

Wilson Youth Baseball and Softball

**Annual Safety Review
February 25, 2024**

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Chairman, Department of Surgery

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***Past Wilson Youth Baseball Father, Coach, Majors &
Seniors Commissioner**



Goals

1. Manager and Coach Responsibilities



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2. Discuss common injuries during baseball



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3. Review some medical emergencies



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4. Touch on risky behaviors



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1. Manager and Coach Responsibilities
2. Discuss common injuries during baseball
3. Review some medical emergencies
4. Touch on risky behaviors
5. Miscellaneous issues



My Qualifications

- ???
- Call someone if any concerns or questions about a player's injury or illness
- Call your commissioner
- Call or text me if in doubt – 610 334 5714



Manager & Coach Responsibilities

- Report all safety issues or injuries to the league
- First, report to your commissioner
- If you can't reach your commissioner, call:
 - John Scolastico – Wilson Youth Baseball President
 - (610) 781-4459
 - Tom Wenrich – Wilson Youth Softball Vice President
 - (484) 269-4655



Manager & Coach Responsibilities

- Prior to games or practice ensure each player has warmed up and stretched. Check field for Hazards
- Teach players the fundamentals of the game while advocating safety
- Ensure all equipment is maintained in safe working order



Manager & Coach Responsibilities

- Review and understand the contents of the rule book & the Wilson Youth Baseball League local rules
- Encourage players to drink often so as to avoid dehydration.
- DO NOT play children that are ill or injured.
- Do NOT leave the field until every team member has been picked up.



Manager & Coach Responsibilities

- Know your Players!!!

Talk to parents, confidentially, and inquire if their child suffers from allergies, asthma, heart conditions, past injuries, ADHD, communicable diseases such as hepatitis, HIV, AIDS, etc.

Find out if a child is taking any kind of medication



Manager & Coach Responsibilities

- Proper Equipment:
 - Catchers encouraged to wear chest protector, shin guards, and mask when warming up pitcher
 - Minimum of mask & cup when warming up pitcher
 - Hitters must wear helmet even when on deck
 - ONLY ONE PLAYER ON DECK AT A TIME (No other player should have a bat in their hand)
 - Chest plate, ankle protectors, batting mask all optional



Injuries

- In event of an injury or medical problem, visually examine player.
- If problem is serious, locate parent and if it is an emergency, call 911.
- Even if the problem is not serious, it may be desirable to locate the parent to examine their child and determine whether he or she should continue to participate.



Injuries – Bruises/Contusions

- Causes – Hit by ball, collisions with other players, solid objects
- Signs – Pain, swelling, discoloration
- Treatment – Rest, ice pack on and off
- Special evaluation for bruise/impact to head (see Concussion)



Injuries – Bruises/Contusions

- Cause of injury: other
- Signs and symptoms: bruise
- Treatment: off
- Special considerations: to head (see Concussion)



Injuries – Cuts & Scrapes

- Causes-Collisions, sliding, hit by ball, thrown bat, etc
- Signs- Bleeding, torn skin
- Treatment – Use Kit supplies to stop bleeding, keep sterile, advise wash. Bring injury to parents attention
- Note – Equipment, balls, etc with blood need to be removed from use





Scrapes

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ash. Bring

injury to parents attention

- Note – Equipment, balls, etc with blood need to be removed from use





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injury

- No
to be removed from use



Injuries – Lacerations

- Causes-Collisions with other player, bat, base anchors, etc...
- Signs- linear break in skin
- What to do – Notify parent, avoid movement, direct pressure if bleeding (one finger)
- Note – Player with a laceration deep enough for sutures should be taken to the ER
- Use common sense
- Text me a picture if you are not sure
- 610-334-5714 (Geng)





Injuries – Sprains/Strains

- Causes-Collisions with bases, players, ankle turning over while running, etc
- Signs- Pain, swelling, dislocation, discoloration
- What to do – Notify parent, avoid movement, ice pack, rest, elevation
- Note – Player with suspected sprain should not rejoin game/practice





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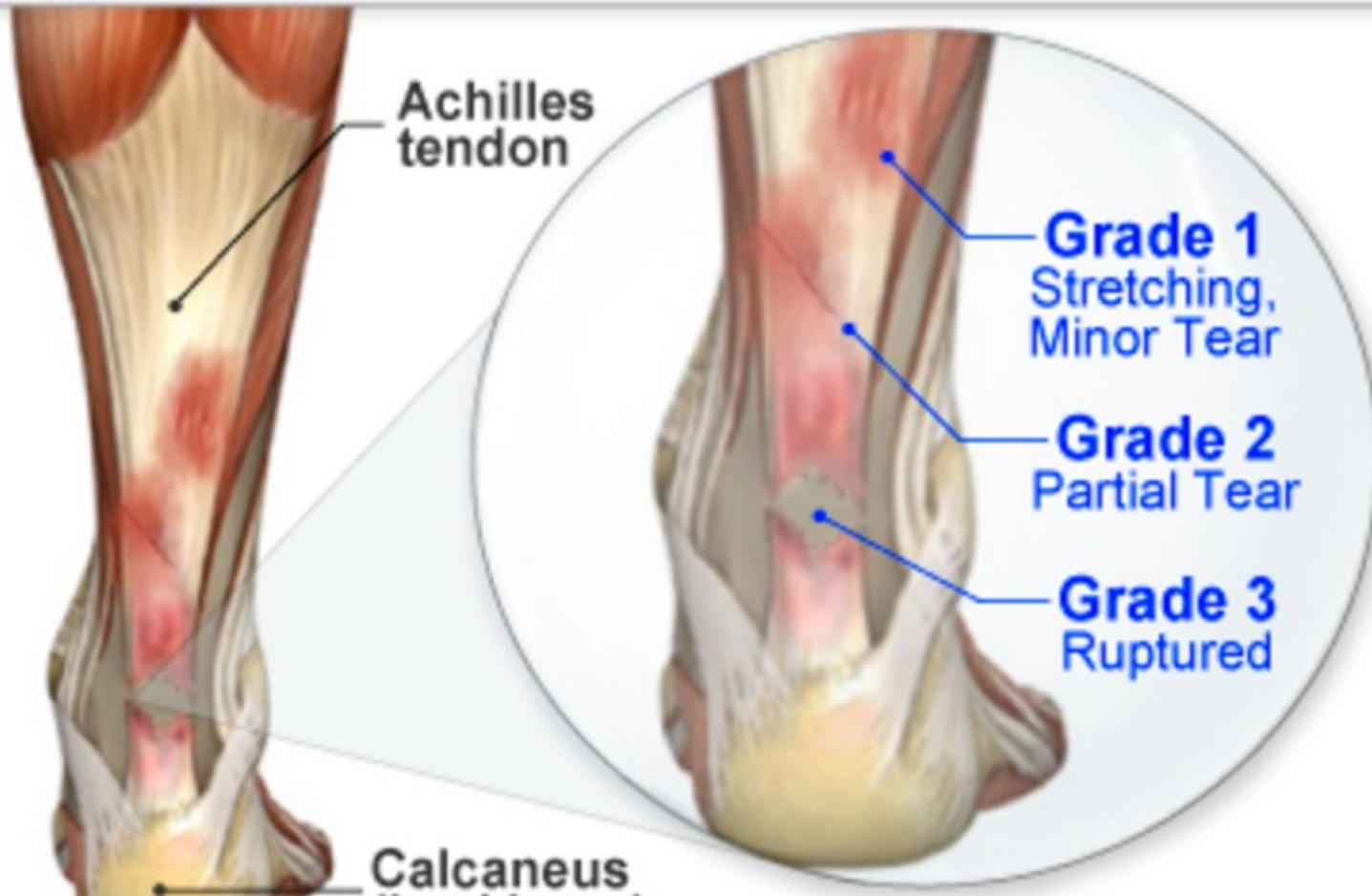


Ankle
sprain

Swelling, inflammation,
and bruising of ankle

Strained Achilles Tendon

The 3 Different Grades of Tendon Strains



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ligar
of tl

Injuries – Fractures

Open fracture

- 911 and get parent
- Control bleeding and keep clean
- Do not attempt to straighten
- No pressure. Loose bandage. Stabilize

Closed fracture

- 911 and get parent
- Stabilize
- Move as little as possible





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. Stabilize

- Stabilize
- Move as little as possible





- Move as little as possible



Injuries – Head & Neck

- Any significant impact to head, neck, back (e.g. collision, hit by ball, hit the ground) needs careful evaluation.
- Signs- Nausea, confusion, blackout, bleeding from ears/nose, ringing in ears, pain in head and/or neck.
- What to do-Contact parent, call 911, do not move if possible neck/spinal injury.
- Finger pressure on scalp laceration



Injuries – Eyes, Nose, Mouth

Eyes Minor

- Signs – Redness, Watery, Dirt in eyes
- What to do – Contact parents, avoid rubbing eyes. Gently wash with water

Eyes Major

- What to do – Contact parents, 911, do not remove impaled objects, cover good eye, place cup over impaled object to prevent movement



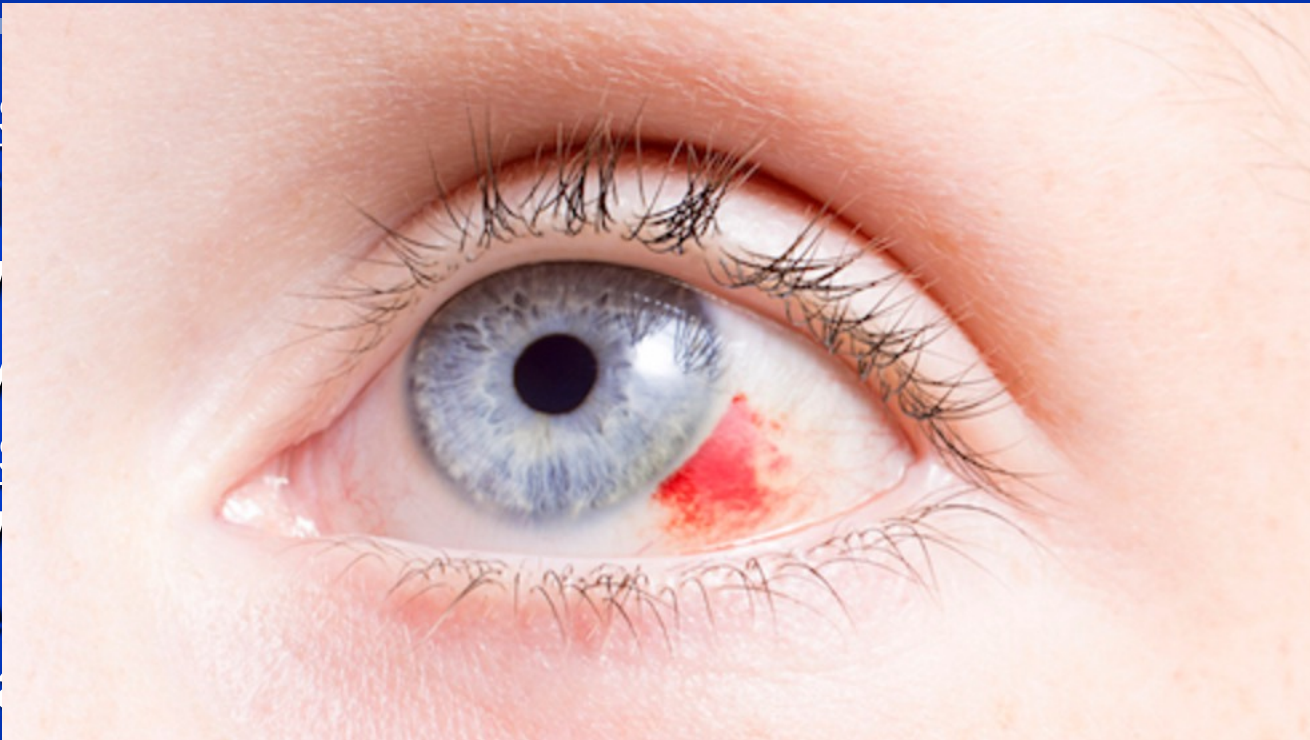
Injuries – Eyes, Nose, Mouth

Eyes

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Injuries – Eyes, Nose, Mouth

Nose

- Signs – Swelling, discoloration, pain, bleeding
- What to do – Contact parent, Lean patient forward (not back), pinch nose closed should stop 10 minutes, ice

Mouth Injuries

- Signs – Broken teeth, bleeding
- What to do – Contact parent, save teeth (do not put in liquid)(hold by enamel, not root). Use gauze to control bleeding.



Injuries – Nose bleed



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n patient
osed should



Injuries – Nose bleed



Injuries – Commotio Cordis

- Cause – An object like a baseball striking the chest wall at a sufficient velocity at a precise interval of the heart rhythm can stop the heart
- Signs – Player collapses after being struck in chest and has no pulse.
- What to do – Call 911, contact parent, commence CPR.
- Note – This is a rare occurrence. There are a few in the U.S. each year.



Source of Blow

Hockey puck



Lacrosse ball



Baseball



Fist or elbow



Primary determinants and triggers

Precordial impact site
Timed during upstroke of T wave

Contributing variables

Greater hardness of projectile
Smaller sphere
Direct orientation
Thinner, more compliant chest wall

Left lung

Rib

Chest wall

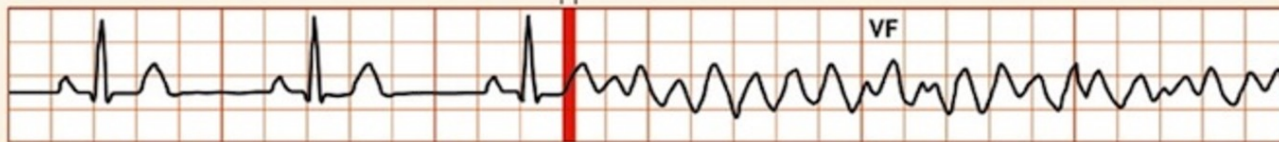
Heart wall

Rapid increase in
intracavitary pressure

20-msec
window

VF

Upstroke of
T wave



Medical Emergencies - Allergies

- Signs – Allergen (bee sting, peanut butter), Itchy, watery eyes, hives, red skin, swelling, tightness in chest and throat, difficulty breathing, player carries epi-pen
- What to do – Contact parent, call 911, if you are familiar, use the epi-pen



Medical Emergencies – Heat Cramps, Heat Exhaustion, Dehydration

- Signs: Heavy sweating, muscle cramps, weakness, nausea, can be very thirsty or not thirsty, feeling faint, confused.
- What to do – rest, get out of sun, drink water, wet towels
- Note: In extreme case of dehydration and loss of salts, plain water may not be enough.



Medical Emergencies – Heat Stroke

Very Serious/True emergency

- Signs – No sweating (too dehydrated), dry skin may be red, hot to the touch, nausea, faint, confused
- What to do – Contact parent, 911, get out of sun, rest, cool down, ice packs in arm pits and groins



Medical Emergencies – Epilepsy (Seizures, Convulsions)

Epilepsy/Seizure

- Signs - Stares into space, uncontrollable shaking, statement from person knowing that it is coming on, knowledge of this issue from health form.
- What to do – 911, contact parent, don't hold down, but protect person from injuring himself.
- Place on ground on side (to keep tongue out of airway), something soft under head.



Medical Emergencies – Choking

- Signs – holding throat, unable to cough, speak or breathe
- What to do –if they can pass air or cough leave them alone. If not, 911, contact parent.
- If you know how to administer the Heimlich maneuver, do so. If person becomes unconscious, commence CPR, if trained or find someone who is.



CPR Summary

- Check for response, consciousness
- Open airway head tilt chin lift
- Check for breathing 10 seconds
- No breathing, ask bystander to CALL 911
- Check pulse, if no pulse
- Start CPR, chest compressions only, no breaths.



Concussion Awareness

Possible Concussion

- Players who have had a head impact that is more than a graze or who have been grazed and have concussion symptoms should not be allowed to continue participating in the game or practice. Their parents should be made aware of the incident and advised to seek medical attention/advice.

Concussion

- If a player has a concussion, player's parent must provide a permission slip before he or she can participate in baseball games or practice.

Second Impact Syndrome

- Rare but serious condition. Getting another concussion before prior concussion has healed. Rapid swelling of brain, 50% chance of death, 100% certainty of brain damage.

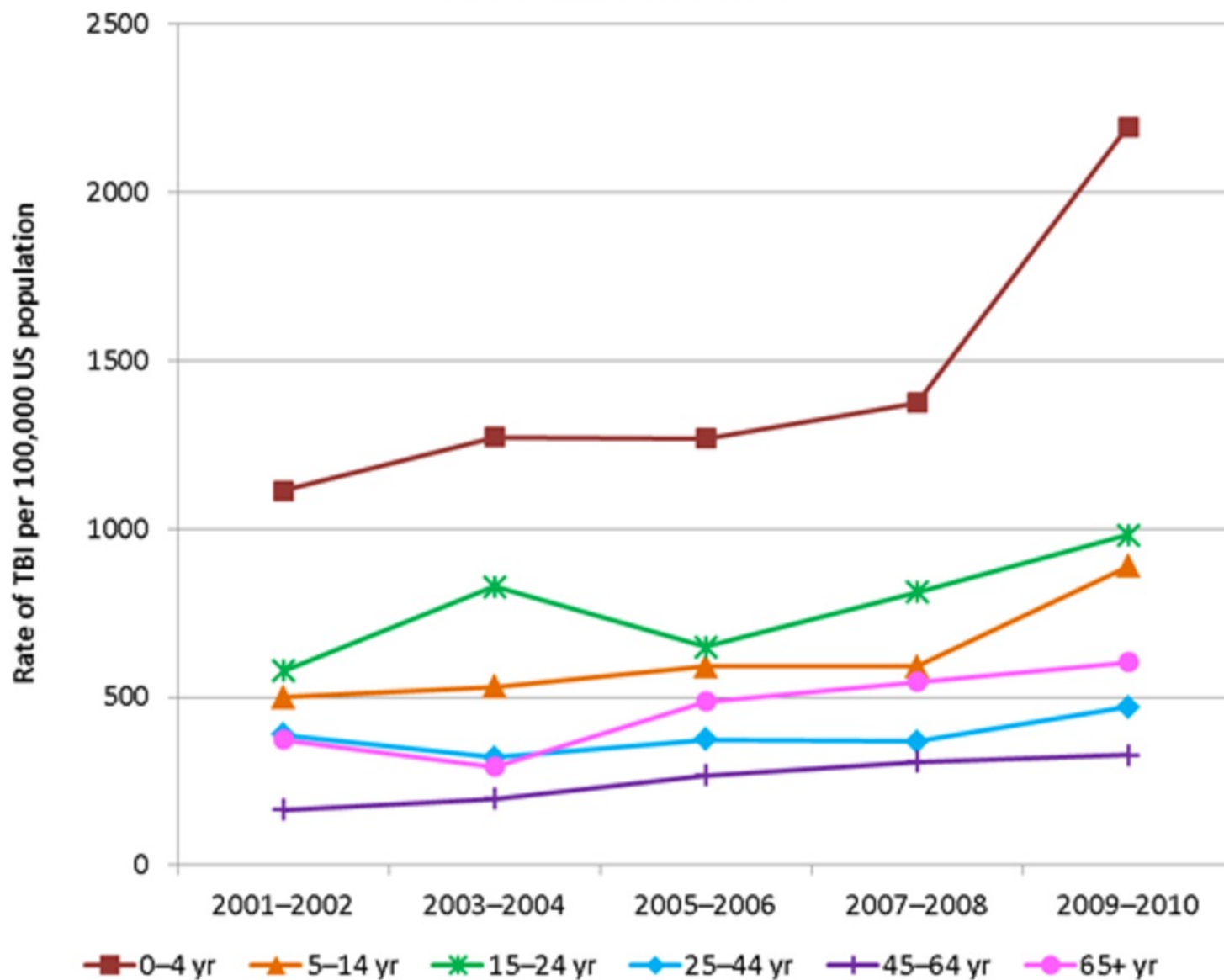


Concussion Awareness

www.CDC.gov/traumaticbraininjury



Rates of TBI-related Emergency Department Visits by Age Group —
United States, 2001–2010



National Concussion Surveillance System



Getting Answers about Concussion

CDC's Effort to Build a National Concussion Surveillance System

"How can I protect myself and my family from a concussion or other serious brain injury?" It's a question that's on the minds of many Americans.

A newly proposed surveillance system will allow CDC to start getting answers to this question and more.

2017 President's Budget

Included within the 2017 President's Budget is a request for \$5,000,000 to establish and oversee a National Concussion Surveillance System. CDC creates surveillance systems, like this, to track and monitor health information in order to better understand a health problem and learn how best to safeguard the health of Americans and their families. CDC proposes the use of a new national household telephone survey to capture health information on concussion in this country.

National Concussion Surveillance System

Should the funding be received, the National Concussion Surveillance System will allow CDC to accurately determine how many Americans (children and adults) get a concussion each year and how the injury happened. In addition, the results of a full-scale national system such as this would inform and equip leaders within communities, states, and across the country by:



HEADS UP to Youth Sports: Coaches



Online Training

Fact Sheets

Posters

Additional Resources

Free Concussion Training Course

Get prepared for the new season.

HEADS UP Concussion in Youth Sports is a free, online course available to coaches, parents, and others helping to keep athletes safe from concussion.

Privacy Notice: While CDC does not collect personally identifiable information (PII) during your visit to this site, you will, however, be asked to provide your e-mail address should you decide to register for the online training. Please note that is not necessary to register for the training in order to use this site; your registration is purely voluntary. Any information that you provide is fully protected; it is stored temporarily and used only for the online training registration purposes.



More >



Con

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www.CDC.gov

HEADS UP CONCUSSION



SIGNS AND SYMPTOMS

Athletes who experience one or more of the signs or symptoms listed below after a bump, blow, or jolt to the head or body may have a concussion.

› 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

› 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"



ACTION PLAN

As a coach, if you think an athlete may have a concussion, you should:

1. **Remove the athlete** from play.
2. **Keep an athlete with a possible concussion out of play on the same day of the injury and until cleared by a health care provider.** Do not try to judge the severity of the injury yourself. Only a health care provider should assess an athlete for a possible concussion.
3. **Record and share information about the injury,** such as how it happened and the athlete's symptoms, to help a health care provider assess the athlete.
4. **Inform the athlete's parent(s) or guardian(s)** about the possible concussion and refer them to CDC's website for concussion information.
5. **Ask for written instructions from the athlete's health care provider** about the steps you should take to help the athlete safely return to play. Before returning to play an athlete should:
 - › Be back to doing their regular school activities.
 - › Not have any symptoms from the injury when doing normal activities.
 - › Have the green-light from their health care provider to begin the return to play process.

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



For more information and to order additional materials **free-of-charge**, visit: www.cdc.gov/HEADSUP.

You can also download the CDC HEADS UP app to get concussion information at your fingertips. Just scan the QR code pictured at left with your smartphone.

The information provided in this document or through linkages to other sites is not a substitute for medical or professional care. Questions about diagnosis and treatment for concussion should be directed to a physician or other health care provider.



Centers for Disease
Control and Prevention
National Center for Injury
Prevention and Control



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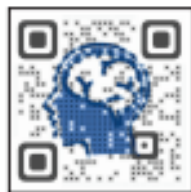
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Risky Behaviors

- No smoking on school or Wilson Youth Baseball properties (Set a good example)
- Do not be alone with child that is not yours
 - Make sure your child is present while waiting for parents of another child
 - Alternatively, ask an assistant coach to remain and wait with you
 - Avoid situations that can be questioned



Mandatory Reporting

7. Paid or unpaid individual who, as on the basis of their role as an integral part of a regularly scheduled program, activity, or service, is a person responsible for the child's welfare or has direct contact with children.

From: House Bill 1276 - Act 15 of 2015 – legislation that amended the child protective services law

- Defines clearances for volunteers
- Further clarifies and defines mandated reporters
- Defines mandatory child abuse training for health professionals
- Many other provisions



A **mandated reporter** must make a report of suspected **child abuse** if there is **reasonable cause to suspect** that a child is a victim of abuse when they:

- Come into contact with the child in the course of employment, occupation and practice of a profession or through a regularly scheduled program, activity or service
- Are directly responsible for the care, supervision, guidance or training of the child, or is affiliated with an agency, institution, organization, school, regularly established church or religious organization or other entity

A **mandated reporter** must make a report of suspected **child abuse** if there is **reasonable cause to suspect** that a child is a victim of abuse when:

- A person makes a specific disclosure to the mandated reporter that an identifiable child is the victim of child abuse
- An individual 14 years or older makes a specific disclosure to the mandated reporter that the individual has committed child abuse
 - **Mandated reporters** are required to report directly and immediately to **ChildLine** when they have a reasonable cause to suspect a child is victim of abuse.
 - The CPSL was amended to require staff members of institutions to report directly to ChildLine rather than to a person in charge of the institution.
 - Mandated reporters can file an electronic report of suspected child abuse *online*.



Mandatory Reporting

- Mandated reporters are required by law to report when they have reasonable cause to suspect a child is the victim of abuse
- A mandated reporter who willfully fails to make a report of suspected child abuse could face legal penalties
- These penalties increase with repeated violations

pennsylvania PA

PA STATE AGENCIES PA ONLINE SERVICES

FAQ Contact Us

pennsylvania
CHILD WELFARE INFORMATION SOLUTION

Need Help? Contact the CWIS Support Center at 1-877-343-0494

If the child you would like to report on is in immediate danger, please call 911 immediately.

WELCOME TO THE
Child Welfare Portal

Our service provides a means for individuals to apply for PA Child Abuse History Clearance online and for mandated reporters to report child abuse in Pennsylvania.

INDIVIDUAL LOGIN CREATE INDIVIDUAL ACCOUNT

Organizations can manage PA Child Abuse History Clearances online for their employees and volunteers

ORGANIZATION LOGIN CREATE ORGANIZATION ACCOUNT



<https://www.compass.state.pa.us/cwis/public/home>



Miscellaneous

- Lightning
 - Average lightning strike is 6-10 miles long, moves 25 MPH and has up to 30 million volts
 - Once the leading edge of a storm approaches to within 10 miles, you are at risk!
 - If threatening skies appear or when thunder is heard, close monitoring of conditions shall begin



Miscellaneous

- **Lightning**
 - If cloud to ground lightning is seen, play shall be suspended immediately
 - Play shall not resume until 20 minutes from the last sign of lightning.
 - ***During Suspended Play, Players should:***
 - Leave the dugout/field area with parents. Get players to cars and wait for your decision on whether to continue the game or practice.
 - Stay away from metal including fencing and bleachers.
 - Do not hold metal bats or metal rakes



Manager & Coach Responsibilities

- Use Incident/Injury Tracking Form





WILSON YOUTH BASEBALL CAL RIPKEN INJURY REPORT

Please print neatly

League Name: **Wilson Youth Baseball Cal Ripken (WYB)** Incident Date: _____

Field Name/Location: _____ Incident Time: _____

Injured Person's Name: _____ Date of Birth: _____

Address: _____ Age: _____ Sex: ☐ Male ☐ Female

City: _____ State: _____ ZIP: _____ Home Phone: _____

Parent's Name (If Player) _____ Cell Phone: _____

Parents' Address (If Different) _____ City: _____

Incident occurred while participating in:

A.) ☐ Baseball

B.) ☐ T-Ball/Single A/Double A/Triple A/Majors/Seniors (**Circle one**)

C.) ☐ Tryout ☐ Practice ☐ Game ☐ Tournament ☐ Special Event

Other (Describe): _____

Position/Role of person(s) involved in incident:

D.) ☐ Batter ☐ Base Runner ☐ Pitcher ☐ Catcher ☐ First Base ☐ Second

☐ Third ☐ Short Stop ☐ Left Field ☐ Center Field ☐ Right Field ☐ Dugout

☐ Umpire ☐ Coach/Mgr. ☐ Spectator ☐ Volunteer Other: _____

Type of injury: _____

Was first aid required? ☐ Yes ☐ No If yes, what: _____

Was professional medical treatment required? ☐ Yes ☐ No If yes, what: _____

Type of incident and location:

A) On Primary Playing Field

☐ Base Path: ☐ Running or ☐ Sliding

☐ Hit by Ball: ☐ Pitched or ☐ Thrown or ☐ Batted

☐ Collision w/: ☐ Player or ☐ Structure

☐ Grounds Defect

☐ Other: _____

B) Adjacent to Playing Field

☐ Seating Area

☐ Parking Area

C.) Concession Area

☐ Volunteer Worker

☐ Customer/Bystander

D.) Off Ball Field

☐ Travel

☐ Car or ☐ Bike

☐ Walking

☐ League Activity

Please give a short description of incident: _____

Could this accident have been avoided? How: _____

Prepared By/Position: _____ Phone Number: _____

Signature: _____ Date: _____

This form is for WYB league purposes only, to report safety hazards, unsafe practices and/or to contribute positive ideas in order to improve league safety. When an accident occurs, obtain as much information as possible and email the Safety Director Evan Spohn at edspohn@comcast.net. This form should be completed and submitted to the league within 20 days of the incident



Miscellaneous

- Pitch Counts
 - A significantly higher risk of **elbow** injury occurred after pitchers reached 50 pitches in a single outing
 - A significantly higher risk of **shoulder** injury occurred after pitchers reached 75 pitches in a single outing
 - In one season, a **total of 450 pitches or more** led to cumulative injury to the elbow and the shoulder



Miscellaneous

- Pitch Counts

- The mechanics, whether good or bad, **did not** lead to an increased incidence of arm injuries
- The preliminary data suggest that throwing curveballs **increases** risk of injury to the shoulder more so than the elbow
- The pitchers **who limited their pitching repertoire to the fastball and change-up** had the lowest rate of injury to their throwing arm.



Questions

