

# *First Aid*

# Emergency

## SAFETY MANUAL

## FIELD ADDRESS

Grandville Little League

3548 Canal St

Grandville Mi 49418

## LITTLE LEAGUE PHONE DIRECTORY

Concession 292-4116

League Office 813-8466

### LEAGUE PRESIDENT

Larry Lind 813-8466

### SAFETY OFFICER

Kaye Newberry 485-1422

### SAFETY COMMITTEE

Larry Lind 813-8466

Jim Bergbower 534-1479

Dave Vandermeer 261-2180

## League Emergency Safety Procedures

BE SURE TO HAVE YOUR MEDICAL RELEASE FORMS for your players AT ALL TIMES

### In case of a medical emergency:

1. Give first aid and have someone call 911 immediately if an ambulance is necessary (i.e. severe injury, neck or head injury, not breathing –**ERROR ON SIDE OF CAUTION!**)
2. Notify parents immediately if they are not at the scene.
3. Notify League Safety Officer by phone within 24 hours.
4. Fill out a Little League Incident Report Form and hand deliver within 24 hour to a Safety Committee Member. Copies of this form are included in this manual.
5. Talk to your team about the situation if it involves them. Often players are upset and worried when another player is injured. They need to feel safe and understand why the injury occurred.
6. Talk to anyone in the Little League you feel will be helpful (i.e. League Safety Officer, V.P. of your league, etc.)
7. Claims must be filled with the League Safety Officer.

### REMEMBER

*Safety is everyone's job.* Prevention is the key to Reducing accidents to a minimum. Report all hazardous conditions to the Little League Safety Officer or a committee member immediately. Don't play on a field that is not safe or with unsafe equipment. Be sure your players are fully equipped at all times, especially catchers and batters. Check your team's equipment often

# First Aid Reminders

## UNCONSCIOUSNESS

Shake and shout at the victim  
Open the Airway using Head Tilt, Chin Lift  
If Not breathing, give 2 full breaths of air  
Check for Pulse in the neck

## ASTHMA

Sit the victim down, attempt to talk and calm the victim  
Ask the victim if he/she uses an inhaler, if so  
Have the victim take 1 treatment, wait 5 minutes  
Observe the results; if unsatisfactory give another treatment  
Wait 5 minutes observing results  
GIVE NO MORE THAN 3 TREATMENTS  
CALL FOR HELP

## CHOCKING—HEIMLICH

Stand behind victim, reach around the ABDOMEN  
Place the middle finger of one hand in the belly button  
Turn that hand inward so that the index finger and thumb  
are against the abdomen  
Pull inward and upward against the wall of the abdomen  
Until the foreign body is released  
CALL FOR HELP

## CONTROL OF BLEEDING

USE RUBBER GLOVES  
Place a gauze pad directly over the wound  
Use DIRECT PRESSURE OVER THE BANDAGE  
ELEVATE the wound above the level of the heart  
IF unable to stop the bleeding, USE PRESSURE POINTS  
CALL FOR HELP

## SEIZURES---GRAND MAL

Get victim to floor and remove all objects that could cause injury  
Protect the head and open the Airway with a modified jaw thrust  
Let the victim seize, DO NOT ATTEMPT TO RESTRAIN  
Monitor BREATHING, LENGTH OF SEIZURE, AND NUMBER OF SEIZURES  
IF multiple seizures call 911  
CALL FOR HELP

### SHOCK—ANAPHALACTIC (BEE STINGS)

Monitor victim's breathing and check swelling—In mouth, tongue, and area stung  
IF NO MEDICATIONS AVAILABLE, apply ice to affected area and CALL 911  
IF MEDICATIONS ARE AVAILABLE, treat as directed on medication  
READ THE DIRECTIONS  
CALL FOR HELP

### DIABETES

The victim will act unusual, almost drunk  
RULE OF THUMB, ALWAYS GIVE SUGAR  
IF victim is conscious give orange juice, candy, crackers, etc.  
IF UNCONSCIOUS, CALL 911  
Look for Medical Alert Bracelet, or Necklace  
CALL FOR HELP – CONTACT PARENTS

### HEART ATTACK

Overview the scene  
Shake and Shout to determine Level of Consciousness  
CALL FOR HELP  
Open the airway and Look, Listen, and Feel for Breathing  
If NOT Breathing, give 2 full breaths of air  
Check for a Pulse, (carotid artery in neck)  
If NO Pulse, begin chest compressions at a rate of 15 compression's to 2 breaths  
DO 4 CYCLES of compression's to ventilation's and check for a pulse. IF NO PULSE,  
GIVE 2 MORE BREATHEs AND CONTINUE CHESTCOMPRESSIONS AND VENTILATIONS FOR  
FOUR MORE CYCLES.

### FAINTING

Victim for level of consciousness—SHAKE AND SHOUT  
IF UNCONSCIOUS, OPEN THE AIRWAY, HEAD TILT, CHIN LIFT  
CALL FOR HELP  
Monitor breathing, skin color, composition (wet or dry)  
If victim is conscious, place them on their side

### HEAT CRAMPS

Victim will complain of leg, arm or abdominal cramping  
Victim will be sweating profusely  
Skin will be flush, and moist  
GET VICTIM OUT OF THE SUN, GIVE PLENTY OF WATER  
CALL FOR HELP

### HEAT EXHAUSTION

Victim will be flush, sweating profusely, nauseated, possible vomiting, skin hot to touch  
GET VICTIM OUT OF THE SUN, GIVE PLENTY OF WATER  
Cool the skin with water  
Monitor breathing, and level of consciousness  
CALL FOR HELP

# The Heimlich Maneuver

*The Heimlich Maneuver is a emergency method of removing food or foreign objects from the airway to prevent suffocation.*

*When approaching a choking person, one who is still conscious, ask: "Can you cough? Can you speak?"*

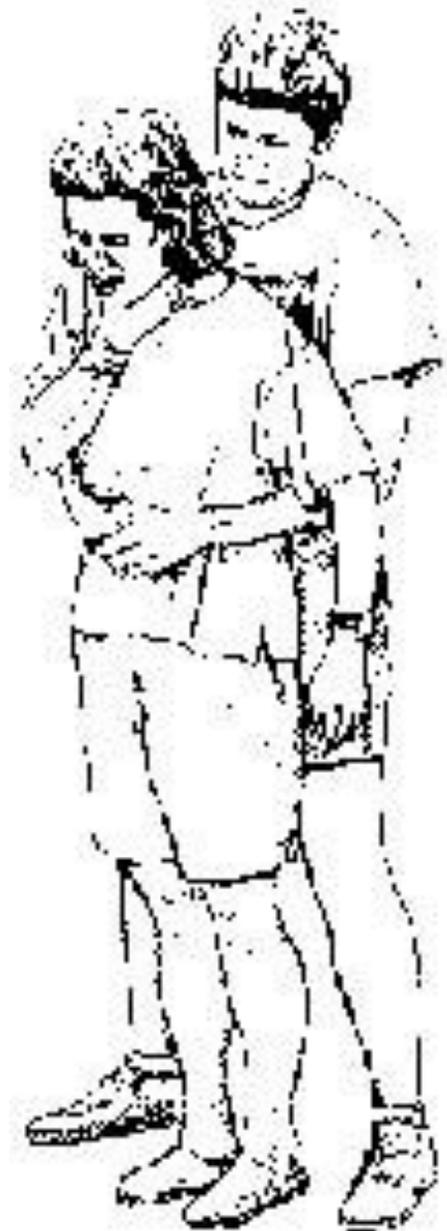
*If the person can speak or cough, do not perform the Heimlich Maneuver or pat them on the back. Encourage them to cough.*

## **To perform the Heimlich:**

- Grasp the choking person from behind;
- Place a fist, thumb side in, just below the person's breastbone (sternum), but above the naval;
- Wrap second hand firmly over this fist;
- Pull the fist firmly and abruptly into the top of the stomach

It is important to keep the fist below the chest bones and above the naval (belly button).

The procedure should be repeated until the airway is free from obstruction or until the person who is choking loses consciousness (goes limp). These will be violent thrusts, as many times as it takes.



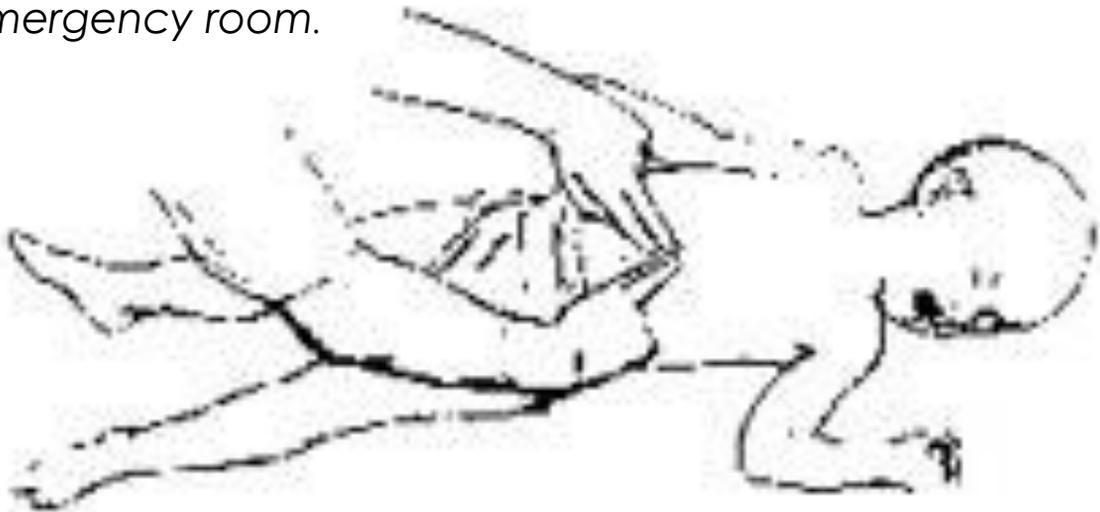
# The Heimlich Maneuver

## For Small Children

- Place your hands at the top of the pelvis;
- Put the thumb of your hand at the pelvis line;
- Put the other hand on top of the first hand;
- Pull forcefully back as many times as needed to get object out or the child becomes limp.

*Most individuals are fine after the object is removed from the airway. However, occasionally the object will go into one of the lungs. If there is a possibility that the foreign object was not expelled, medical care should be sought.*

*If the object cannot be removed completely by performing the Heimlich, immediate medical care should be sought by calling 911 or going to the local emergency room.*



# LEARN CPR

you can do it!

**CALL**



**CALL 911**

**BLOW**



**TILT HEAD,  
LIFT CHIN,  
CHECK  
BREATHING**



**GIVE TWO  
BREATHS**

**PUMP**



**POSITION  
HANDS IN THE  
CENTER OF  
THE CHEST**



**FIRMLY  
PUSH DOWN  
TWO INCHES  
ON THE CHEST  
30 TIMES**

**CONTINUE WITH TWO BREATHS  
AND 30 PUMPS UNTIL HELP ARRIVES**

# CPR Guidelines

	Adult	Child	Infant
Age	8 and up	1-8 years old	Birth to 1 year old
Compression Ratio to Breath 1 person	15:2	5:1	5:1
Compression Ratio to Breaths 2 person	15:2	5:1	5:1 compressions by wrapping hand around the baby
Rate of Compressions	100 per minute	100 per minute	At least 100 per minute
Depth of Compressions	1 ½ to 2 inches	1 ½ to 2 inches	1 ½ to 2 inches
Cycles to make 1 min	4	15	15
Rescue Breathing	1 breath every 5 seconds	1 breath every 3 seconds	1 breath every 3 seconds
Foreign Body Airway Obstruction-Conscious	Heimlich 2 hands give up to 5 and reassess	Heimlich 2 hands give up to 5 and reassess	5 back blows, 5 chest thrusts, using gravity
Foreign Body Airway Obstruction-unconscious	5 Abd. Thrust, check mouth, 2 breaths then repeat	5 Abd. Thrust, check mouth, 2 breaths then repeat	5 back blows, 5 chest thrust, using gravity, check the mouth, 2 breaths
Pulse Check	Carotid	Carotid	Brachial

# Signs of an Asthma Emergency

SEEK EMERGENCY CARE IF A CHILD EXPERIENCES ANY OF THE FOLLOWING:

- ❖ Child's wheezing or coughing does not improve after taking medicine (15-20 minutes for most asthma medications)
- ❖ Child's chest or neck is pulling in whiles struggling to breathe
- ❖ Child has trouble walking or talking
- ❖ Child's stops playing and can not start again
- ❖ Child's fingernails and/or lips turn blue or gray
- ❖ Skin between child's ribs sucks in when breathing

Asthma is different for every person. The "Asthma Emergency Signs" above represent general emergency situations as per the National Asthma Education and Prevention Program 1997 Expert Panel Report.

If you are at all uncertain of what to do in case of a breathing emergency

Call 911 and the child's parent/guardian

# Little League Elbow: To throw the curve or not!

Most sports medicine professionals and big league coaches will tell you the same thing - wait until at least 14 (some say 16-18) to throw the breaking ball. The main reasons are :

- 1.) Curveballs (and sliders) create a lot of torque on ligaments, tendons and joints. This is true at any age, but far more stressful in arms that have not matured and are still growing. Growth plates can be harmed.

- 2.) The mechanics for these pitches are complex and must be perfect to avoid arm injury, mature or still growing, it does not matter. Combine the growth plate, immature tissue factor with the less than perfect form most kids have (and coaches teach) and injury is likely; sometimes permanent.

Not only is injury a risk, but development as a pitcher is limited when you do not develop a fastball as the foundation of your pitching. Tigers roving minor league instructor Jon Matlack (NY Mets), says that a pitcher should not attempt to learn breaking ball until he develops full command of a fastball. "If he has command of a fastball, I can teach a breaking ball in 6 weeks." Throwing fastballs also develops arm strength more than breaking balls.

Dave Jauss, an advance scout for the Red Sox has a 9<sup>th</sup> grade age son with a good fastball! And that is what he will throw, along with a change up until he is at least 16. Even then Jauss is going to have a professional pitching coach teach him the mechanics (Personal Conversation, 2003).

The Globe article cites noted youth sports medicine expert Dr. Lyle Micheli of Children's Hospital, Boston, as stating "Children should not throw curveballs until their bones mature at age 14 on average. The kids do have softer tissue in their elbows that damages more easily." Ok, simply stated by an expert. Why the controversy?

There are a million reasons why a parent will teach their child a curveball at an early age, say 10-11-12 years old, so lets not dwell that it happens. The issue I have is that the average, almost all in fact, parent or youth coach is not knowledgeable in pitching mechanics to monitor the learning process of their child. My advice to those insist that teaching Jr a curve in Little League is a smart idea:

1. Think twice about it.
2. Teach a change up to compliment the fastball and educate the player on the benefits of changing pitch speeds.
3. Educate yourself with books and videos so that you can throw the pitch before you try to teach your son or daughter. If you can't train yourself, will you be effective with others?
4. Go to a private instructor and let a pro handle it. More times than not they will try to talk you out of it, but if you insist, your child will at least have the benefit of quality instruction who can monitor the all important mechanics of throwing a breaking ball.
5. Use it vary sparingly - once your child has the pitch mastered to the point where it is game ready, cap the number of times it is thrown.

A few years ago, Wellington High School (FL) pitcher Bobby Bradley had one of the best curveballs scouts had seen in years, in fact it was rated a major league pitch when he was still in high school. The Pirates drafted him in the first round that year with high hopes, but a cautious eye. More than one GM was suspect of how many pitches a southern curveball pitcher had in the tank. Today, Bradley is still pitching in the minors, but has had at least one major surgery and is likely not going to be #1 rated pitcher for anyone.

Little league is it's own special world. The stars of today rarely go on to fame and fortune (there are some who do - Gary Sheffield, Shawn Burroughs) and the kids who didn't make the all-star team bloom later and get drafted. Every kid lives for today, I understand that. But my view is that curveballs in little league usually means less 'todays' in the future.

Posted August, 2003.

# To an Athlete, Aching Young

Specialization and year-round play are putting active kids at increased risk of crippling injury

By: Christine Gorman

Considering the fact that 1 out of 6 youngsters in the U.S. is overweight, you'd think that any increase in physical activity for kids has got to be a good thing. But that isn't necessarily so. It's true that the earlier in life you make running, jumping, swimming and other physical activities a regular part of your daily routine, the healthier you'll be, provided that you keep it up as an adult. But the enormous boom over the past few years in soccer, gymnastics and other highly competitive sports for children has a dark side as well: an epidemic of sports injuries that go well beyond the bruises, scrape and occasional broken bones parents might expect.

In some cases, those injuries can lead to crippling arthritis or require extensive surgery to repair. It's no longer unheard of, to name just one example, for a 10-year-old baseball pitcher to need a tendon transplant for an ailing elbow—an operation that used to be restricted almost entirely to major league baseball players. And orthopedic surgeons report they are under increasing pressure to offer ever more experimental surgery for younger athletes.

Although sports injuries are a danger at any age, youngsters in their preteen and early teen years are particularly vulnerable, especially to vigorous, repetitive movement, because of the way their bones grow. Instead of expanding all along their length, as you might assume, young bones generate new tissue at so-called growth plates located near the ends of most bones. "The growth plate is actually at its most vulnerable in the year before it closes," says Dr. Jon Divine, medical director of the Sports Medicine Biodynamics Center at Cincinnati Children's Hospital in Ohio. Reason: a protective band of tissue that supports the growth plate starts to break down at puberty so that bone can completely ossify in preparation for adulthood. Without that protective band, the plate is especially susceptible to being unnaturally compressed or even pulled apart. Parents are often shocked to discover that overuse injuries may require six months or more to heal properly.

Specializing in one sport and playing it year round is an obvious way to court trouble. But young athletes can also be tripped up by playing different sports that put stress on the same parts of their body over and over again. For example, swimming, water polo and volleyball put a great deal of strain on the shoulders, so athletes wouldn't really give themselves a rest by switching among these sports. For the same reason, softball pitchers shouldn't swim competitively in the off-season or play football. They would be better off doing something dissimilar like bicycling, which uses different sets of muscles.

Each sport comes with characteristic dangers. Whereas volleyball players and swimmers are prone to overuse injuries of the shoulder, basketball and soccer players often have trouble in one of both of the knees. Divers, cheerleaders, gymnasts and football linemen, meanwhile, are susceptible to stress fractures of the lower back. Indeed, lower-back pain is normally uncommon in adolescents. If it shows up, parents should schedule an immediate visit to a doctor.

Some injuries seem to distribute themselves differently between the sexes. Boys suffer concussions more often than girls do, no doubt because boys play more contact sports. But researchers are only beginning to understand why girls are more likely to tear their anterior cruciate ligament (ACL), a piece of connective tissue that helps hold the knee together. The difference can be dramatic. A recent study by researchers at the Morgan Stanley Children's Hospital in Manhattan determined that adolescent female athletes were eight times as likely to injure their ACL as their male counterparts.

Part of the problem, investigators believe, may be that girls usually mature more quickly than boys do, girls' knees tend to be a little looser and girls' quadriceps muscles (at front of the thigh) are often stronger than their hamstrings (at the back of the thigh); destabilizing the knee. Many soccer coaches have learned to address the problem by spending more time drilling girls on how to land properly and encouraging them to build up their hamstrings.

But in many ways, the underlying problem is not merely one of anatomy but of psychology as well. The pressures to compete earlier and earlier in life—because winning an athlete scholarship demands it, for example, or simply because everyone else is doing it—can be immense. And it's not always clear if it's the parents, coaches or kids themselves who are pushing the hardest. "We have a culture that is tremendously out of balance, in which you have nothing but competition," says Brooke de Lench, a onetime squash and lacrosse player who wrote *Home Team Advantage*, a newly published advice book from moms who want to avoid the pitfalls of overly intense sports for their family. "Children need to be playing and having fun."

But that's a tougher goal than it seems. Just look at the set of new pitching rules that Little League is putting into effect for the 2007 season. After decades of trying to prevent injuries by limiting pitchers to six innings a game—which could result in anywhere from 54 to more than 100 pitches per outing—Little League officials will focus instead on the total number of pitches per game, depending on the pitcher's age. Pitchers 10 and younger will stop after 75 pitches, and those 11 to 12 years of age are limited to 85 pitches a game. The move, designed to minimize the chances of seriously injuring a pitcher's elbow or shoulder, was based on a research conducted by the American Sports Medicine Institute (ASMI) of Birmingham, Ala. Its studies actually indicated that an even lower number of pitches—75 children 11 to 12 years old—was ideal.

But pilot testing by the Little League organization showed that a lower limit would mean changing pitchers more often during the game than coaches and players really wanted. So the investigators looked at their data again and decided that 85 pitches was still within the safety zone—and just as important, made it more likely that a pitcher could complete an entire game.

That wasn't the only compromise. ASMI had also recommended that pitches be limited to 1,000 a season and 3,000 pitches a year. But the sports organization chose not to follow through on those guidelines, at least for now. "There is no way we could enforce or mandate it," says Stephen Keener, president and chief executive of Little League Baseball and Softball. "We understand the reasons for the season-long cap and why they are suggesting the kids do it, but we don't have any way to control it. It's already such a dramatic change in how we legislate pitching.

It's understandable that Little League officials find themselves in a bind. Even before the new limits go into effect, there are plenty of parents and coaches who think the organization is not competitive enough and are choosing to participate in one or more travel teams that often don't restrict pitching. There's no guarantee that anyone will follow Little League's lead in counting pitches. Then the question becomes, Which will your child have longer— a nice, shiny trophy from winning a tournament or the injury he or she sustained getting it?

## **ELBOW:**

**Kids who play sports like baseball and tennis risk elbow injuries from repeating throwing and hitting. The growth plate at the end of a bone is especially vulnerable: fracturing or tearing away of the bone can cause the plate to become deformed.**