



*Continuing the Little League tradition of making it "safer for the kids."*

## Top Safety Program:

# How Avon Grove Hit #1

## ***Pennsylvania league builds education, support for safety***

What makes an outstanding safety program?

If you look at last year's ASAP safety plan winner, you'll see the complete package. A combination of commitment to the training needs of the players and volunteers, educating about safety risks, and improving the league's general safety.

Avon Grove Area Little League put real emphasis on their safety plan in 1999, with a new safety officer and committed leadership. When Safety Officer Jim Knox and President Steve Sundberg met to talk about developing their safety plan, they were encouraged that they could put something together which would really impact their league. "I said jokingly to Steve, 'I want to win the lights,'" explained new safety officer Knox, speaking of the first place award for the best safety plan in the country. "I thought that was something which would validate the work we were putting in on our plan."

### **Medical Staff At Games**

But first things first: there were several areas that the league needed to address to heighten players' and volunteers' safety. "The effort I'm most proud of is our 'Medical staff At Games' or MAG Program," Knox said. They began by asking parents of players what occupations they were in, and then contacting people with medical backgrounds to assist.

The league provided red tee shirts for volunteers to distinguish them with the MAG program, and scheduled

them to be at the central complex when they had a child playing. "Pretty much any night of the week we had four to five people from the program helping out," Knox said. "Most of the volume of players were at the main complex, and then we had one field where coaches could call the main complex if they needed assistance."

The MAG Program supplemented the basic first aid training the coaches and managers received, but allowed more highly trained people to check out injuries and help decide if greater first aid treatment was needed. "It was extremely positive; these parents were already planning on coming to the games."

### **Background Checks**

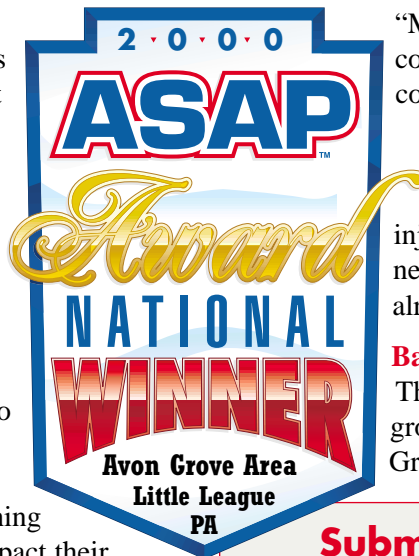
The league also began the process of having background checks on all coaches and managers. Avon Grove began this measure shortly after a magazine story ran pointing out the number of coaches who had child abuse records, and the questionable reasons these people would have for coaching youth.

The league made it the responsibility of anyone wanting to coach to have a criminal background check. The coach would bring the results to a select group of league officials and be approved for coaching if they had nothing that would exclude them. The league didn't keep copies, so the coach didn't worry about anyone else seeing his/her personal report, and

league officials kept all information confidential.

Then, as long as that coach remained active in the

**(Continued on Page 2.)**



### **Submit Now!**

OK, that's a little harsh; but if you are done with your safety plan, you can submit it anytime before the May 1 deadline.

### **Qualified safety plan benefits:**

- Improved safety for kids;
- 20 percent credit on your CNA Little League player accident insurance premium;
- Awards program for best plans including a Musco lighting system for 200-foot field for national winner.

# Avon Grove builds to 'First'

(Continued from Front Page.)

league, they weren't required to do it each year. The supposition is that the league would hear of any infractions during the year which could raise questions about a coach's suitability. But if a coach lapsed for any period, a background check would be required for them to return.

"We took a novel approach," Knox said. "If anyone came to me questioning why it was necessary to do these, I just asked, 'Well, why is this an issue for you?' We understood that people might have concerns with having to supply this information, but we took the approach that we live in a different world now. We owe it to our kids to as much as possible remove this as an issue."

## Counting Pitches

"My own soap-box is pitch counts," admits Knox. He said their league recommends against teaching sliders and curve balls to the younger kids. Coaches should wait until players are 13 years old or older, since their arms are more developed. Then the arm can better tolerate the twisting motion strains coupled with the forward motion of throwing the ball at high velocity.

The league also adopted a pitch count recommendation for the different age groups, and received support from most of the coaches. "The majors level where I was coaching seemed to have a noticeable decrease in the arm problems we had been seeing," he stated.

Given that even Major League Baseball pitchers are generally worn out after 100 or so pitches, the league developed a recommendation that coaches remove pitchers 12 years old and under when they had thrown 50-60 pitches per outing, and 13-14 year old pitchers between 50-75 pitches. They also recommended against reinserting the replaced pitcher at the catcher position, since that player mirrors the number of throws made by the pitcher.

## Tooth Safety

Another education and safety measure Avon Grove took was to buy "Save-A-Tooth" kits for each first aid kit. "Our Medical Release forms have the dentist's phone number on it, too. That's the biggest hurdle, in getting the number quickly, and when you only have 30 minutes (to reinsert the tooth or risk losing it), that can be a problem," Knox acknowledged. "If you don't handle the tooth correctly, it's gone forever."

## Lyme Disease

"Our area around here (southeastern Pennsylvania) is hyper endemic for Lyme Disease -- it's all around here,"

Knox said. So they put it in their safety plan to alert coaches to the danger and signs of it.

Since some of the playing fields are in wooded areas, where ticks, which might be carriers of the disease, are found, the league posted prominent notice from the Chester County Health Department about the disease. They also included fine-point tweezers in the first aid kit to remove any ticks which players may discover.

## Sun Protection

Another "hidden" danger is skin cancer from ultraviolet rays of the sun. As a doctor, Knox is aware the majority of sun damage occurs when people are children, and potential problems develop years later. So he made sure sunscreen of at least SPF 15 was available for players to use at any time. "Being at the ballpark, it's an easy thing to forget; you go to the beach and you naturally put some on. But you can get burned just as bad at a weekend tournament or Saturday afternoon game."

## Heat Stress/Heat Exhaustion

Coaches were educated about heat illnesses, and the need to drink 4 ounces or more of cool water or sports drinks every 20 minutes for players. When high humidity and high temperatures combine for high risk, coaches are asked to reschedule practices or games later in the day or to a different day to avoid potential heat illnesses.

## Other Highlights

- Safety initiatives were begun involving the kids with a safety poster contest.
  - Drug awareness talk and manual were given to coaches and managers on signs of drug abuse.
  - Warm-up information was given to all coaches and managers to increase players' flexibility and try to head off muscle injuries from pulls, strains, etc.
  - Proper communicable disease procedures were highlighted and provided for in the first aid kits.
  - Inclement weather procedures implemented for halting/resuming play for thunderstorms. The league bought a lightning detector to keep any bias out of deciding when to stop games for lightning safety.
  - Concession stand safety was outlined and adhered to.
- Looking to take a tip from the winning plan? "Clearly the background checks spring to the front as the best initiative we have begun, and then the Medics At Games program," Knox stressed.

But then, when you're doing so many things right, it's hard to single out just one. Just look over the whole plan.

## Female competitors at risk for menstrual, eating problems and bone loss, AAP says

Adolescent girl athletes should be monitored closely to ensure that their training doesn't include unhealthy eating habits that could result in damaging bone loss, the American Academy of Pediatrics says.

Doctors, coaches and parents also should be alert for missed or delayed periods, which may result from inadequate food intake; treatment may involve taking a break from sports, the academy said in a policy statement that appeared in the September issue of the journal *Pediatrics*.

A lack of calories, weight and body fat may throw the reproductive system off kilter, disrupting the production of sex hormones and resulting in low estrogen levels.

Because estrogen helps maintain bone density, such girls risk stress fractures and are more prone to develop the brittle bone disease osteoporosis in adulthood.

Studies have shown that as many as 66 percent of women in some sports stop having menstrual periods for several months, another effect of low estrogen levels.

Though the prevalence of amenorrhea in younger athletes is not known, anecdotal evidence suggests it affects many girls ranging from school sports participants to those training for the Olympics, said Dr. Miriam

Johnson, a sports medicine specialist and an academy committee member that wrote the statement.

Johnson said publication of the statement is an update and expansion of a 1989 policy statement. Since then though, she said, evidence has accumulated about the impact of low estrogen levels on bone loss even in young women and girls.

The academy says girls should be encouraged to participate in sports "for health benefits and enjoyment." But participants should be monitored closely.

Treatment may include establishing healthy eating habits, quitting sports until weight gain, and hormone supplements in older teens and young women, the academy said.

David Martin, who coaches Olympic-caliber long-distance runners as chairman of sports science for USA Track and Field, called the statement "dead-on."

Many male coaches "use male lingo to exhort their female athletes to train hard, run fast, get skinny ... It's kind of a militaristic approach but is perceived by these girls as, 'I can please my coach by losing weight and getting thin'" Martin said.

## Guidelines changed for giving CPR

WASHINGTON — The American Heart Association has streamlined emergency procedures for aiding heart attack victims, changes it hopes will save lives.

The guidelines for emergency cardiopulmonary resuscitation were changed in an effort to "focus on skills that make a difference," said Mary Fran Hazinski of Vanderbilt University Medical Center.

The new guidelines drop the requirement that the layperson providing emergency CPR check for a pulse, because studies found 35 percent of the time people were wrong about whether the victim had a pulse. The result could be not giving aid to someone who needs it.

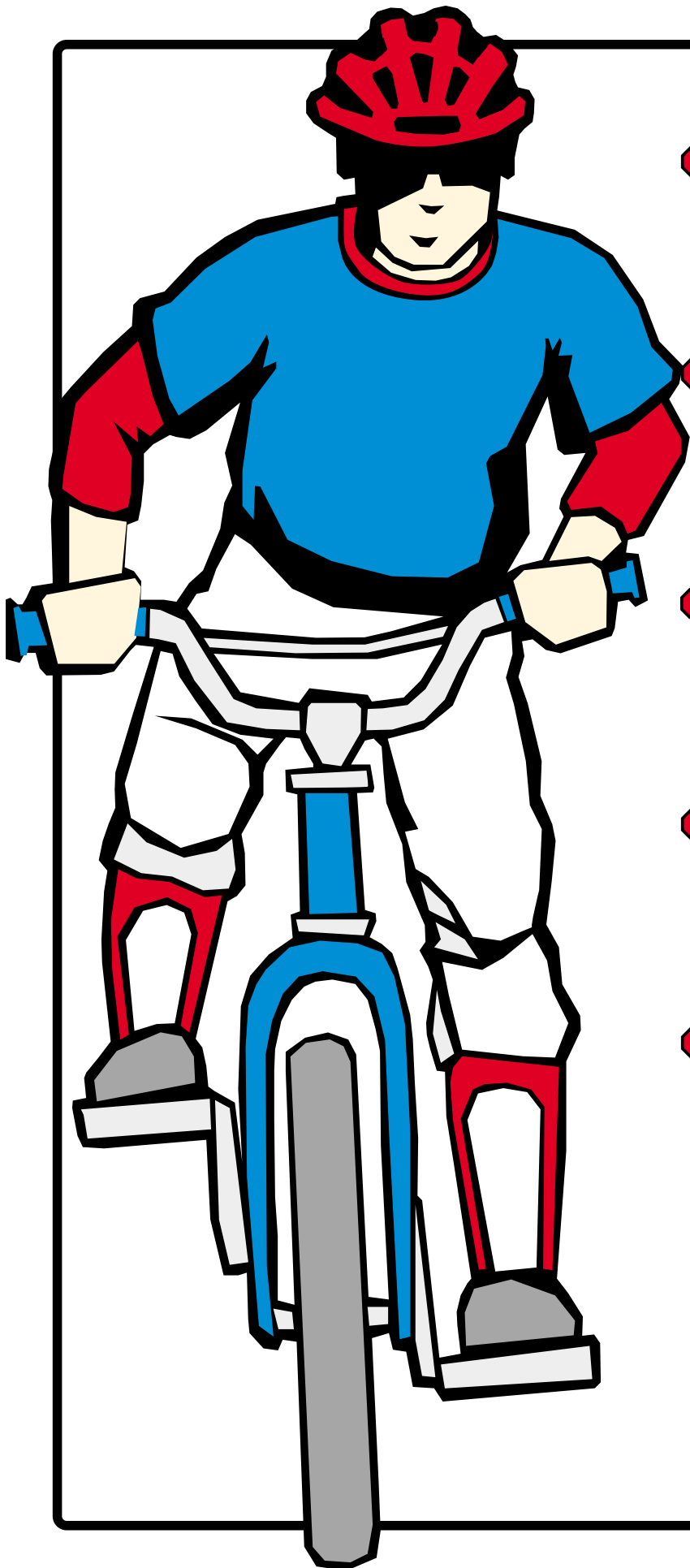
"We recognize that it is very difficult for the layperson to assess whether a patient has a pulse within the first few seconds" of an emergency, said Dr. Rose Marie Robertson, AHA president.

Instead, people assisting victims are urged to check for other signs of circulation such as breathing, coughing or movement when deciding whether to give CPR.

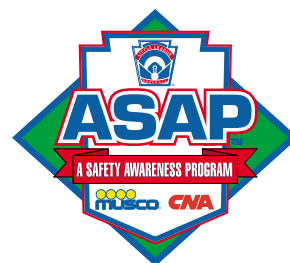
The new guidelines also drop the differing ratios of chest compressions to rescue breaths. Now they simply recommend 15 chest compressions alternating with two breaths until defibrillation can be administered.

Other changes were using chest compressions to help clear the airways of a choking victim, using two thumbs rather than two fingers to perform CPR on infants.

Edward Stapleton of the State University of New York at Stony Brook said the new guidelines will be taught to people taking the CPR courses designed by AHA as well as people getting a refresher course. The changes cut the time needed for such a course from 3 to 4 hours down to 2 hours, he said.



- **Wear your helmet**
- **Only one on a bike**
- **Watch for cars**
- **Yield to pedestrians**
- **Ride with traffic**





## 'Helmet rules cover stickers?'



*"In the October ASAP News a question was asked about the use of stick-on letters on the exterior surface of batting helmets. The answer given was, due to the fact the glue could possibly react with the plastic, they should not be used, or should be attached to the underside of the bill. However, the interior padding on these helmets is secured with glue. Also, rule 1.16 states all helmets must have an exterior warning label and it must be placed on the exterior portion of the helmet. These labels are affixed with glue. Granted, the glue used to secure the padding obviously meets NOCSAE specifications. But the warning labels are not supplied to us by Little League or the equipment manufacturers. Thus, the glue used is probably comparable to that used on stick-on letters and other various stickers and decals. This has never been mentioned as a safety factor until now. Have the equipment manufacturers done any studies on this matter?"*

**Elaine Roberts, District Safety Officer  
Washington District 10, West Region Safety Officer**



Dan Kirby, risk management director at Little League Headquarters, assures the labels you refer to have not been used for many years, so whether they were a danger is a moot point now. The warning labels are now stamped on, or embossed, or applied with a glue according to the manufacturer's specifications. So Dan says the answer remains that you should not apply anything to the body of a helmet which isn't approved by the manufacturer. That restriction removes the possibility of danger from this occurrence. "Maybe one sticker won't hurt; maybe five stickers won't hurt. But we don't know if it will be the tenth or the eighth or which number of stickers will cause a problem

which could result in a child being injured," Dan noted. Many manufacturers will tell you what products may be used with their products, including the type paint which can safely be used. So if you really want to change the helmets in any way, contact the manufacturer, and get it in writing, so you can show umpires and other officials. But be aware in many cases these products are not available to the average consumer. Because this is the case, the general guidelines: "no painted helmets," "no stickers on the body of the helmet," allow for a safer use of the helmets, without voiding the manufacturer's warranty.



*"I would like to hold a district wide safety clinic and would like to know if there is any material and/or a speaker who would be available to help present the clinic. Any assistance that you can provide would be appreciated."*

**Joe Coratti, District Safety Officer  
NY District 17**



First, check with your Regional Office for if any clinics being held which you could attend. Also, members of Little League's staff spend many weekends, November to March, talking to large groups. If you can put together a large meeting, contact Little League Headquarters for times. Remember: larger groups get the speakers. The 2001 Safety Officer Manual has an ASAP presentation, that you can use yourself. The CD package should be to you by the end of February. Also, the Emergency Management Training Program is free from Little League, and helps teach the basics of first aid. Call Williamsport at 570/ 326-1921, ext. 285, and ask for Dianne Fisher to request the number of student handbooks you need to put on this clinic.

Have a question or tip to share?  
Call the ASAP Hotline:  
800-811-7443,  
or e-mail: [asap@musco.com](mailto:asap@musco.com)



Or write to us at:  
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## HOTLINE IDEAS

## FROM READERS

*"The beginning of every year, we write to the owner of our facility — in our case it's the county parks and recreation department — and ask them to have their risk management people do a safety audit of the physical facility. That would include electric, etc.; they go around and make some recommendations. That way you get the professionals who own the property to look at the facilities, and they may catch some things the Little League may not. So you can basically get the owner of the property and their staff to do a comprehensive safety analysis for you before each season."*

**Ron Lehman, safety officer  
Canyon View Little League, Tucson, Ariz.**

**This safety officer will receive an ASAP cap for calling in safety ideas. What is your league doing to become safer for the kids? Call the ASAP Hotline!**

### The 2001 Safety Officer Manual

has been delivered! Didn't get it? Visit:

[www.littleleague.org/manuals/asap](http://www.littleleague.org/manuals/asap) or call **800/811-7443**.

**ASAP HOTLINE**  
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