

# First Aid Clinics

## Requirement 6

"Thanks for getting back to me in a timely fashion. The outline would be great!!! I think I will have had the clinic by the time the next newsletter comes out. As far as format and instructors, I am all set. One of the local firefighters is also an EMT. He did the clinic last year. It was a HUGE success. Stoughton Little League has been around for nearly 50 years and we have never had a safety plan. It is amazing how we survived without it! Kudos to Williamsport and Musco Lighting for ASAP's success. I should be able to formulate a clinic with whatever outline you send."

Thank You,  
Paul McKeen  
Stoughton, MA  
District 8

First, you should know Little League is phasing out the Emergency Management Training Program. However, even without the Emergency Management Training Program, you can put together a quality first aid training class to meet the requirements of first aid training for your coaches and managers. You don't have to follow the specifics of any set program, just get the PRICES – Protection, Rest, Ice, Compression, Elevation, and Support (or RICE or PRICE, whatever you use) – idea into participants' heads and talk about the specifics of first aid and injury prevention for specific baseball/softball injuries.

Start with basic terminology (contusion, laceration, etc.), and give the most up-to-date techniques for preventing sports injuries. Help attendees understand and differentiate between mild, moderate and severe injuries and the appropriate actions to take in each category. Teach appropriate first aid techniques for the injuries they will encounter.

**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
- Triage and Emergency Management

Help design an emergency plan for your league when severe injuries occur, and tell the managers/coaches what their role is in that plan:

- 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
- 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.

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

You should have medical professionals available either on-site or at most a phone call away — as well as a method to reach them, by cell phone or phone at the field — for severe or life-threatening injuries.

And finally, help the coaches/managers to understand specific techniques to determine whether an injured player is ready to practice and play again; in some cases this may require a doctor's release. The evaluation process involves determining whether injuries are mild, moderate or severe, and should address what to do in each case. The evaluation includes classifying injuries using symptoms and signs, with appropriate looking, listening and careful feeling and, if appropriate, moving of the injured part.

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

- Active motion – Player is able to move the part themselves,
- 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
- 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.

Look for disability (the player can't use injured part); this is the most serious injury. If a player sprains his ankle, but can still limp around, it may be mild or moderate; if he can't get up, it is probably severe. Look for swelling, the

# Medical Release Form



**Little League Baseball®**

**Medical Release**

NOTE: To be carried by any Regular Season or Tournament Team Manager together with team roster or eligibility affidavit.



Player: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 League Name: \_\_\_\_\_ I.D. Number: \_\_\_\_\_

Parent or Guardian Authorization:

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Hospital Preference: \_\_\_\_\_

In case of emergency contact:

Name _____	Phone _____	Relationship to Player _____
Name _____	Phone _____	Relationship to Player _____

Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Date of last Tetanus Toxoid Booster: \_\_\_\_\_

Mr./Mrs./Ms. \_\_\_\_\_  
 Authorized Parent/Guardian Signature

WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in Baseball/Softball.  
 Little League Baseball does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.  
 my documents/league supplies/medical release form

Whether regular season or tournament games or practices, your managers need to carry all their players' Medical Releases. While just as critical for teams in tournament play, the forms are just as important during the regular season.

Most hospitals will not treat a player who does not have a life-threatening injury without one. Imagine if your manager has to accompany a player with a broken leg to the hospital because the parents weren't at the game or practice. Without a Medical Release it's likely to be a long wait with a suffering player as the manager tries frantically to reach them to approve medical treatment.

Make sure your league has all players' Medical Releases, and the manager carries the team's forms with him or her everywhere. Then if a parent isn't at the field when an accident happens, the only call that will really matter is to 9-1-1.

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more immediate and large the swelling, the more serious the injury, because swelling on 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 or any eye injury as a serious situation, in the category of severe injuries, until you are assured otherwise by a medical professional.

Use the PRICES guide for treating injuries:

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

In conclusion, ask for managers/coaches to consider how to prevent injuries:

- Pre-participation health screenings (at least through a health questionnaire/medical release form asking for health concerns and medications);
- Proper maintenance of playing site (game and practice facilities);
- Pay close attention to playing conditions (heat and humidity as well as severe weather);
- Make sure players know basics of good nutrition (especially water replacement on hot days);
- Proper athletic conditioning (stretching, strengthening and endurance, as well as agility and coordination drills);
- Avoid over use (pay special attention to activities outside of Little League, to allow rest to avoid over-use injuries);
- Consistent and proper use of all protective equipment;
- Close coach supervision and

organization of warm-ups, practices and games;

- Careful compliance with all Little League rules, especially those having to do with safety.

This summarizes 62 pages into just a few hundred words, so you're going to want to elaborate on all the proper techniques in dealing with the different injury types and how to treat them effectively, as well as what NOT to do in any given circumstances. And 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.

Finally, remind all managers and coaches to carefully evaluate all injuries and ensure the child does not require professional care. It's not worth risking a child's health just to continue the game.

# First Aid Kits: What goes in them?

## Requirement 12

*"Hello, I need a list of what to put in a team first aid kit as well as the big first aid kits kept at the fields. I have a sponsor willing to fill this need. I just need to give them a list of what we need and how many."*

Thanks,  
Marc Paladino  
(via email)

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. Check local expectations for first aid kits, as some states do not allow these cleansers other than at home or by health care professionals.

Also, don't forget latex or rubber gloves and some kind of small bag to properly dispose of blood and blood-soiled items like wipes or towelettes; blood-borne pathogens should be an important part of your safety training, so people do not put their health and future safety at risk dealing with unknown risks.

Finally, each team should have some kind of emergency telephone (mobile or land-line) to call an ambulance as well as a map or written directions to the area medical facilities anyone evacuated by medical professionals would be taken to. In an emergency, people need all the help they can get. Check the November/December 2003 ASAP News for some examples of that kind of information.

**NOTE:** Individual leagues decide what they need in a first aid kit. These give a good idea of fully-stocked kits. Items any kit should contain: A good supply of ice, drinking water, and personal items

or medications; emergency phone numbers; coins for pay phones; and directions and/or a map to/from emergency medical facilities.

**ALSO:** Keep a list of original supplies in your first aid kit, so it can be stocked and replenished! If managers or coaches use any first aid supplies, replace them before the next time the team meets.

**Here are three good examples of a well-stocked first aid kit:**

### LLB's Emergency Management and Training Program

Little League's EMTP manual recommends your first aid kit include:

- Ice bags
  - Plastic bags of crushed ice
- Elastic bandages
  - 3, 4 and 6 inch widths
- Sterile dressings
  - 3 by 3 inch individual gauze
  - 2 to 3, 5 by 9 inch pads
  - Telfa or non-stick dressings
  - Eye patches
- Adhesive bandages
  - 3/4, 1 and 2 inch widths
- Bandages
  - Triangular shape and in rolls
- Adhesive tape
  - 1/2, 1 and 1 1/2 inch widths
- Eye shields
- Small flashlight
- Scissors
- Antiseptic soap
- Splints
  - Inflatable, cardboard or wooden, for arm and leg (large enough for your largest player)
- Petroleum jelly
- Safety pins
- First aid manual
- Towels
- Blanket
- Small pocket notebooks and pencils
- Water for drinking and plenty of paper cups. (Water and paper cups can also do double duty in some first aid applications.)

### Fyrst USA Sport Medical Kits

A new first aid kit, available both in a team size and a league size, is offered by Fyrst USA. It was developed specifically for sports injuries. A unique feature: resupplies can be ordered by phone and to you in 5-7 days. Call 800/782-1355 or go to [www.fyrstusa.com](http://www.fyrstusa.com) to order.

- 1 Reusable ice bag: 9 inches
  - 4 Instant cold packs: 6 by 10 inches
  - 1 Blister Kit
  - 20 Bandages: 1- by 3-inches
  - 6 Large bandages: 2 by 4 1/2 inches
  - 1 Elastic wrap
  - 1 Scissors
  - 20 Antimicrobial skin wipes
  - 10 Blood-off cloth towelettes
  - 20 Latex gloves
  - 1 Antiseptic hand cleaner: 4 ounces
  - 2 Rolls of athletic tape
  - 1 Roll of pre-wrap
  - 3 Sport wound care kits
- FIRST USA now carries the SAVE-A-TOOTH Preservation System (with ADA Seal of Acceptance)

### Little League First Aid Kit

The first aid kit produced by Johnson & Johnson, is available through the equipment and supplies catalog.

- Bandages — sheer and flexible
- Non-stick pads — assorted sizes
- Soft-Gauze bandages
- Oval eye pads
- Triangular bandage
- Hypo-allergenic first aid tape in dispenser
- 2-inch elastic bandage
- Antiseptic wipes
- First aid cream
- Instant cold pack
- Tylenol® extra-strength caplets
- Scissors
- Tweezers
- First aid guide
- Contents card
- Disposable gloves