support or splint.

R

Rest



Rest your injury for the first two to three days. You may need to use crutches if you've injured your leg and you want to remain mobile. Then reintroduce movement gradually so you don't delay your recovery by losing muscle strength.

I

Ice



Ice the painful area with a cold compress such as ice or a bag of frozen peas wrapped in a towel. This will help reduce swelling and bruising. Do this for 15 to 20 minutes every two to three hours. Don't apply ice directly to your skin as it can damage it.

C

Compress



Compress the injured area with an elastic bandage or elasticated tubular bandage to help limit swelling and movement. But don't leave the bandage on while you sleep.

E

Elevate



Elevate your injury by resting it above the level of your heart and keep it supported. This could mean lying on the sofa with your foot on some cushions if you've injured your leg.