

# FIRST AID FOR BASEBALL COACHES

- Liability Issues.
  - Do the right thing
  - State provides qualified immunity

Chapter 258 C, Section 13. “Good Samaritan” Law: No person who, in good faith, provides or obtains, or attempts to provide or obtain, assistance for a victim of a crime as defined in section one, shall be liable in a civil suit for damages as a result of any acts or omissions in providing or obtaining, or attempting to provide or obtain, such assistance unless such acts or omissions constitute willful, wanton or reckless conduct.

- Provide written documentation to league as per league protocol.
  - Incident Reporting Form
    - Name, Incident, Treatment, Disposition.
- **First - DO-NO-HARM**
- The short person under your care is a child
  - Do not treat them as professional athletes
  - Having fun is the primary priority
- **Kids get injured**
  - The **LOUDER** a child cries the less injury they sustained
  - The **QUIET** ones are the one that should worry you

Most injuries are minor and can be treated with simple measures, don’t panic.

## **If it is wet and not yours, don’t touch it**

- Wash your hands after treating bloody or snotty kids, and Purell is your friend.
- **Wear gloves** if available
- Don’t freak out if you get blood or body fluid on your skin
  - Transmission of infectious disease is remote through intact skin

### **Concussions: “Brain Bruise”**

What am I worried about? Brain Bleeds. Will need immediate CT scan ONLY IF there is loss of consciousness, repetitive vomiting, and/or seizures. CT scan does not show concussion.

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays, positions or past immediate performance
- Is unsure of game, score, or opponent
- Moves clumsily or displays lack of coordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can't recall events prior to hit
- Can't recall events after hit
- **Seizures or convulsions**
- **Loses consciousness**
- **Repetitive Vomiting**

Remove from play – If player has a concussion, they may not return to play until cleared by a physician. This usually entails being free from headache or other symptoms for at least 7 days. If headache returns with light activity, they may not return for another 7 days. This is to protect brain from a second concussion on top of first concussion. This is BAD.

Have child evaluated by qualified Health Care provider

- MD, DO, PA, Trainer, ARNP
- Generally observe at home
  - Any change in signs and symptoms, immediate return to Emergency Room or Health Care Practitioner

**HEAD** - Reminder, do not move head and neck injured kids! Resist the urge to pick up and comfort. Assess first!

Skull Fractures or facial injuries

- Depressed or Penetrating
- Concussion

### **Eye Injuries**

- Foreign bodies: Do not remove. Use a paper cup and tape to stabilize.
- Fingers into the eye
- Corneal Abrasions/lacerations
- Struck by ball

### **Teeth Injuries**

- Chipped or loose teeth – see dentist as soon as possible
- Tooth displaced - Keep the tooth
- Try to re-implant if you have the whole tooth plus the root structure, bite down on a piece of gauze
  - **MAKE SURE IT POINTS THE RIGHT WAY**
- Place in a cup of milk or water and have the parent transport to their dentist or the ER
- Tuck tooth in-between cheek and gum – transport to dentist or ER

### **NOSE – Fractures**

- Bleed a lot
- Direct Pressure on the sides (bridge) of the nose controls bleeding 5-10 minutes is normal
- Ice
- Seek medical attention

### **NECK - Neck Injuries**

- Stabilize head with hand stabilization
- Obstructed Airway's need to be cleared

- Do not manipulate the head
- Significant Neck Injury
  - Numbness, burning sensation
  - inability to move lower extremities

## **NEUROLOGIC**

- Epileptic
  - Head Trauma Induced
- High internal temperatures
  - Environmental caused
- Low Blood Sugar
  - Diabetic?

## **CHEST - Chest Trauma**

- Rib Fractures
- Respiratory Distress
- Respiratory Arrest

## **CARDIAC ARREST - Hit by pitched ball in the chest**

- Heart operates on electrical discharge
- Cardiac Contusions
- Pre-disposition with a hidden or occult cardiac defect, but also with completely normal kids, too.
- CPR and EARLY DEFIBRILLATION are essential.

## **ABDOMEN - Abdominal Injuries**

- Spleen
- Liver
- Penetrating Injuries

## **RESPIRATORY EMERGENCIES**

- Asthma

- Allergic Reactions
  - Bee Stings, Peanuts, etc.
- Epi Pen. Don't be afraid to use it. Just use it.

## **SKELETAL - Fractures**

Management – splint, ice and transport

- DO NOT move the person unless the broken bone is stable.
- DO NOT move a person with an injured hip, pelvis, or upper leg.
- DO NOT move a person who has a possible spine injury.
- DO NOT attempt to straighten a bone or change its position unless blood circulation (blue) appears hampered.
- DO NOT test a bone's ability to move.

## **Sprains and Strains**

Sprain involves the ligaments supporting a joint

- Ligaments attach bone to bone
  - Strains involves muscles and tendons
  - Tendons anchor muscles to bone
- **RICE: Rest, Ice, Compression, and Elevation**
  - Contusions
  - Abrasions
  - Lacerations - Wash with soap and water. Get to ER or doctor's office within 4 hours.
  - Punctures – Some need antibiotics

Dislocation – one end of the bone is pulled or pushed out of the joint, call 9-1-1.

Deformity

Constant pain & increased pain on movement

Frozen joint

Loss of function & or distal pulse

Cold pack or ice

Stabilize

Do not try to “pop” back in

## **ENVIRONMENTAL**

- Dehydration
  - Periodic Rest and Fluid Replacement
- Hypothermia
  - Low body temperature – warm and dry
- Hyperthermia (does this happen here?)
  - High Body Temperature
    - Heat Exhaustion – stopped sweating – increase body temperature
    - Heat Stroke – high body temperature, unconsciousness and possible seizures
- Sunburn

## **ACCESS EMS SYSTEM**

### **911 – know your location**

- Call 911 for the following
  - Cardiac or respiratory arrest – do not delay CPR and Defibrillator
  - Difficulty in breathing
  - Uncontrolled bleeding
  - Fractures that stick through the skin
  - Unconsciousness
  - Seizures
  - Allergic Reaction
  - Things poking out of - or into them

### To Play or Not to Play

- This is a decision that you should make after evaluation of the child's injury.
- The safe course is to have them sit out for a period of time.

**DO NOT** be influenced by parental desire for "Johnny or Janie" to gut it out.

And if all else fails...



My thanks to Mr. John K. Murphy, PA-C, JD for posting his slides on the internet. Much of this hand-out is based on his PowerPoint presentation for little league teams in Washington state.