

2025 SAFETY PLAN

VICTORIA SOUTHWEST LITTLE LEAGUE

LEAGUE ID#992063408



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VSWLL SAFETY PLAN MISSION STATEMENT

The purpose of this plan is to set clear guidelines and procedures that help provide a safe environment for all our league participants, resources, and spectators. The information within the plan will increase the safety of league activities, instruction, facilities, and equipment through education, compliance, and reporting. Little League sets these principles and standards International, as well as our Victoria Southwest Little League Bylaws. VSWLL is committed to providing the organizational leadership required to monitor and enforce compliance of these safety goals.

The VSWLL Safety Plan includes the Little League Code of Conduct as well as the Safety Code adopted by the VSWLL Board of Directors. These documents set the specific safety related policies and procedures of the league. All participants, volunteers, employees, spectators, and guests must abide by the guidelines set forth in these documents.

VSWLL CODE OF CONDUCT

We, the VICTORIA SOUTHWEST LITTLE LEAGUE, have adopted the following Sport Parent Code of Conduct for the important message it holds about the proper role of parents in supporting their child in sports.

Parents should read, understand and sign this form prior to their children participating in our league.

Any parent guilty of improper conduct at any game or practice will be asked to leave the sports facility and be suspended from the following game. Repeat violations may cause a multiple game suspension, or the season forfeiture of the privilege of attending all games.

Preamble

The essential elements of character-building and ethics in sports are embodied in the concept of sportsmanship and six core principles:

Trustworthiness

Respect

Responsibility

Fairness

Caring

Good Citizenship

The highest potential of sports is achieved when competition reflects these “six pillars of character.”

I therefore agree:

I will not force my child to participate in sports.

I will remember that children participate to have fun and that the game is for youth and not adults.

I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.

I will learn the rules of the game and the policies of the league.

I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or other sporting event.

I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing and taunting; refusing to shake hands; or using profane language or gestures.

I will not encourage any behaviors or practices that would endanger the health and wellbeing of the athletes.

I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.

I will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.

I will teach my child that doing one's best is more important than winning, so that my child will never feel defeated by the outcome of a game or his/her performance.

I will praise my child for competing fairly and trying hard, and make my child feel like a winner every time.

I will never ridicule or yell at my child or other participants for making a mistake or losing a competition.

I will emphasize skill development and practices and how they benefit my child over winning. I will place less emphasis on games and competition for younger age groups.

I will promote the emotional and physical wellbeing of the athletes ahead of any personal desire I may have for my child to win.

I will respect the officials and their authority during games and will never question, discuss, or confront coaches at the game field, and will take time to speak with coaches at an agreed upon time and place.

I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol and I will refrain from their use at all sports events.

I will refrain from coaching my child or other players during games and practices, unless, I am one of the official coaches of the team.

VSWLL SAFETY CODE

League officers, participants, members, and volunteers are required to abide by this code during all VSWLL activities. The code will be reviewed yearly and revised as necessary to support the league's commitment to safety. This document and all revisions will be adopted by the Board of Directors each year.

Little League Rules and the SWLL Safety Manual will be in force at all activities

A comprehensive survey will be conducted each year for all fields and facilities used by the VSWLL, and the results will be documented on official Little League forms or approved VSWLL forms and uploaded to the Little League Data Center.

So that emergency services can be reached in the case of an incident, a fixed or mobile phone shall be available at all league activities, before play commences.

Managers will be provided with basic training in first aid, concussion protocols, and warm-up exercises.

First aid kits will be supplied to every team and shall be available at all team activities.

No outside activities shall take place if the environment, weather or field condition presents a possible risk of injury.

Managers and Umpires shall walk the field/facility prior to games or practices to inspect for any conditions that pose safety hazards. Any conditions found will be immediately reported to the Safety Officer, or remedied before activities commence.

All team equipment will be stored within the confines of the dugout, not in the field of play.

An assigned player, wearing a helmet, by the team Manager or coach will be responsible for clearing the field of loose equipment and bats.

During practice and games, each player should be paying attention to the batter on each pitch while in the field of play.

Only a player on the field up to bat is allowed to swing a bat on the field. No "On Deck" position or swings are permitted. Everyone on the field should be alert of the area around them when bats are on the field.

During warm up drills, establish enough space between players to reduce the risk of injury from wild throws.

Equipment shall be inspected regularly for damage, proper fit, and compliance with the most recent Little League regulations.

Batters are required to wear Little League approved protective helmets when in the batter's box or when running bases while a ball is in play during practices and games.

A catcher must wear a catcher's helmet with mask and throat guard, long model chest protector, shin guards, and protective cup with athletic supporter (Males) at all times during practices and games while behind the plate.

A catcher must wear a catcher's helmet with mask and throat guard, and protective cup with athletic supporter (Males) while warming up pitchers at all times during practices and games. NO EXCEPTIONS

Managers and coaches should encourage all (Male) players to wear protective cups with athletic supporters.

PER RULE 3.09, Managers or coaches must not warm up a pitcher at home plate or in the bull pen or elsewhere at any time.

Except when a runner is returning to a base, NO headfirst slides are permitted.

At no time should "horseplay" be permitted on the playing field or in the dugout.

Remove ALL watches and jewelry during practice and games.

Managers and coaches are to be aware of heat stress symptoms and encourage players to take breaks and drink water, (or sports drinks in moderation), as needed during practice and games.

Remember, safety is everyone's responsibility.

Prevention is the key to reducing the opportunity for incidents to occur.

2025 VSWLL Board of Directors/General Members

Name	Position	Contact
Lindsey Vollmering	President	620-210-0893
Thomas Svetlik	Vice President	361-550-1659
Thomas Svetlik	Safety Officer	361-550-1659
Luisa Chavarria	Player Agent/Secretary	361-212-3539
Courtney Ortega	Treasure	361-676-3896
David Longoria	Player Agent	361-308-0529
Jamie Lara	Equipment Manager/Umpire in Chief	361-571-4793
Angela Gomez	Communications Manager	361-218-9878
Robbie Marsh	Sponsorships	361-648-4547
Ashley Kucera	Team Mom Manager	361-500-9278
Robert Gomez	General Member	361-220-3980
Michael Crump	General Member	806-252-0492
Patricia Hoffman	General Member	361-648-7976
Jason Schneider	General Member	361-649-5341

VSWLL
EMERGENCY / NON-EMERGENCY
CONTACT LIST

EMERGENCY - DIAL 911

EMERGENCY CONTACTS

VICTORIA COUNTY SHERIFF DEPT.	361-575-0651
VICTORIA POLICE DEPT.	361-485-3700
VICTORIA FIRE DEPARTMENT	361-485-3450
VICTORIA COUNTY EMERGENCY MANAGEMENT	361-485-3362
VICTORIA COUNTY DISPATCH OFFICE	361-573-3221
VICTORIA COUNTY FIRE MARSHALL	361-579-9103
VICTORIA COUNTY HEALTH DEPT.	361-578-6281
VICTORIA COUNTY ANIMAL CONTROL	361-578-3564
NATIONAL POISON CONTROL CENTER HOTLINE	1-800-222-1222

AREA HOSPITAL & HEALTH CARE FACILITIES

DETAR HOSPITAL - NAVARRO	361-575-7441
DETAR HOSPITAL - NORTH	361-573-6100
CITIZENS MEDICAL CENTER	361-2573-9181
TWIN FOUNTAINS WALK-IN (SAM HOUSTON)	361-578-5730
TWIN FOUNTAINS WALK-IN (MAIN)	361-578-3363
TEXAS HEALTH CENTER WALK-IN (NAVARRO)	361-576-0330
DRISCOLL CHILDRENS AFTER HOURS	361-572-1045

UTILITY CONTACTS

CITY OF VICTORIA	361-485-3000
CITY OF VICTORIA (WATER & SEWER)	361-485-3380
QUAIL CREEK MUD DISTRICT	361-572-0810
CITY OF VICTORIA PARKS & RECREATION	361-485-3200
VICTORIA YOUTH SPORTS COMPLEX	361-485-3211

League Safety Officer Responsibilities

The League Safety Officer is an elected member of the VSWLL Board of Directors. This individual acts as the VSWLL primary point of contact for safety interests.

VSWLL CONSTITUTION / SECTION 7

Safety Officer. The Safety Officer shall:

(a) Be responsible to create awareness, through education and information, of the opportunities to provide a safer environment for youngsters and all participants of Little League Baseball.

(b) Develop and implement a plan for increasing safety of activities, equipment and facilities through education, compliance and reporting.

NOTE: In order to implement a safety plan using education, compliance and reporting, the following suggestions may be utilized by the Safety Officer:

(1) Education - Should facilitate meetings and distribute information among participants including players, managers, coaches, umpires, league officials, parents, guardians and other volunteers.

(2) Compliance - Should promote safety compliance leadership by increasing awareness of the safety opportunities that arise from these responsibilities.

(3) Reporting - Define a process to assure that incidents are recorded, information is sent to league/district and national offices, and follow-up information on medical and other data is forwarded as available.

- Prior to the beginning of each upcoming season, the LSO will present the reviewed and updated Safety Plan to the Board of Directors. Once approved by the Board, the League Safety Plan will be submitted to the Little League ASAP Data Center and presented to Manager and Team Parent meetings.
- Verify Little League volunteer guidelines are communicated and followed
- Verifies that each team is supplied with a First Aid Kit
- Conducts the required Annual Safety Survey / Audit
- Ensures that facilities and equipment meet league guidelines and are in safe condition to be used.
- Monitors and addresses any safety concerns during practice or game play

-
- Verifies the Safety Plan is followed as intended throughout the season and any issues are resolved and documented in a timely manner.
 - Actively promote safety topics throughout the season

League Manager and Team Parent

Safety Responsibilities

Team Managers and Team Parents perform a crucial role in ensuring that the Leagues Safety Plan is successful through awareness and compliance.

- Verify that all volunteers have the following: filled out volunteer form, background checks submitted and are approved, Abuse Awareness and Diamond Leader Courses are received, before allowing participation in team activities
- Report and follow up with the League Safety Officer on any incidents or concerns that arise during the season
- Perform facility walk downs before each practice and game to identify any abnormal safety conditions
- Promote and share safety topics with players, volunteers, and parents
- Closely monitor and act on weather and surrounding environmental conditions during team activities
- Verify equipment, used during team activities, complies with the most current Little League rules and guidelines.

VSWLL

VOLUNTEER REQUIREMENTS

Victoria Southwest Little League requires that anyone that participates in league operations comply with Little League International's volunteer registration and background check guidelines as outlined in the most current release of the Official Little League Regulation Handbook. All leagues must conduct a national criminal background check for each volunteer or hired worker that also includes the Department of Justice National Sex Offender Registry check. Regulation 1 (c) 9 requires: A background check must include the review of the U.S. Center for SafeSport's Centralized Disciplinary Database and Little League Ineligible list. All leagues must have an Official Abuse Awareness Course Certificate and Little League Diamond Leader Certificate for each volunteer or hired worker on file.

1 (c) Each league shall:

- 8. *Require that all of the following personnel have annually submitted a fully completed official "Little League Volunteer Application" to the local league president or use the JDP Quickapp which is stored on the JDP Database, to the local league president, prior to the applicant assuming his/her duties for the current season: Managers, Coaches, Board of Directors members and any other persons, volunteers or hired workers, who provide regular service to the league and/or have repetitive access to, or contact with, players or teams.*
- The "Little League Volunteer Application" must be maintained by the president of the local league's board of directors for all personnel named above, for a minimum of the duration of the applicant's service to the league for the year. We recommend that the league keep the application for 2 years after they leave service. Failure to comply with this regulation may result in the suspension or revocation of tournament privileges and/or the local league's charter by the action of the Charter or Tournament Committee in Williamsport.

1(c) Each league shall:

- 9 *Conduct an annual background check on all personnel that are required to complete a "Little League Volunteer Application" prior to the applicant assuming his/her duties for the current season. No local league shall permit any person to participate in any manner, whose background check reveals a conviction for any crime involving or against a minor. A local league may prohibit any*

individual from participating as a volunteer or hired worker, if the league deems the individual unfit to work with minors.

If a local league becomes aware of information by any means whatsoever, that an individual, including, but not limited to volunteers, players, and hired workers, has been convicted or pled guilty to any crime involving or against a minor, the local league must contact the applicable government agency to confirm the accuracy of the information. Upon confirmation of a conviction for, or a guilty plea, to a crime against or involving a minor, the local league shall not permit the individual to participate in any manner.

The method in which VSWLL will accept volunteer applications will be online through the following link:
<https://leagues.bluesombrero.com/Default.aspx?tabid=1956797&familyid=3000000000005374192&subctl=volunteersinfo>

VSWLL

INCIDENT WEATHER AND LIGHTNING POLICY

- The VSWLL Safety Officer or at least one member from the board of directors, who is not actively involved in a game, will be available to monitor weather conditions.
- VSWLL Safety Officer, Board Member(s), and umpires will use their discretion on whether or not to cancel the game.
- Every coach is required to download and use the Little League WeatherBug App that has a Spark Lightning indicator. Parents are encouraged to download this App as well. This App is free of charge.
- At the sound of thunder or detection of lightning within 10 miles of the field, umpires or coaches will immediately stop the game or practice. Once 30 minutes have passed without any lightning within 10 miles, coaches or umpires may resume play.
- No more than a single thirty-minute weather delay shall be taken during a game before the game is officially called or postponed.
- All players and spectators must take shelter in a car with the windows rolled up, or inside permanent buildings.
- Players may not shelter in the dugouts.
- These policies must be strictly enforced and followed at all times.

<http://knowbefore.weatherbug.com/2014/04/08/new-little-league-weatherbug-app/>

VSWLL FACILITY AUDIT SUMMARY					
FACILITY	DISRIPTION	ADDRESS	COORDINATES	INSPECTION DATE	STATUS
GF - 6	VICTORIA SPORTS COMPLEX				
GF - 7	VICTORIA SPORTS COMPLEX				
GF - 8	VICTORIA SPORTS COMPLEX				
GF - 9	VICTORIA SPORTS COMPLEX				
GF - 10	VICTORIA SPORTS COMPLEX				
GF - 11	VICTORIA SPORTS COMPLEX				
GF - 12	VICTORIA SPORTS COMPLEX				
STORAGE UNIT	VICTORIA SPORTS COMPLEX				
PF - 1	BEHIND Q.C. VFD				
PF - 2	NE CORNER				
PF - 3	DUCK DR. WEST SIDE				
PF - 4	SE CORNER				
PF - 5	MIDDLE SOUTH / EAST SIDE				
PF - 6	MIDDLE NORTH / EAST SIDE				
PF - 7	WOODEN BACKSTOP TBALL				
PF - 8	COUNTRY EXPRESS				
PF - 9	Q.C. TRIANGLE				
PF - 10	MISSION VALLEY SCHOOL				

Facility and Field Inspection Checklist

Field / Location: _____

Date: _____ Time: _____

Holes, damage, rough or uneven spots on infield or outfield.

Slippery areas, long grass.

Glass, rocks and other debris or foreign objects on field.

Damage to screens, fence edges or sharp fencing.

Unsafe conditions around backstop, pitcher's mound.

Unsafe conditions around home plate and bases.

Ensure bases disengage.

Chalk lines and mark officially – mark on fair side of stringer

Remove Tarps (Unity 1, 3 & 4). Condition of dugout

DETAILS:

Signature: _____

Sport Parent Code of Conduct

We, the _____ Little League, have implemented the following Sport Parent Code of Conduct for the important message it holds about the proper role of parents in supporting their child in sports. Parents should read, understand and sign this form prior to their children participating in our league.

Any parent guilty of improper conduct at any game or practice will be asked to leave the sports facility and be suspended from the following game. Repeat violations may cause a multiple game suspension, or the season forfeiture of the privilege of attending all games.

Preamble

The essential elements of character-building and ethics in sports are embodied in the concept of sportsmanship and six core principles:

- Trustworthiness,
- Respect,
- Responsibility,
- Fairness,
- Caring, and
- Good Citizenship.

The highest potential of sports is achieved when competition reflects these "six pillars of character."

I therefore agree:

1. I will not force my child to participate in sports.
2. I will remember that children participate to have fun and that the game is for youth, not adults.
3. I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
4. I will learn the rules of the game and the policies of the league.
5. I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or other sporting event.
6. I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing and taunting; refusing to shake hands; or using profane language or gestures.

7. I will not encourage any behaviors or practices that would endanger the health and well being of the athletes.
8. I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
9. I will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.
10. I will teach my child that doing one's best is more important than winning, so that my child will never feel defeated by the outcome of a game or his/her performance.
11. I will praise my child for competing fairly and trying hard, and make my child feel like a winner every time.
12. I will never ridicule or yell at my child or other participants for making a mistake or losing a competition.
13. I will emphasize skill development and practices and how they benefit my child over winning. I will also de-emphasize games and competition in the lower age groups.
14. I will promote the emotional and physical well-being of the athletes ahead of any personal desire I may have for my child to win.
15. I will respect the officials and their authority during games and will never question, discuss, or confront coaches at the game field, and will take time to speak with coaches at an agreed upon time and place.
16. I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol and I will refrain from their use at all sports events.
17. I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.

Parent/Guardian Signature



LITTLE LEAGUE® BASEBALL AND SOFTBALL MEDICAL RELEASE



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

Player: _____ Date of Birth: _____ Gender (M/F): _____

Parent(s)/Legal Guardian Name: _____ Relationship: _____

Parent(s)/Legal Guardian Name: _____ Relationship: _____

Player's Address: _____ City: _____ State/Country: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

PARENT OR LEGAL GUARDIAN AUTHORIZATION: Email: _____

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: _____ City: _____ State/Country: _____

Hospital Preference: _____

Parent Insurance Co: _____ Policy No.: _____ Group ID#: _____

League Insurance Co: _____ Policy No.: _____ League/Group ID#: _____

If Parent(s)/Legal Guardian cannot be reached 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

Date of last Tetanus Toxoid Booster: _____

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.

Mr./Mrs./Ms. _____
Authorized Parent/Legal Guardian Signature Date: _____

FOR LEAGUE USE ONLY:

League Name: _____ League ID: _____

Division: _____ Team: _____ Date: _____

**WARNING: PROTECTIVE EQUIPMENT CANNOT PREVENT ALL INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN
BASEBALL/SOFTBALL.**

Little League does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.

For Local League Use Only**Activities/Reporting****A Safety Awareness Program's
Incident/Injury Tracking Report**

League Name: _____ League ID: ____ - ____ - ____ 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): _____ Work Phone: () _____

Parents' Address (If Different): _____ City _____

Incident occurred while participating in:

- A.) ☐ Baseball ☐ Softball ☐ Challenger ☐ TAD
- B.) ☐ Challenger ☐ T-Ball ☐ Minor ☐ Major ☐ Intermediate (50/70)
- ☐ Junior ☐ Senior ☐ Big League
- C.) ☐ Tryout ☐ Practice ☐ Game ☐ Tournament ☐ Special Event
- ☐ Travel to ☐ Travel from ☐ Other (Describe): _____

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

- D.) ☐ Batter ☐ Baserunner ☐ Pitcher ☐ Catcher ☐ First Base ☐ Second
- ☐ Third ☐ Short Stop ☐ Left Field ☐ Center Field ☐ Right Field ☐ Dugout
- ☐ Umpire ☐ Coach/Manager ☐ 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: _____

(If yes, the player must present a non-restrictive medical release prior to being allowed in a game or practice.)

Type of incident and location:

- A.) On Primary Playing Field
- ☐ Base Path: ☐ Running or ☐ Sliding
- ☐ Hit by Ball: ☐ Pitched or ☐ Thrown or ☐ Batted
- ☐ Collision with: ☐ 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 or
- ☐ Walking
- ☐ League Activity
- ☐ Other: _____

Please give a short description of incident: _____

Could this accident have been avoided? How: _____

This form is for local Little League use only (should not be sent to Little League International). This document should be used to evaluate potential 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. For all Accident claims or injuries that could become claims to any eligible participant under the Accident Insurance policy, please complete the Accident Notification Claim form available at http://www.littleleague.org/Assets/forms_pubs/asap/AccidentClaimForm.pdf and send to Little League International. For all other claims to non-eligible participants under the Accident policy or claims that may result in litigation, please fill out the General Liability Claim form available here: http://www.littleleague.org/Assets/forms_pubs/asap/GLClaimForm.pdf.

Prepared By/Position: _____ Phone Number: () _____

Signature: _____ Date: _____

FIRST AID DOCUMENTS

1. ALLERGIC REACTIONS
2. ASHTMA
3. BROKEN BONES
4. BUG BITES AND STINGS
5. CONCUSSIONS
6. CUTS
7. DEHYDRATION
8. DISLOCATIONS
9. EYE INJURIES
- 10.HEAT ILLNESS
- 11.NOSEBLEEDS
- 12.SEIZURES
- 13.TEETH INJURIES

Serious Allergic Reactions (Anaphylaxis)

What Is Anaphylaxis?

Anaphylaxis is a severe allergic reaction. Things that can cause allergic reactions are called allergens.

Anaphylaxis (an-eh-fil-AK-siss) most often happens during allergic reactions to:

- foods
- insect stings
- medicines
- latex

Anaphylaxis can be scary. But being prepared will help you treat a reaction quickly.

What Are the Signs & Symptoms of Anaphylaxis?

Allergic reactions can cause:

- trouble breathing
- throat tightness or feeling like the throat or airways are closing
- hoarseness or trouble speaking
- wheezing
- nasal stuffiness or coughing
- nausea, belly pain, vomiting, or diarrhea
- trouble swallowing
- fast heartbeat or pulse
- skin itching, tingling, redness, or swelling
- hives
- a feeling like something bad is about to happen
- pale skin
- passing out

Anaphylaxis can cause different symptoms at different times. It's considered anaphylaxis if someone has:

- any severe symptoms, such as trouble breathing, repeated vomiting, passing out, or throat tightness or
- two or more mild symptoms, such as hives and vomiting or coughing and belly pain

The person needs treatment right away.

How Is Anaphylaxis Treated?

Someone with anaphylaxis needs help right away. The reaction can get worse very quickly. So doctors usually want people with allergies to carry injectable medicine called **epinephrine**. Epinephrine enters the bloodstream and works quickly against serious allergy symptoms.

Doctors prescribe epinephrine auto injectors. These should always be with the child with allergies, including at school, sports, jobs, and other activities. The auto injector is small and easy to use.

If the doctor prescribes epinephrine for your child, the doctor will show you how to use it. Two auto injectors should always be with your child in case one injector does not work or your child needs a second dose.

Your doctor also might instruct you to give your child antihistamines in certain cases. But **always** treat a serious reaction with epinephrine. Never use antihistamines instead of epinephrine in serious reactions.



What Should I Do If My Child Has a Serious Reaction?

Seconds count during anaphylaxis. If your child shows signs of a serious allergic reaction:

1. **Give the epinephrine auto-injector right away.** If you are alone with your child, give this medicine first, then call 911. If someone is with you, have the person call 911 while you give the epinephrine.
2. Lay your child down with legs raised while you wait for the ambulance.
3. Go to the emergency room, even if symptoms improve after epinephrine. Your child must be under medical supervision for several hours. This is because a second wave of serious symptoms (called a biphasic reaction) often happens. Your child can get more treatment at the emergency room, if needed.

What Else Should I Know?

Serious allergies can be alarming. But you can help keep your child safe. Be sure to:

- Help your child avoid allergens.
- Always having two epinephrine auto injectors with your child.
- Tell any caregivers, teachers, or coaches about your child's allergy and be sure they know what to do in an emergency.
- Check that your child's auto injectors have not expired and don't get too hot or too cold.
- Have your child wear a medical ID bracelet so others know to use the epinephrine in case of an emergency.

First Aid: Asthma Flare-Ups

During an asthma flare-up (or attack), the airways in the lungs become irritated and swollen, making breathing harder.

Some flare-ups are mild, but others can be life-threatening. So it's important to know how to spot them and deal with them right away.

Signs & Symptoms

Of an asthma flare-up include:

- wheezing

- coughing
- chest tightness
- shortness of breath

Of a **severe asthma flare-up** include:

- trouble breathing even when sitting still
- difficulty speaking without pausing
- feeling tired or drowsy
- blueness around the lips
- the areas below the ribs, between the ribs, and in the neck sink in with each breath

What to Do

Doctors usually give patients a detailed asthma action plan that includes how to prevent and handle flareups. If your child has an asthma flare-up, follow the plan's treatment guidelines. Because each child's asthma is different, each action plan will be too.

Get Emergency Medical Care or Call 911 if Your Child:

- begins to show signs of a severe flare-up
- has a flare-up that enters the danger zone (red zone) of the asthma action plan

Think Prevention!

To help prevent flare-ups:

- Help your child to avoid the triggers that can cause flare-ups.
- Make sure your child takes the long-term control medicine as directed by the doctor — even when feeling well.
- Make sure your child always has the prescribed medicines and takes them to school and on trips.
- Be sure your child gets a flu shot every year.
- Work with the doctor to follow your child's asthma action plan.

First Aid: Broken Bones

Broken bones (or fractures) are a common injury in kids. They often happen after a fall. All broken bones need medical care, no matter how small it seems.

Signs & Symptoms of a Broken Bone

Your child may have a broken bone if:

- you heard a "snap" or a grinding noise during an injury
- there's swelling, bruising, or tenderness
- the injured part is difficult to move or hurts when moving, being touched, or bearing weight

What to Do

- Take clothing off the injured area.
- Apply an ice pack wrapped in cloth.
- Keep the injured limb in the position you find it.
- Put a simple splint on the broken area if you have one. A splint holds the bone still. This protects it until the child is seen by the doctor. To make a splint, you can use a small board, cardboard, or folded up newspapers. Wrap it with an elastic bandage or tape.
- Get medical care.
- Don't let your child eat or drink in case they need surgery.

Do Not Move Your Child and Call 911 Right Away If:

- You suspect a serious injury to the head, neck, or back. • A broken bone comes through the skin.
- While waiting for help:
- Keep your child lying down. ○ Do **not** wash the wound or push in any part that's sticking out.

Bug Bites and Stings

Bug bites and stings usually are just annoying, causing temporary discomfort and pain, but no serious or lasting health problems. But sometimes, they can cause infections that require treatment and allergic reactions that can be serious, even fatal.

Parents should know the signs of an infection or allergic reaction, and when to get medical care. Inform all caregivers if a child has any history of problems so they know what to do in the event of a bug bite or sting.

Handling Bee and Wasp Stings

- A bee will usually leave behind a stinger attached to a venom sac. Try to remove it as quickly as possible using a scraping motion, without pinching the venom sac at the end. (Wasps don't leave their stingers in the skin after stinging, which means they can sting more than once.)
- Wash the area carefully with soap and water. Do this two to three times a day until the skin is healed.
- Apply an ice pack wrapped in a cloth or a cold, wet washcloth for a few minutes.
- Give acetaminophen or ibuprofen for pain.
- For pain and itching, give an over-the-counter oral antihistamine if your child's health care provider says it's OK; follow dosage instructions for your child's age and weight. You could also apply a corticosteroid cream or calamine lotion to the sting area.
- A sting anywhere in the mouth needs immediate medical attention because this can quickly cause severe swelling that may block airways.
- Get medical care if you notice a large skin rash or swelling around the sting site, or if swelling or pain lasts for more than 3 days, which could be signs of an infection.
- The following signs may indicate a serious or potentially life-threatening allergic reaction. Use an epinephrine autoinjector if it's available, and **call 911 right away** if you notice:
 - wheezing or trouble breathing
 - tightness in throat or chest
 - swelling of the lips, tongue, or face
 - dizziness or fainting
 - nausea or vomiting

If your child has had an allergic reaction to a bee or wasp sting in the past, see your health care provider for a prescription for an epinephrine auto-injector.

Handling Spider Bites

- Wash the area carefully with soap and water. Do this two to three times a day until skin is healed.
- Apply cool compresses.
- Give acetaminophen or ibuprofen for pain.
- To protect against infection, apply an antibiotic ointment and keep your child's hands washed.
- If you have any reason to suspect a bite by a black widow spider or brown recluse spider, use soap and water to wash the bite site, apply a cold compress or ice wrapped in a washcloth, and take your child to the emergency room. Even if he or she doesn't show any symptoms, get medical attention right away.

Most spiders found in the United States are harmless, with the exception of the black widow and the brown recluse spider. The **brown recluse spider** — a tiny oval brown spider with a small shape like a violin on its back — is found mostly in midwestern and southern parts of the United States. This spider likes to hide in dark, quiet places like in attics or garages, under porches, and in woodpiles. The bites usually don't hurt at first (a child might not even be

aware of the bite), but in some cases they cause swelling, changes in skin color, and a blister, which can later scar. Chills, fever, rash, pain, nausea, and rarely, more serious symptoms like seizures or coma can follow a bite.

The **black widow spider**, which is found all over North America, has a shiny black body and an orange-red hourglass shape on its underbelly. The venom (a toxic substance) in a black widow bite can cause painful cramps that show up within a few hours of the bite. The cramps can start in the muscles around the bite and then spread. The bite may also lead to nausea, vomiting, chills, fever, headache, and muscle aches. If your child has any of these symptoms — or you think he or she has been bitten — go to the emergency room right away.

Handling Scorpion Stings

Another sting to look out for is one caused by a scorpion.

- Wash the area with soap and water, apply a cold compress or ice wrapped in a washcloth on the sting, and take your child to the emergency room immediately.

If a person gets stung by a scorpion, the area of the sting will hurt and may get swollen or red, depending on the type of scorpion. More severe reactions from the venom involving other parts of the body also can happen.

Because it's hard to tell a dangerous scorpion from one that is harmless, all scorpion stings must be treated by a health care provider. Capture the scorpion for identification if it's possible to do so safely, and bring it with you. Knowing the type of scorpion that caused the bite may make treatment easier.

Handling Tick Bites

Check kids and pets for ticks carefully after they've been in or around a wooded area. Ticks removed within 24 to 48 hours are less likely to transmit diseases like Lyme disease. Common types of ticks include dog ticks and deer ticks (deer ticks may be carriers of Lyme disease).

If you find a tick on your child:

- Call your health care provider, who may want you to save the tick in a sealed container or zip-locked bag for identification later.
- Use tweezers to grasp the tick firmly at its head or mouth, next to the skin.
- Pull firmly and steadily upward on the tick until it lets go (do not twist or jerk the tick), then swab the bite site with alcohol.
- Don't use petroleum jelly or a lit match to kill and remove a tick. These methods don't get the tick off the skin, and may cause the insect to burrow deeper and release more saliva (which increases the chances of disease transmission).

Preventing Bites and Stings

Here are some ways to protect your family from bites and stings:

- Prevent flea infestations by treating your house (including all carpets, furniture, and pets) regularly during the warmer months. Frequent vacuuming also can help.
- Avoid mosquitoes by staying away from areas where mosquitoes breed, such as still pools or ponds, during hot weather. Remove standing water from birdbaths, buckets, etc.; try to stay inside when mosquitoes are most active (dawn and dusk); and apply insect repellent when kids go outside.
- When in tick country, stay in the center of trails, avoiding woody areas with high grass. Check kids for ticks every few hours and as soon as you come inside. Remove any you find immediately. The most important places to check are behind the ears, on the scalp, on the back of the neck, in the armpits, in the groin area, and behind the knees. Have kids shower as soon as they come in from outdoors. Check your pets when they come inside, too. Use tick products on pets to prevent them from being bitten.
- Use insect repellent when spending time outdoors camping, hiking, etc. Repellents that contain 10% to 30% DEET (N,N-diethyl-meta-toluamide) are approved for mosquitoes, ticks, and some other bugs. Repellents that contain picaridin (KBR 3023) or oil of lemon eucalyptus (p-menthane 3,8-diol or PMD) are effective against mosquitoes. Follow the instructions carefully. Check what ages the product is appropriate for, and don't overuse it — using more

than is needed won't provide any extra protection. Reapply insect repellent according to the directions after swimming.

- When you or your kids are in wooded areas, tuck clothes in and keep as covered up as possible. Tuck pants into socks and shirts into pants. Wear shoes and socks when walking on grass, even it's just for a minute. Bees and wasps can sting unprotected feet.
- Wear gloves when gardening.
- Don't disturb bee or wasp nests.
- Don't swat at buzzing insects — they will sting if they feel threatened.
- Be aware that spiders might be hiding in undisturbed piles of wood, seldom-opened boxes, or corners behind furniture, and proceed with caution.

Dealing With Cuts

Most small cuts aren't a danger to kids. But larger cuts often need immediate medical treatment. Depending on the type of wound and its location, there's a risk of damage to tendons and nerves.

What to Do:

For Minor Bleeding From a Small Cut or Scrape:

- Rinse the wound thoroughly with water to clean out dirt and debris.
- Wash the wound with a mild soap and rinse well. (For minor wounds, you don't need to use an antiseptic solution to prevent infection, and some can cause allergic skin reactions.)
- Cover the wound with a sterile adhesive bandage or sterile gauze and adhesive tape.
- If the bandage gets wet, remove it and apply a new one. After the wound forms a scab, a bandage isn't needed.
- Check the wound daily.
- Call your doctor if the wound is red, swollen, tender, warm, or draining pus.

For Bleeding From a Large or Deep Cut or Tear:

- Rinse off the wound with water so you can see it clearly and check its size.
- Place a piece of sterile gauze or a clean cloth over the entire wound. If available, wear clean latex or rubber gloves.
- If you can, raise the bleeding body part above the level of the child's heart. Do **not** apply a tourniquet.
- Using the palm of your hand on the gauze or cloth, apply steady, direct pressure to the wound for 5 minutes. (During the 5 minutes, do **not** stop to check the wound or remove blood clots that may form on the gauze.)
- If blood soaks through the gauze, do **not** remove it. Apply another gauze pad on top and continue applying pressure.

Call your doctor or get immediate medical care for all large or cuts or tears, or if:

- you can't stop the bleeding after 5 minutes of pressure, or if the wound begins bleeding again (continue applying pressure until help arrives)
- you can't clean out dirt and debris thoroughly, or there's something else stuck in the wound
- the wound is on the child's face or neck
- the injury was caused by an animal or human bite, a burn, electrical injury, or puncture wound (e.g., a nail)
- the cut is more than half an inch long or appears to be deep — large or deep wounds can result in nerve or tendon damage

If you have any doubt about whether stitches are needed, call your doctor.

Concussions

What Is a Concussion?

A concussion is a type of mild traumatic brain injury (or mild TBI). It happens when a blow to the head or an injury makes the head move back and forth with a lot of force. This causes chemical changes in the brain and sometimes damage to the brain cells.

Kids and teens who follow their health care provider's recommendations usually feel better within a few weeks of the concussion.

What Are the Signs & Symptoms of a Concussion?

Someone with a concussion might be knocked out (this is called a loss of consciousness). But a person doesn't have to get knocked out to have a concussion.

Signs and symptoms of a concussion include:

- headache
- blurred or double vision
- dizziness, balance problems, or trouble walking
- confusion and saying things that don't make sense
- being slow to answer questions
- slurred speech
- nausea or vomiting
- not remembering what happened
- not feeling well

Symptoms of a concussion usually happen right away, but can show up hours or days after an injury. A teen with a concussion may:

- have trouble focusing
- have learning or memory problems
- have a headache that gets worse
- have sleep problems
- feel sad, easily upset or angered, or nervous

If your child has been diagnosed with a concussion, call your health care provider or go to the ER if your child:

- has a severe headache or one that gets worse
- has a seizure
- passes out
- has other symptoms (such as continued vomiting) that worry you

These could be signs of a serious concussion, and your child might need treatment in a hospital.

What Happens in a Concussion?

The skull helps protect the brain from injury. Spinal fluid cushions the brain inside the skull. A blow or jolt to the head can hurt the brain directly or make the brain move around and bang up against the hard bone of the skull. This changes the signals between nerves, which causes concussion symptoms.

How Do Kids and Teens Get Concussions?

Most concussions in kids and teens happen while playing sports. The risk is highest for kids who play football, ice hockey, lacrosse, soccer, and field hockey.

Concussions also can happen from:

- car or bicycle accidents
- a fight

- a fall

How Are Concussions Diagnosed?

To diagnose a concussion, the health care provider will:

- ask about how and when the head injury happened
- ask about symptoms
- test memory and concentration
- do a physical exam and test balance, coordination, and reflexes

If a head injury happens while someone is playing sports, a coach or athletic trainer may do **sideline concussion testing**. This is when a trained person does a few simple tests after a head injury to help decide if the athlete needs immediate medical care. **An athlete who has a head injury must stop playing** and see a doctor before returning to play.

Many schools or sports leagues use **baseline concussion tests**. Baseline testing uses computer programs to test a player's normal brain function. It checks attention, memory, and speed of thinking. Doctors compare testing after an injury with baseline results to see how someone is recovering.

Concussions do not show up on a CAT scan or MRI. So, the doctor may not order a brain scan for a mild concussion. A CAT scan or MRI might be done to look for other problems if someone:

- was knocked out
- keeps vomiting
- has a severe headache or a headache that gets worse
- was injured in serious accident, such as from a car accident or very high fall

How Are Mild Concussions Treated?

Each person with a concussion heals at their own pace. It's important to find a balance between doing too much and too little.

At first, your child needs to cut back on physical activities and those that require a lot of concentration. Then, he or she can start trying these activities again. Symptoms don't have to be completely gone for your child to add activities. But if symptoms interfere with an activity, your child should take a break from it. He or she can try it again after a few minutes or longer, or try a less strenuous version of the activity.

Help your child follow these steps:

Rest (for 1–2 days after the concussion)

- Have your child relax at home. Calm activities such as talking to family and friends, reading, drawing, coloring, or playing a quiet game are OK. If symptoms interfere with an activity, your child should take a break from it. He or she can try it again after a few minutes or longer, or try a less strenuous version of the activity.
- Your child should avoid or cut down on screen time. Video games, texting, watching TV, and using social media are likely to cause symptoms or make them worse.
- Don't let your teen drive.
- Be sure your child avoids all sports and any activities (such as roughhousing with friends, or riding a bike or skateboard) that could lead to another head injury. • Help your child get plenty of sleep. He or she should:
 - Keep regular sleep and wake times.
 - Avoid screen time or listening to loud music before bed.
 - Avoid caffeine.
 - Nap during the day, as needed.
- For the first few days after the injury, if your child has a headache and your health care provider says it's OK, your child can take acetaminophen (Tylenol® or a store brand) or ibuprofen (Advil®, Motrin®, or a store brand).

Light Activity (usually within a few days to a week after the concussion)

- Your child can slowly try more activities, such as going for a walk or watching TV. If symptoms interfere with an activity, your child should take a break from it. He or she can try it again after a few minutes or longer, or try a less strenuous version of the activity.
- After a few days, your child should feel well enough to return to school. Work with your health care provider and a school team to create a plan for returning to school. Your child may need to start with a shorter day or a lighter workload. If your child is not back in school by 5 days after the concussion, call your health care provider.
- If your teen drives, ask your health care provider when your teen can start to drive again.
- Be sure your child continues to avoid all sports and any activities that could lead to another head injury.
- Make sure your child continues to get plenty of sleep each night. If your child doesn't feel tired during the day, he or she doesn't need to nap.
- If your child still needs medicine for headaches, talk to your health care provider.

Moderate Activity (usually about a week after the concussion)

- If symptoms are nearly gone, your child can go back to most activities, including regular schedules for school and work.
- Be sure your child continues to avoid all sports and any activities that could lead to another head injury.
- If symptoms interfere with an activity, your child should take a break from it. He or she can try it again after a few minutes or longer, or try a less strenuous version of the activity.

Regular Activity (a month or more after the concussion)

- If all concussion symptoms are gone, your child can go back to all activities, **except sports**.
- For sports, your health care provider will work with your child's coach and athletic trainer (if available) to create a clear, written plan for a gradual return to play. Don't let your child go back to playing sports until your health care provider says it's OK.

When Can Teens Go Back to Sports After a Concussion?

Student athletes must wait until their health care provider says it's safe before returning to sports. This means that they:

- have had a physical exam
- are back in school
- have no symptoms
- aren't taking any medicines for concussion symptoms
- are back to their baseline results on physical and cognitive testing

Hurrying back to sports and other physical activities puts teens at risk for **second-impact syndrome**. This is when someone gets another head injury before the concussion has healed. Although very rare, second-impact syndrome can cause lasting brain damage and even death. Almost every state has rules about when teens with concussions can start playing sports again.

Looking Ahead

People are much more likely to get a concussion if they've had one before. So preventing concussions is very important after a head injury. To prevent another concussion:

- Be sure that any teams your child is on has rules to reduce the risk of concussions, such as limits on tackling (football) or heading the ball (soccer).
- Be sure your child wears a helmet for skiing, snowboarding, biking, riding a scooter, skateboarding, or rollerblading. A concussion can still happen while wearing a helmet, but the helmet can protect your child from a skull fracture and serious brain injury.
- Kids who get another head injury should never ignore symptoms or try to "tough it out." They need to stop the sport or activity they are doing and get medical care right away.

Dehydration

What Is Dehydration?

We all lose some body water every day in our sweat, tears, urine (pee), and stool (poop). Water also evaporates from skin and leaves the body as vapor when we breathe. We usually replace this body fluid and the salts it contains through our regular diet.

Sometimes, kids lose large amounts of water and salts. This can happen when they have a fever, diarrhea, or vomiting, or through long periods of exercise with lots of sweating. And some illnesses can make it hard for them to drink fluids.

If they can't replace the fluid that's been lost, kids can become dehydrated.

What Are the Signs and Symptoms of Dehydration?

If your child has a fever, diarrhea, or vomiting, or is sweating a lot on a hot day or during intense physical activity, watch for signs of dehydration. These include:

- a dry or sticky mouth
- few or no tears when crying
- eyes that look sunken
- in babies, the soft spot (fontanelle) on top of the head looks sunken
- peeing less or fewer wet diapers than usual
- dry, cool skin
- irritability
- drowsiness or dizziness

How Is Dehydration Treated?

It's important to know the early signs of dehydration and to respond quickly if your child has them. The goal in treating dehydration is to replace fluids and restore body fluids to normal levels.

Kids who are mildly dehydrated from lots of activity will probably be thirsty and should drink as much as they want. Plain water is the best option. They should rest in a cool, shaded spot until the lost fluid has been replaced.

Rehydration

Kids with mild to moderate dehydration due to diarrhea from an illness (like gastroenteritis) should have their lost fluids replaced. This is known as **rehydration**. It's done by giving a special liquid called an **oral rehydration solution (ORS)** over the course of 3 to 4 hours.

ORS is available in many grocery stores and drugstores without a prescription. It has the right combination of sugar and salts that dehydrated kids need.

Start the rehydration process by giving your child 1 or 2 teaspoons (5 or 10 milliliters) of an ORS every few minutes. You can use a spoon or an oral syringe. This may not seem like enough fluids to rehydrate your child, but these small amounts can add up to more than a cup (237 milliliters) an hour. If your child does well, you can gradually give bigger sips a little less often.

Even kids who are vomiting can usually be rehydrated this way because the small frequent sips get absorbed in between the vomiting episodes.

A breastfed infant should continue to be nursed, even during rehydration, unless vomiting repeatedly. Give the ORS in between feedings. Stop giving formula to a formula-fed baby during rehydration, and restart as soon as your baby can keep fluids down and isn't showing signs of dehydration.

Do not give a dehydrated child water, soda, ginger ale, tea, fruit juice, gelatin desserts, or chicken broth. These don't have the right mix of sugar and salts and can make diarrhea worse. Older kids who are dehydrated can have sports drinks, but oral rehydration solution is best for young children and infants.

When your child is rehydrated, you can serve a normal diet, including breast milk, formula, or milk.

Some dehydrated kids do not improve when given an ORS, especially if they have explosive diarrhea (very frequent BMs that are forceful and very loud) or are vomiting often. When fluid losses can't be replaced for these or other reasons, a child might need to get intravenous (IV) fluids in the hospital.

If you're treating your child for dehydration at home and feel that there's no improvement or that the dehydration is getting worse, call your doctor right away or take your child to the nearest emergency room (ER).

Can Dehydration Be Prevented?

Making sure kids get plenty of fluids when they're sick or physically active can help protect them from getting dehydrated.

How to keep them hydrated can depend. For example, a child with a sore throat may become dehydrated because drinking or eating is too painful. Easing the pain with acetaminophen or ibuprofen may help, and cold drinks or popsicles can soothe a burning throat while also giving fluids.

Not all fevers need to be treated, but if your child is uncomfortable and not getting enough fluids, you can give acetaminophen or ibuprofen to help control the fever.

It's important that kids drink often during hot weather. Those who play sports or are very physically active should drink extra fluids beforehand, and then take regular drink breaks (about every 20 minutes) during the activity. Ideally, sports practices and competitions should be held in the early morning or late afternoon to avoid the hottest part of the day.

Thirst is **not** a good early sign of dehydration. By the time they feel thirsty, kids might already be dehydrated. That's why they should start drinking before they feel thirsty and have more fluids even after thirst is quenched.

Dehydration and the "Stomach Flu"

Kids with mild gastroenteritis (also called the "stomach flu") who aren't dehydrated should still drink extra fluids to replace those lost from vomiting and diarrhea. Most kids can safely eat their regular diet while they're sick.

Infants with mild gastroenteritis who aren't dehydrated should continue getting breast milk or regular-strength formula. Older kids may continue to drink full-strength milk and other fluids.

Foods that are usually well tolerated by kids with gastroenteritis who aren't dehydrated include: complex carbohydrates (such as rice, wheat, potatoes, bread, and cereals), lean meats, yogurt, fruits, and vegetables. Avoid fatty foods or foods high in sugars (including juices and soft drinks).

If your child is vomiting and isn't dehydrated, give fluids often, but in small amounts.

First Aid: Dislocations

A dislocation is when two connected bones slip out of position in a joint. Dislocations are caused by falls and hard impacts, such as in sports injuries, and are more common in teens than young children. These injuries require emergency medical care to avoid further damage.

Signs and Symptoms

A joint is where two or more bones come together. A joint may be dislocated if it is:

- swollen

- bruised or red
- painful
- difficult to move
- out of place **What to Do**

If you think your child has a dislocation, **get emergency medical care or call 911**. Until care arrives:

- Leave the joint alone. Attempting to move or jam a dislocated bone back in can damage blood vessels, muscles, ligaments, and nerves.
- Put an ice pack covered in a cloth on the area around the joint. Ice can ease swelling and pain in and around the joint.
- Use ibuprofen or acetaminophen for pain.

Think Prevention!

- Make sure kids wear safety gear during sports activities.
- Supervise children when they're playing — a hard fall can happen anywhere, anytime.
- Avoid tugging hard on a young child's arm or shoulder, which can cause injury or dislocation.

Eye Injuries

Eye injuries are the most common preventable cause of blindness. While many minor eye irritations can be treated at home by flushing the eye with water, more serious injuries need medical attention. So when in doubt, err on the side of caution and call your doctor for help.

What to Do:

Routine Irritations (sand, dirt, and other foreign bodies on the eye surface)

- Wash your hands thoroughly before touching the eyelids to examine or flush the eye.
- Do **not** touch, press, or rub the eye itself, and do whatever you can to keep your child from touching it (a baby can be swaddled to prevent this).
- Do **not** try to remove any foreign body except by flushing. Other methods can scratch the surface of the eye, especially the cornea.
- Tilt your child's head over a basin or sink with the affected eye down and gently pull down the lower lid. Encourage your child to open the eyes as wide as possible. For an infant or small child, it's helpful to have a second person hold the child's eyes open while you flush.
- Gently pour a steady stream of lukewarm water (do **not** heat the water) from a pitcher or faucet over the eye.
- Flush for up to 15 minutes, checking the eye every 5 minutes to see if the foreign body has been flushed out.
- Because a particle can scratch the cornea and cause an infection, the eye should be examined by a doctor if irritation continues after flushing.
- A foreign body that remains after flushing probably will require removal by a trained medical professional.

Embedded Foreign Body (an object penetrates or enters the globe of the eye)

If an object, such as a piece of glass or metal, is sticking out of the eye, take the following steps:

- Call for emergency medical help or bring the child to the emergency room.
- Cover the affected eye with a small cup taped in place. The point is to keep all pressure off the eye.
- Keep your child (and yourself) as calm and comfortable as possible until help arrives.

Chemical Exposure

- Many chemicals, even those found around the house, can damage an eye. If your child gets a chemical in the eye and you know what it is, look on the product's container for an emergency number to call for instructions.
- Flush the eye (see Routine Irritations) immediately with lukewarm water for 15 to 30 minutes. If both eyes are affected, flush them in the shower.
- Call for emergency medical help.

Call your local poison control center for specific instructions. Be prepared to give the exact name of the chemical, if you have it. However, do **not** delay flushing the eye first.

Black Eyes and Blunt Injuries

A black eye is often a minor injury. But this bruising also can be the result of a significant eye injury or head trauma. A visit to the doctor or an eye specialist might be needed to rule out serious injury, particularly if you're not sure what caused the black eye.

For a black eye:

- Apply cold compresses intermittently: 5 to 10 minutes on, 10 to 15 minutes off. If you use ice, make sure it's covered with a towel or sock to protect the delicate skin on the eyelid.
- Use cold compresses for 24 to 48 hours, then switch to applying warm compresses intermittently. This will help the body reabsorb the leakage of blood and may help reduce discoloration.
- If the child is in pain, give acetaminophen — **not** aspirin or ibuprofen, which can increase bleeding.
- Prop the child's head with an extra pillow at night, and encourage him or her to sleep on the uninjured side of the face (pressure can increase swelling).
- Call your doctor, who may recommend an in-depth evaluation to rule out damage to the eye. Call immediately if you see any of these problems:
 - increased redness
 - drainage from the eye
 - lasting eye pain
 - any changes in vision
 - any visible abnormality of the eyeball
 - visible bleeding on the white part (sclera) of the eye, especially near the cornea

If the injury happened during one of your child's routine activities, such as a sport, follow up by investing in an ounce of prevention — protective goggles or unbreakable glasses are vitally important.

Heat Illness

Our bodies create a lot of heat. Normally, they're cooled through sweating and by heat radiating through the skin.

But in very hot weather, high humidity, and other conditions, this natural cooling system may begin to fail, letting heat in the body build to dangerous levels. This can cause heat illness, such as heat cramps, heat exhaustion, or heatstroke.

What Are Heat Cramps?

Heat cramps are brief, painful muscle cramps in the legs, arms, or belly that can happen during or after vigorous exercise in extreme heat. Sweating during the intense physical activity causes the body to lose salts and fluids. This low level of salts likely causes the muscles to cramp.

Kids are particularly at risk for heat cramps when they aren't drinking enough fluids.

Although painful, heat cramps on their own aren't serious. But cramps can be the first sign of more serious heat illness, so they should be treated right away to help avoid any problems.

What to Do:

A cool place, rest, and fluids should ease a child's discomfort. Give water or fluids that contain salt and sugar, such as sports drinks. Gently stretching and massaging cramped muscles also may help.

What Is Heat Exhaustion?

Heat exhaustion is a more severe heat illness that can happen when someone in a hot climate or environment hasn't been drinking enough liquids. Symptoms can include:

- increased thirst
- weakness
- dizziness or fainting
- muscle cramps
- nausea and/or vomiting
- irritability
- headache
- increase sweating
- cool, clammy skin
- a raised body temperature, but less than 104°F (40°C)

What to Do:

- Bring your child to a cooler place indoors, an air-conditioned car, or shady area.
- Remove your child's excess clothing.
- Encourage your child to drink water or cool fluids containing salt and sugar, such as sports drinks.
- Put a cool, wet cloth or cool water on your child's skin.
- Call your doctor for advice. A child who is too exhausted or ill to drink might need treatment with intravenous (IV) fluids.

If left untreated, heat exhaustion can develop into heatstroke, a much more serious illness.

What Is Heatstroke?

The most severe form of heat illness is heatstroke. **Heatstroke is a life-threatening medical emergency.**

In heatstroke, the body cannot regulate its own temperature. Body temperature can soar to 106°F (41.1°C) or even higher, leading to brain damage or even death if it isn't quickly treated. Quick medical care is needed to bring the body temperature under control.

Kids are at risk for heatstroke if they overdress or do intense physical activity in hot weather without drinking enough liquids.

Heatstroke also can happen when a child is left in, or gets trapped in, a car on a hot day. When the outside temperature is 93°F (33.9°C), the temperature inside a car can reach 125°F (51.7°C) in just 20 minutes, quickly raising body temperature to dangerous levels.

What to Do:

Call for emergency medical help if your child has been outside in extreme temperatures or another hot environment and shows one or more of these symptoms of heatstroke:

- severe headache
- weakness, dizziness
- confusion
- nausea
- rapid breathing and heartbeat
- loss of consciousness
- seizure
- no sweating
- flushed, hot, dry skin
- temperature of 104°F (40°C) or higher

While waiting for help:

- Get your child indoors or into the shade.
- Undress your child and sponge or douse him or her with cool water.
- Do **not** give fluids unless your child is awake, alert, and acting normally.

How Can We Prevent Heat Illness?

To help protect kids from heat illness:

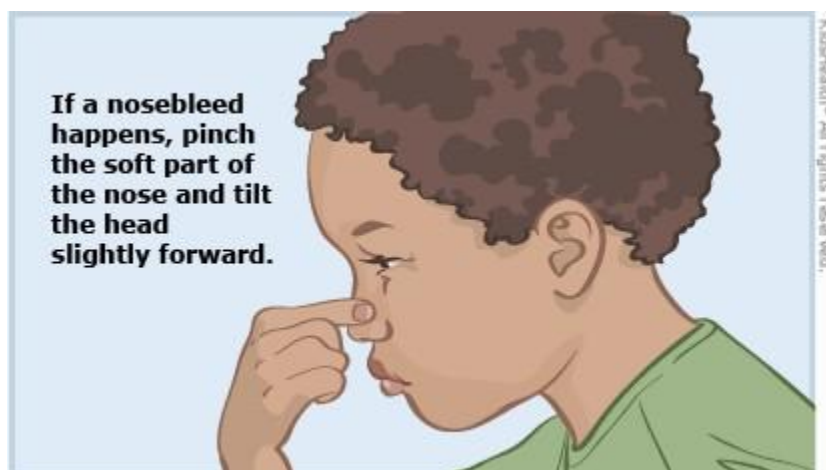
- Teach kids to always drink plenty of liquids before and during activity in hot, sunny weather — even if they're not thirsty.
- Kids should wear light-colored, loose clothing on hot days and use sunscreen when outdoors.
- On hot or humid days, limit outdoor activity during the hottest parts of the day.
- Teach kids to come indoors, rest, and hydrate right away whenever they feel overheated.

Nosebleeds

Nosebleeds are common in kids 3 to 10 years old, and most are caused by nose-picking or dry air. They can be scary, but usually aren't serious. Most will stop on their own and can be cared for at home.

What to Do:

- Stay calm and reassure your child.
- Have your child sit upright in a chair or on your lap, then tilt his or her head slightly forward.
- Do **not** have your child lean back. This may cause blood to flow down the back of the throat, which tastes bad and may cause gagging, coughing, or vomiting.
- Gently pinch the soft part of the nose (just below the bony ridge) with a tissue or clean washcloth.
- Keep pressure on the nose for about 10 minutes; if you stop too soon, bleeding may start again.
- Have your child relax a while after a nosebleed. Discourage nose-blowing, picking, or rubbing, and any rough play.



Call the Doctor if Your Child:

- has nosebleeds often
- may have put something in his or her nose
- tends to bruise easily
- has heavy bleeding from minor wounds or bleeding from another place, such as the gums
- recently started taking new medicine

Get Emergency Care or Call the Doctor if Bleeding:

- is heavy, or your child also has dizziness or weakness
- is the result of a fall or blow to the head
- doesn't stop after two attempts of applying pressure for 10 minutes each

Different Kinds of

Nosebleeds

The most common kind of nosebleed is an **anterior nosebleed**, which comes from the front of the nose. Capillaries, or very small blood vessels, inside the nose may break and bleed, causing this type of nosebleed.

A **posterior nosebleed** comes from the deepest part of the nose. Blood flows down the back of the throat even if the person is sitting or standing. Kids rarely have posterior nosebleeds. They're more common in older adults, those with high blood pressure, and people who have had nose or face injuries.

What Causes Nosebleeds?

Most anterior nosebleeds are due to dry air. A dry climate or heated indoor air irritates and dries out nasal membranes. This causes crusts that may itch, then bleed when scratched or picked. Common colds also can irritate the lining of the nose, with bleeding following repeated nose-blowing. Having a cold during dry winter weather is the perfect formula for nosebleeds.

Allergies also can cause problems, as doctors may prescribe medicine (such as antihistamines or decongestants) to control an itchy, runny, or stuffy nose. The medicine can dry out nasal membranes, leading to nosebleeds.

An injury or blow to the nose can cause bleeding, but most aren't a serious problem. But if your child has a facial injury that causes a bloody nose and you can't stop the bleeding after 10 minutes or have other concerns about the injury, get medical care right away.

While nosebleeds are rarely serious, there might be a problem if they happen a lot. If your child gets nosebleeds more than once a week, call your doctor. Usually, frequent nosebleeds are easily treated. Sometimes tiny blood vessels inside the nose are irritated and don't heal, which happens more often in kids with ongoing allergies or who get a lot of colds. A doctor might be able to help in these cases.

For bleeding not due to a sinus infection, allergies, or irritated blood vessels, a doctor may order tests to find the cause. Rarely, a bleeding disorder or abnormally formed blood vessels could be a possibility.

Can Nosebleeds Be Prevented?

Since most nosebleeds in kids are caused by nose-picking or irritation from hot dry air, using a few simple tips may help your kids avoid them:

- Keep your child's nails short to prevent injuries from nose-picking.
- Keep the inside of your child's nose moist with saline (saltwater) nasal spray or gel, or dab petroleum jelly or antibiotic ointment gently around the opening of the nostrils.
- Run a cool-mist humidifier (or vaporizer) in bedrooms if the air in your home is dry. Keep the machine clean to prevent mildew buildup.
- Make sure your kids wear protective athletic equipment during sports or other activities that could cause a nose injury.

Even with proper precautions, kids can still get a bloody nose occasionally. So if your child gets a nosebleed, try not to panic. They're usually harmless and are almost always easy to stop.

Seizures

Seizures are caused by a sudden surge of electrical activity in the brain. A seizure usually affects how a person looks or acts for a short time. Someone having a seizure might collapse, shake uncontrollably, or even just stare into space. All of these are brief disturbances in brain function, often with a loss of or change in consciousness.

Seizures can be frightening, but most last only a few minutes, stop on their own, and are not lifethreatening. A person who has had two or more seizures may be diagnosed with epilepsy, also known as seizure disorder.

Seizure Basics

Usually, electrical activity in the brain involves neurons in different areas sending signals at different times. During a seizure, many neurons fire all at once. This abnormal electrical activity can cause different symptoms depending on the part of the brain involved, including unusual sensations, uncontrollable muscle spasms, and loss of consciousness.

Some seizures may be due to another medical problem, such as a fever, an infection, a head injury, accidental poisoning, or drug overdose. They also can be caused by a brain tumor or other health problem affecting the brain. And anything that results in a sudden lack of oxygen or reduced blood flow to the brain can cause a seizure. In some cases, a seizure's cause is never found.

Febrile seizures can happen in children younger than 6 years old. While they can be scary to watch, these seizures are usually brief and rarely cause any serious or long-term problems, unless the fever is related to a serious infection, such as meningitis.

Syncope (SIN-ko-pee), or fainting, is not uncommon in older kids and teens. When it happens, kids might have a brief seizure or seizure-like spell. They might stiffen or even twitch or convulse a few times. Fortunately, fainting rarely is a sign of epilepsy. Most kids recover very quickly (seconds to minutes) and don't need specialized treatment.

If Your Child Has a Seizure

First, make sure that your child is in a safe place where he or she can't get hurt. Place your child on the ground or floor in a safe area, preferably on his or her right side. Also:

- Remove any nearby objects.
- Loosen any clothing around the head or neck.

- **Don't** try to wedge your child's mouth open or place an object between the teeth, and **don't** try to restrain movements.

Once the seizure seems to have ended, gently comfort and protect your child. It's best for kids to remain lying down until they have recovered fully and want to move around.

Call 911 immediately if your child:

- has difficulty breathing
- turns bluish in color
- has had a head injury
- seems ill
- has a known heart condition
- has never had a seizure before
- might have ingested any poisons, medicines, etc.

If your child has previously had seizures, call 911 if the seizure lasts more than 5 minutes or is for some reason very alarming to you and you're worried for your child's safety.

If your child is breathing normally and the seizure lasts just a few minutes, you can wait until it lets up to call your doctor.

After a seizure, kids are often tired or confused and may fall into a deep sleep (called the postictal period). You do not need to try to wake your child as long as he or she is breathing comfortably. **Don't** try to give food or drink until your child is awake and alert.

For a child who has febrile seizures, the doctor may suggest giving fever-reducing medicine like ibuprofen or acetaminophen to ease discomfort.

After a seizure — particularly if it is a first or unexplained seizure — call your doctor or emergency medical services for instructions. Your child probably will need to be seen by a doctor as soon as possible.

First Aid: Teeth Injuries

If your child loses a baby tooth earlier than expected, there's no need to try to replace it. But if a permanent tooth comes out, it's a dental emergency. Permanent teeth have the best chance of being saved when replaced within 15 minutes. So it's important to act quickly and follow the guidelines below.

Many other dental injuries are less urgent, but may need to be looked at by a dentist. Most dental injuries in preschool and school-age kids happen from falls, while dental injuries in teens are often sports-related. If you think your child has signs of head or other injuries, call your doctor.

What to Do

If a baby, toddler, or young child injures the gums or baby teeth:

1. Apply pressure to the area (if it's bleeding) with a piece of cold, wet gauze. If your child is old enough to follow directions, ask him or her to bite down on the gauze.
2. Offer an ice pop to suck on to reduce swelling, or hold an ice-pack wrapped in a washcloth to the cheek.
3. Give acetaminophen or ibuprofen as needed for pain.
4. Call a dentist.
5. Watch for swelling of the gums, continued pain, a fever, or a change in the color of the tooth.

If a permanent tooth is chipped or broken:

1. Collect all pieces of the tooth.
2. Rinse the mouth with warm water.
3. Call a dentist right away to schedule a visit.

Get Medical Care if a Permanent Tooth Is Knocked Out:

Go to the dentist or emergency room after following these steps:

1. Find the tooth. Call a dentist **right away** or go to an emergency room if you aren't sure if it's a permanent tooth (baby teeth have smooth edges).
2. Hold the tooth by the crown (the "chewing" end of the tooth) — **not** the root.
3. Place the tooth in a balanced salt solution (like Save-A-Tooth), if you have it. If not, place the tooth in a saline solution or a container of milk or your child's saliva. You also can place the tooth between your lower lip and gum. **Don't store it in tap water.**
4. For older kids and teens, try placing the tooth back in the socket without touching the root. Have your child bite down on gauze to help keep it in place.
5. If the tooth is stored in a container (rather than back in the socket), have your child bite down on a gauze pad or handkerchief to relieve bleeding and pain.