FIRST AID AND INJURY MANAGEMENT GUIDELINES

Approving authority	Baseball Queensland Board of Management
Approval date	17 March 2022
Next scheduled review	2024
Related documents	Australian Institute of Sport Framework for Rebooting Sport Club Help Medical Emergency Planning: A practical guide for community clubs National Injury Prevention Strategy 2020-2030 (in development) Sports Medicine Australia Concussion Policy

1. BACKGROUND

Sport is a great way for people to get fit and stay healthy; however, participation in sport also creates a risk of injury. This is particularly the case when returning to sport after a long break. The most common cause of injury for baseballers is being hit by the ball. Also common are injuries associated with sliding to base (more common in adults), over-exertion, falls, collision with another player, misjudged catches resulting in finger injuries and being hit by the baseball bat (more common in children). Injuries to children are mostly to the head/fact, including bruising, lacerations and concussion. Finger injuries, particularly strains/sprains are also common. In adults, strains/sprains to the ankle or knee and fractures to the nose or tibia/fibula may also occur.

The National Injury Prevention Strategy 2020-2030 has been developed to help reduce the rate and impact of injury among Australians of all ages. Risk of injury can be minimised by supporting athletes to develop good practices for warmup, play and cool down. The correct use of safety equipment is essential. Nutrition and hydration are also important to athlete wellness, particularly in warmer weather. Technical norms which are in place for Baseball Queensland Tournaments provide additional information which is relevant to minimising the risk of injury.

During our various competitions, Baseball Queensland has a responsibility to ensure that players and officials have access to appropriate support in the event of an injury during competition play or training. It is also important to determine when an injured athlete or official is able to return to play following an injury.

2. FIRST AID SUPPORT

First aid support is to be available at all training sessions and competitions. The level of first aid support will differ depending on the number of players participating and the level of play.

2.1 Clubs: Sports Medicine Australia has developed a Medical Emergency Planning: A practical guide for community clubs and it is recommended that at the beginning of each season, clubs review this document, develop a Medical Emergency plan and communicate this to the club. This includes providing education and ensuring that relevant equipment and resources are available.

2.2 BQ training programs: For all BQ training programs at least one member of the coaching staff should have basic First Aid Qualifications and be the nominated first aid provider. Prior to training programs commencing, the program lead should ensure that adequate First Aid resources are available at the location.

2.3 BQ Tournaments: A dedicated person with appropriate First Aid Qualifications will be available for all BQ Tournaments where more than four teams are playing in the tournament. First Aid qualifications should be commensurate with the expected level of risk with a greater level of

qualification This individual should have First Aid as their only responsibility to ensure that they are available to act urgently if required. An external First Aid provider is recommended to allow for flexibility and continuity in service provision and supply of relevant First Aid supplies.

2.4 BQ High-Performance competitions: A dedicated person with appropriate First Aid Qualifications will be available. This individual should have First Aid as their only responsibility to ensure that they are available to act urgently if required. An external First Aid provider is recommended to allow for flexibility and continuity in service provision and supply of relevant First Aid supplies.

2.5 The dedicated First Aid Officer will be responsible for completing injury reports and supplying this to the Scorer (for competitions), the Tournament Director (for tournaments) or the coaching staff lead (for training sessions). A baseball specific Injury Reporting Form is available here.

2.6 An ambulance should be called for any injury which results in loss of consciousness, neck or spine injuries, broken bones, injuries to the head/face, eye or abdominal injuries, or at the discretion of the nominated First Aid Officer.

3. TREATMENT AND RETURN TO SPORT

3.1 Treatment depends on the type and severity of the injury. Always recommend the injured person be reviewed by a doctor if the injury is serious or if pain persists after a couple of days.

3.2 Physiotherapy can help to rehabilitate the injured site and, depending on the injury, may include exercises to promote strength and flexibility. Returning to sport after injury depends on the assessment of a doctor or physiotherapist.

3.3 Trying to play before the injury is properly healed will only cause further damage and delay recovery. The biggest single risk factor for soft tissue injury is a previous injury. Athletes with a significant injury should be cleared to play before resuming training or competition.

4. CONCUSSION

4.1 In baseball, concussion is not as common as other injuries but can still occur. Concussion is a disturbance in brain function rather than a structural injury to the brain. It is caused by direct or indirect force to the head, face, neck or elsewhere with the force transmitted to the head. A player does not have to become unconscious to have a concussion. Loss of consciousness occurs in only 10-15% of cases of concussion.

4.2 Children are more susceptible to concussion because of their developmental differences – less developed neck muscles, increased head to neck ratio; and developing brain cells and pathways.

4.3 Concussion is difficult to diagnose, and this can only be done by a medical doctor. Recognising suspected concussion and/or injuries which can contribute to a concussion developing are important for players, parents and coaches.

4.4 Recovery from concussion varies. Most people recover well from symptoms.

4.5 The three most important steps in initial concussion management are:

4.5.1 Recognise that an injury has occurred (collision with another player, equipment or the ground). The player may be motionless or get up slowly. They may be disoriented or have a blank/vacant stare. Balance and coordination problems may occur. See Appendix 1 for on field management of concussion.

4.5.2 Remove the player from the game or activity

4.5.3 Refer the player to a qualified doctor for assessment.

4.6 No one can decide that it is okay for a player with a suspected concussion to resume participating on the same day other than a medical practitioner. This includes the player themselves, parents/guardians of junior players, coaches, and officials.

4.7 Most people will recover in approximately 2 weeks, although this differs depending on concussion history, mechanism of injury, age and gender. Children typically take longer to recover than adults (up to 4 weeks). Women may have more symptoms and more severe outcomes than men following concussion.

4.8 Medical clearance is needed to return to training and play. Appendix 2 provides additional information about return to play.

5. DEVELOPMENT, REVISION AND APPROVAL HISTORY

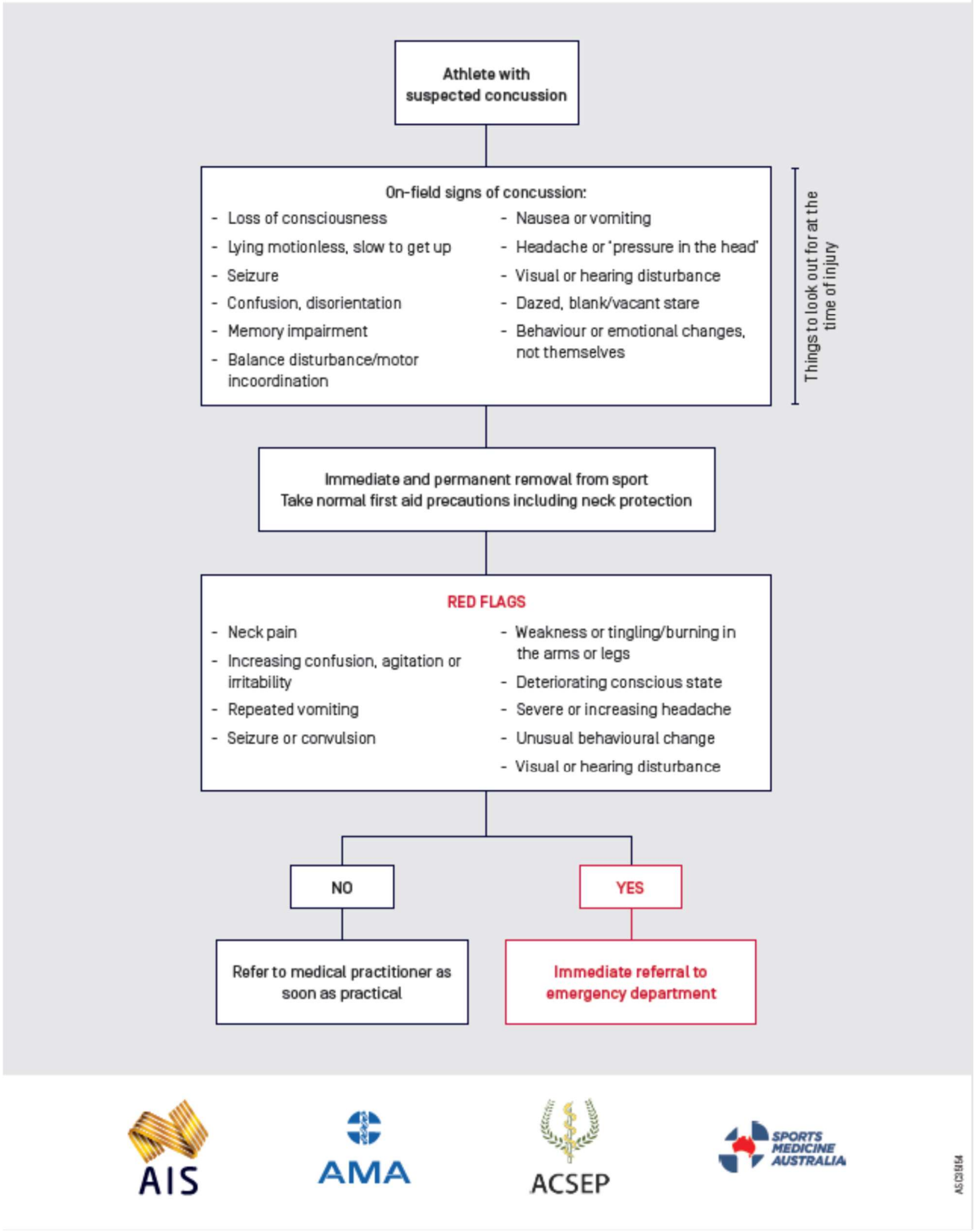
Version No	Developed/ Modified by	Content authorised by	Approving Officer	Date of Effect	Last Reviewed
1	Andrea Marshall	David Badke	Board of Management	17/03/2022	17/03/2022

Appendix 1

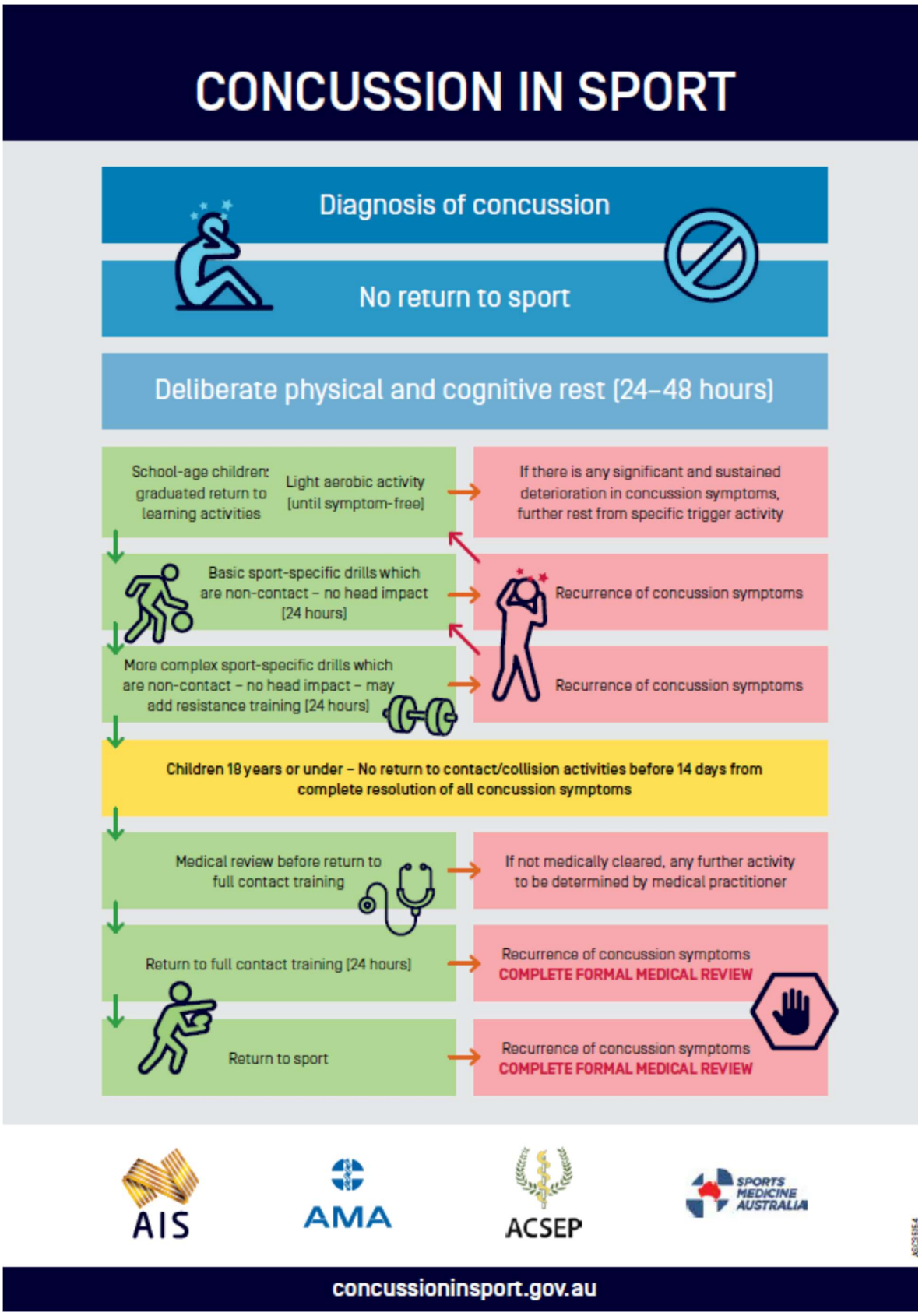
Concussion in Sport Australia

Concussion management flow chart – **on field**

(for parents, coaches, teachers, team-mates, support staff)



Appendix 2


CONCUSSION IN SPORT
Diagnosis of concussion
No return to sport
Deliberate physical and cognitive rest (24–48 hours)
School-age children: graduated return to learning activities
Light aerobic activity (until symptom-free)
If there is any significant and sustained deterioration in concussion symptoms, further rest from specific trigger activity
Basic sport-specific drills which are non-contact – no head impact (24 hours)
Recurrence of concussion symptoms
More complex sport-specific drills which are non-contact – no head impact – may add resistance training (24 hours)
Recurrence of concussion symptoms
Children 18 years or under – No return to contact/collision activities before 14 days from complete resolution of all concussion symptoms
Medical review before return to full contact training
If not medically cleared, any further activity to be determined by medical practitioner
Return to full contact training (24 hours)
Recurrence of concussion symptoms
COMPLETE FORMAL MEDICAL REVIEW
Return to sport
Recurrence of concussion symptoms
COMPLETE FORMAL MEDICAL REVIEW
AIS
AMA
ACSEP
SPORTS MEDICINE AUSTRALIA
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