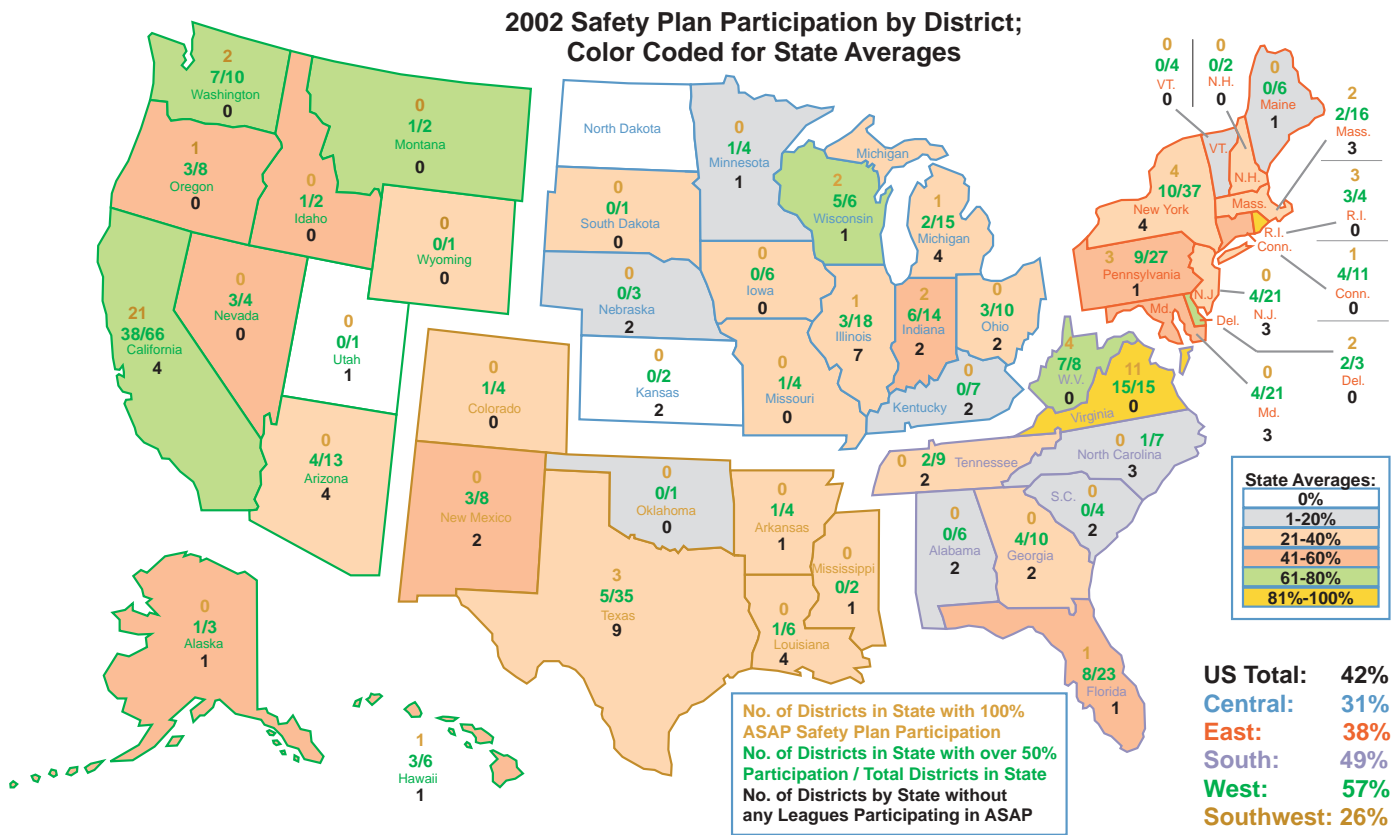


ASAP news



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

Safety Plans Hit New Record!



2002 Setting New Safety Records

This year, 42 percent of all leagues in the country are operating a safety plan to help protect their players, spectators and volunteers from needless injuries or accidents. That's a new record – breaking last year's mark of 38 percent – as leagues continue to join the voluntary program designed to help you improve your league for everyone's welfare.

As you can see from the above map, several states are now well over the 50 percent mark: Wisconsin, Delaware, Maryland, Alaska, California, Idaho,

Montana, Nevada, Oregon and Washington. Two states, Rhode Island and West Virginia, have surpassed 75 percent. Virginia leads all states with 94 percent participation. That's great!

But our job isn't done! Twenty states currently lie well below the national average, at or below 25 percent. And although we currently have 65 Districts where ALL leagues have submitted a qualified safety plan in 2002, we also have 76 Districts where NONE have, and many more where only one or two leagues have adopted a safety plan.

We know from looking at past performance that injuries to children drop significantly when half or better of the leagues in a District are implementing a safety plan. Why not work on a safety plan in the off season, to be ready for next year. Safety starts with each of us, helping our kids have the best experience of their lives.

Don't wait, contact your DA for help today, or call 800-811-7443 (ASAP Hotline) or visit www.littleleague.org for the materials to get going on the best thing you can do to improve your league.

Heat Illness: What Yo

Don't Treat Heat Illness Lightly

Most coaches understand they need to take breaks between innings of games when the temperatures soar, giving their players a chance to rehydrate and dissipate their extra body heat. But be careful with practices, too.

High school, college and professional athletes have died of heat illness in the last several years during practices in hot, humid weather. Cory Stringer of the Minnesota Vikings NFL team is the most famous case, but the combination of high heat and humidity can create an atmosphere where the athletes' bodies cannot properly dissipate the heat they generate in even normal activities.

More recently, in late June an umpire in St. Louis had to be assisted from the field at Busch Stadium when he collapsed behind the plate after four innings during a game being played in 96 degree weather with high humidity.

Take breaks every 20 minutes for water and rest in the shade or with cool, wet clothes to drape over necks and promote evaporation to help the skin cool the body's interior.

Take a cooler with ice and water for players to use throughout practice and games. In severely hot areas like southern California, Arizona and New Mexico leagues have set up misters in the dugouts to spray a light water mist over the players to help cool them each inning.

Umpires need special attention, too, since they, like the catcher, wear extra protection which can keep their body's heat from being evaporated. But unlike catchers, the plate umpire doesn't take off the equipment. So make sure umpires drink plenty of water and take breaks for 10-15 minutes every couple of innings on especially hot days. A game's playing time is less important than a person's health, and heat injury can cause a prolonged susceptibility to heat.

Heat cramps may be felt in the legs or abdomen, while heat exhaustion may include dizziness, nausea, headaches and rapid heartbeat. This condition requires immediate medical attention, but is usually not life-threatening.

Heat stroke, which is a serious medical condition often resulting in death, occurs

when the body is unable to manage its heat load and fails to cool itself. The skin may be hot but dry, and the victim may be unconscious, delirious or having seizures. For athletes, the onset of heat stroke may be so swift that the person is still sweating.

The young and old are especially susceptible to heat illness, as are people who work or exercise strenuously outside for long periods during the day are also at increased risk for heat-related illness. This combination for young athletes demands coaches be vigilant.

- Lock your car doors even when you're home. Cars can be tempting places for young children to play, whether at the ball diamond or home. A three-year-old died last year in Dallas, Texas when he was trapped in an SUV for just 20 minutes when playing with other children. The outside temperatures reached 100, but the inside of the vehicle was estimated at 150 degrees.
- A 92-year-old rancher in Oklahoma died last year of a heart attack when he attempted to walk for help after his car would not start when out checking his cattle.

Relative Humidity (%)

Air Temperature °F	Relative Humidity (%)												
	40	45	50	55	60	65	70	75	80	85	90	95	100
110	136												
108	130	137											
106	124	130	137										
104	119	124	131	137									
102	114	119	124	130	137								
100	109	114	118	124	129	136							
98	105	109	113	117	123	128	134						
96	101	104	108	112	116	121	126	132					
94	97	100	102	106	110	114	119	124	129	136			
92	94	96	99	101	105	108	112	116	121	125	131		
90	91	93	95	97	100	103	106	109	113	117	122	127	132
88	88	89	91	93	95	98	100	103	106	110	113	117	121
86	85	87	88	89	91	93	95	97	100	102	105	108	112
84	83	84	85	86	88	89	90	92	94	96	98	100	103
82	81	82	83	84	84	85	86	88	89	90	91	93	95
80	80	80	81	81	82	82	83	84	84	85	86	86	87

With Prolonged Exposure and/or Physical Activity
Extreme Danger Heat Stroke or Sunstroke highly likely
Danger Sunstroke, muscle cramps, and/or heat exhaustion likely
Extreme Caution Sunstroke, muscle cramps, and/or heat exhaustion possible
Caution Fatigue Possible

u Need to Know

People with health concerns, known or not, are also at higher risk, making children with health conditions doubly susceptible:

- An 11-year-old boy in Ohio died in late June from apparent heart disease complicated by heat. The young baseball player collapsed as he stood to go to the plate to bat. The day the young man died it was 84 degrees in Cleveland. An emergency medicine physician noted that a child, like an adult, with an underlying medical condition would be at greater risk for heat stroke if exposed to heat stress.

Beat Heat Illness: Prevent Heat Injuries Through Preparation

As the temperature and humidity rise, so do the risks of heat illness. July and August are the worst months for heat illness for athletes. Heat stress is the first stage of heat illness, with warning signs of thirst, fatigue, and feeling over hot. If these signs are ignored, heat illness may develop.

Heat illness is a life threatening, medical emergency that can be prevented if you follow some basic guidelines, and are aware of its signs and symptoms. Below you will find the three major types of heat illness, each with specific symptoms and treatments.

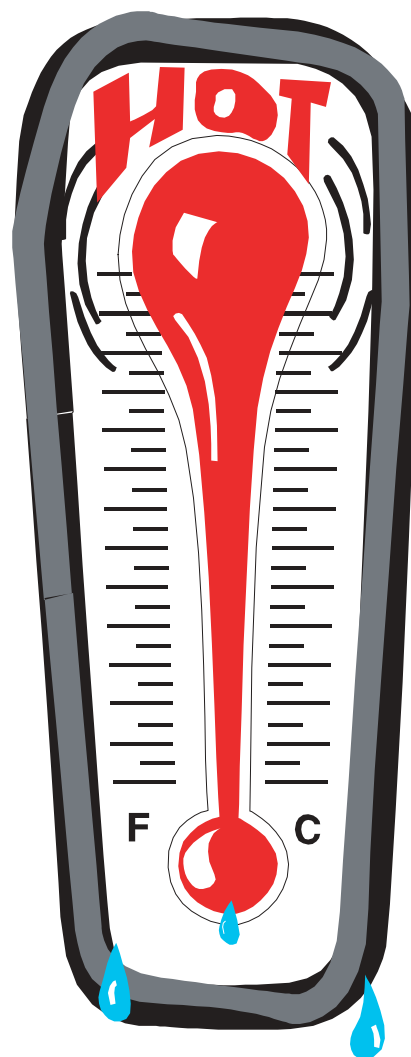
The early warning signs of heat stress include thirst, fatigue, and feeling hot. If these signs are ignored, serious heat illness beginning with cramps, and progressing to heat exhaustion and heat stroke can develop.

Heat cramps usually occur after strenuous exercise or an outdoor activity.

Symptoms of heat cramps are severe pain and cramps in the legs and abdomen, faintness or dizziness, weakness, and profuse sweating. This condition requires immediate medical attention, but is not usually life threatening.

Heat exhaustion happens when one is exposed to heat for a prolonged period of time. The body may become overwhelmed by heat when the sweat mechanism, which keeps the body cool, breaks down.

Symptoms of heat exhaustion include nausea, dizziness, weakness, headache, pale and moist skin, weak pulse or rapid heartbeat, and disorientation.



Heat stroke, unlike heat exhaustion, strikes suddenly and with little warning. When the body's cooling system fails, the body's temperature rises quickly. Heat stroke can be life threatening and requires immediate medical attention!

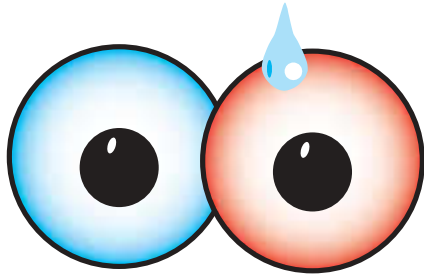
Symptoms of heat stroke include very high body temperature, hot, dry skin, lack of sweating, fast pulse, confusion, and possible loss of consciousness.

NOTE: For athletes, often the skin never stops sweating, even when entering heat stroke. It is necessary to evaluate the person's mental state for signs of confusion, disorientation or coma. If any of these are present, immediately contact medical help and begin cooling through cold water immersion or application, or by cold wet clothes application.

Tips to Prevent Heat Illness

- Know that once you are thirsty you are already dehydrated. Drink continuously, even before you are thirsty.
- Do not exercise vigorously during the hottest time of day. Try to train closer to sunrise or sunset.
- Wear light weight, light colored, loose clothing, such as cotton, so sweat can evaporate.
- Use a sunscreen to prevent sunburn, which can hinder the skin's ability to cool itself.
- Wear a hat that provides shade and allows ventilation.
- Drink plenty of liquids such as, water or sports drink every 15 minutes (drink 16-20 oz/hour).
- If you feel your abilities start to diminish, stop activity and try to cool off. Sit in shade, air conditioned car or use ice bags or cold water to lower body's temperature.
- Do not drink beverages with caffeine before or during exercise because they increase the rate of dehydration.
- **Remember, it is easier to prevent heat illness than to treat it once symptoms develop.**

Eye Injuries: Vision Isn't



You can treat many minor eye irritations by flushing the eye, but more serious injuries require medical attention. Injuries to the eye are the most common preventable cause of blindness; so when in doubt, err on the side of caution and call for help.

Look Out for Eye Injuries

You can treat many minor eye irritations by flushing the eye, but more serious injuries require medical attention. Injuries to the eye are the most common preventable cause of blindness; so when in doubt, err on the side of caution and call for help.

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

- Do not try to remove any "foreign body" except by flushing.
- Wash your hands thoroughly before touching the eyelids to examine or flush the eye.
- Do not touch, press, or rub the eye, and do whatever you can to keep the child from touching it.
- Tilt the child's head over a basin with the affected eye down and gently pull down the lower lid, encouraging the child to open her eyes as wide as possible.
- Gently pour a steady stream of lukewarm water from a pitcher across the eye.
- Flush for up to fifteen minutes, checking the eye every five minutes to see if the foreign body has been flushed out.
- Since a particle can scratch the cornea and cause an infection, the eye should be examined by a doctor if there continues to be any irritation afterwards.
- If a foreign body is not dislodged by flushing, it will probably be necessary for a trained medical practitioner to flush the eye.

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

- Call for emergency medical help.
- Cover both eyes (the unaffected eye must be covered to prevent movement of the affected eye). If the object is small, use eye patches or sterile dressing for both. If the object is large, cover the injured eye with a small cup taped in place and the other eye with an eye patch or sterile dressing. The point is to keep all pressure off the globe of the eye.
- Keep your child (and yourself) as calm and comfortable as possible until help arrives.

"Black Eye" (blunt injury or contusion)

A black eye is often a minor injury, but it can also appear when there is significant eye injury or head trauma. A visit to your doctor or an eye specialist may be required to rule out serious injury, particularly if you're not certain of the cause of the black eye.

For a "simple" black eye:

- Apply cold compresses intermittently: five minutes to 10 minutes on, 10 minutes to 15 minutes off. If you are not at home when the injury occurs and there is no ice available, a cold soda will do to start. If you use ice, make sure it is 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.

Something to Overlook

- 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 her to sleep on the uninjured side of her 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 any of the following symptoms appear:
 - increased redness
 - drainage from the eye
 - persistent eye pain
 - distorted vision
 - any visible abnormality of the eyeball

If the injury occurred 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.

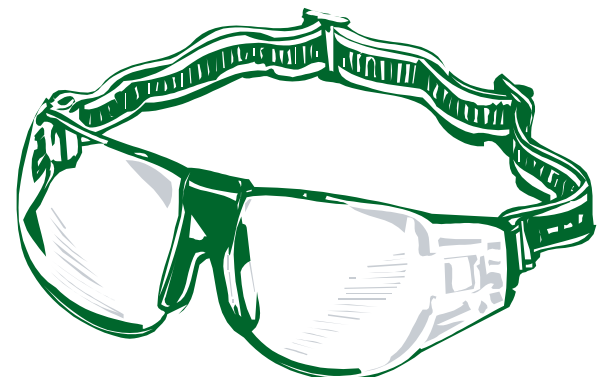
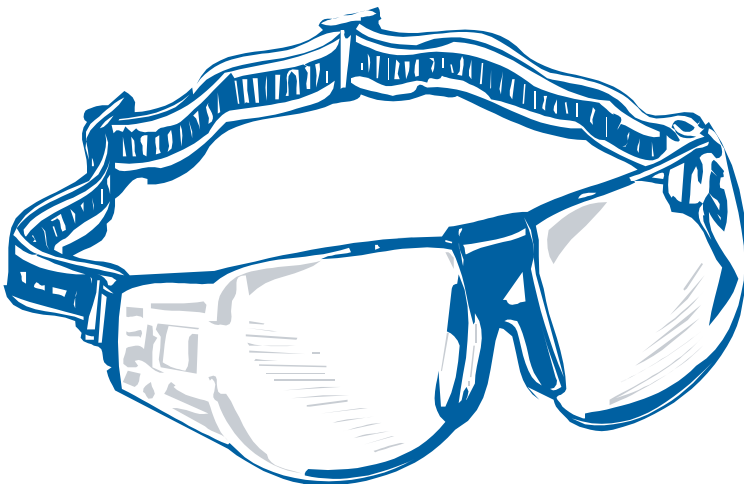
Tips to Help Prevent Sports-Related Eye Injuries

- Parents must insist their children wear appropriate eye protection during sports activities.
- Adults and children participating in baseball or softball, considered high-risk sports for eye injuries by the American Association of Ophthalmology, should always wear appropriate sport-specific protective eyewear. Leagues should encourage eye protection.
- Protective eyewear lenses should be made of polycarbonate material, a material ten times more impact-resistant than other plastics and can withstand the force of a .22 caliber bullet. Polycarbonate material offers the best protection against many sports-related eye injuries.
- Do not wear contact lenses, ordinary street wear glasses or industrial safety eyewear (ANSI Z87.1) as a substitute for protective eyewear. Contact lenses, ordinary

glasses and industrial safety eyewear offer no protection against eye injuries.

- Make sure your sports protective eyewear fits properly. Your eyewear can be properly fitted by your Eye MD (ophthalmologist).
- Wear sports protective eyewear every time you play! Please make sure your kids do, too.
- In baseball, wear a helmet with a polycarbonate facemask or wire shield. Make sure baseball facemasks are approved by the National Operating Committee on Standards for Athletic Equipment (NOCSAE).
- If you do sustain an eye injury, don’t try to treat it yourself. Go to your local emergency room or call your ophthalmologist immediately!

Information provided by the American Association of Ophthalmology (AAO) your Eye MD (ophthalmologist)



Batting or Catching Helmets,



Don't Paint Them!

(Editor's Note: At tournament time, teams like to "dress up" their uniforms to better represent their leagues. But remember that nothing can be added to a helmet's surface; not paint, decals or other adhesive-backed or solvent-based material. Here is how one District got the message out to its leagues to help avoid potential conflict at tournament time.)

Original Message:

To: League Presidents

From: R.J. Shingleton,
District Administrator,
Texas District 28

Date: June 25, 2002

Subject: Batting or Catcher Helmets

I checked with Little League and received the following information:

"The batting and catcher helmets must be used as issued by the company that manufactured them. The exterior of the helmets may not/must not be altered by the addition of paint, decals or any letters/numbers attached with any glue or adhesive."

I hope this clears up any questions.

Please share this information with your All-Star team managers, players and parents so that we do not encounter any problems during tournaments.

Thanks for your help.

Bob

League Reply:

Ben,

Little League should post these rules as there is nothing written that states this. Also, I wasn't aware that we encountered any problems during the tournament.

Craig D. Wernecke
President-Elect
Magnolia LL

District Safety Officer Reply:

Hi Craig,

Your suggestion that Little League add a line or two to the rule book about helmet stickers/paint is a good one. You may submit the request to LL HQ in Williamsport for their consideration if you wish. I plan to do so also.

Back copies of the ASAP Newsletter are available online and on the CD sent to each League Safety Officer. The rules regarding helmet stickers/paint etc. were discussed in the "Safety Chatter" sections in the October 2000 and January/February 2001 issues. They cover the reasons for the rule extensively. When you originally asked about this issue, I remembered the ruling, but not where I had read it. I hope this helps answer the questions posed by you and your parents.

In the 6/26/02 email to the leagues, we stated the ruling and that we hoped each league would "share the information... to prevent problems from occurring at our tournaments." We hoped that each league would have helmets in compliance with the rule at tournament time so that our umpires or officials would not have to eliminate any from use. If we have to remove a piece of equipment, this usually is upsetting to a team, manager, player or parent; we'd like to avoid that. That was the nature of the "problem" that we hope to avoid.

Thanks again for your input and concern, and please feel free to call with any questions.

Ben Hunt
District Safety Officer
Texas District 28



You've Got Questions

We've Got Answers

"Some of my leagues in D4 are asking for a 'Guideline' manual, etc. that would help them put on a First Aid Clinic for the managers & coaches in their league. One league has an ER nurse and 2 Firefighter/EMT's willing to give the First Aid Clinic but would like to have recommended guidelines to help them out. My Assistant DA has told me a manual referred to in the Little League Operating Manual is called 'Prevention and Emergency Management of injuries that occur in Little League Baseball and Softball'. Would this book be of help for a First Aid training clinic and if so, how can we purchase it, etc.?"

Larry Anderson
District Safety Officer
California District 4

Yes, the Prevention and Emergency Management of Little League Baseball and Softball Injuries program, generally known as the Emergency Management Training Program or EMTP, is a FREE first aid course developed for Little League by the American Orthopedic Society for Sports Medicine. This course provides an instructor's manual, student (coach) handbook and certificates of completion for the participants. All you need to do is call or write Little League HQ in Williamsport and request the course for as many people as you expect to attend. They will send you the material and your doctor, nurse or EMT can put on the training. The course covers the kinds of injuries your coaches and managers can expect to see in baseball/softball and they can use their specific knowledge of any suggested changes in treatment to keep the information up to date. Call LLHQ at 570/326-1921 and ask for Judy Knittle to request the program materials.

"The 2002 qualified safety plan now requires all volunteers to complete the Little League Volunteer Application form. Our league has developed a new Volunteer Application form that includes all the components from the standard ASAP Little League Volunteer Application form plus addresses some additional items. These items include additional space for:

- (1) listing three references;*
- (2) indicating what division you are interested in for managing/coaching/umpiring;*
- (3) e-mail addresses;*
- (4) language for parental permission when the volunteer is a youth (i.e. junior umpires, regular snack shack workers, etc.); and*
- (5) blank lines for additional comments by the applicant.*

My question is are leagues required to use the standard ASAP Volunteer Application form?"

Scott Sayles
Safety Officer, Cambrian Park Little League of San Jose

No, you do not have to use the standard form, as long as you have gathered the pertinent information from the form for your uses. The actual wording of the requirement does allow this alteration of the form for leagues' use: "Form or its contents must be used in gathering information on volunteers." I appreciate the dedication in developing your own form, and would like to see a copy if you could send it for possible use in the ASAP News. We're always looking for better ideas.

"I have been looking for some guidance regarding the requirement for a 'well-equipped first-aid kit' to be present at all practices and games. As I have noted, first-aid kits vary greatly in content and price. My questions are: Is there a minimum contents list for the first-aid kit to meet Little League's requirement? Does Little League have a preferred provider of such a kit?"

Brad Baughman
Safety Officer, Canyon Country Little League, California

No, there is not a requirement for what goes into a first aid kit. Your league can decide what they supply for every team, but you need to have a kit for all teams to have a qualified safety program. The highest priority in first aid is providing the immediate needs for the most common and likely types. So ice bags for bumps, bruises and other impact injuries; bandages, gauze and tape for cuts, scrapes and other skin abrasions; latex gloves and disposable towels or paper towels for proper handling/disposal of blood; and water as well as any type of antiseptic or other sterilizer the league deems appropriate for proper cleansing of cuts. Some doctors suggest cleansing only with water, and allowing the parents to apply the medicinal treatment they feel is appropriate. That is up to your league to decide. These are the basics, and you can check the Winter 2002 ASAP News to see what else could be in your kits.

Have a question or tip to share?

Call the ASAP Hotline:

800-811-7443

or email: asap@musco.com

or write to us at:

ASAP

100 1st Ave. West
Oskaloosa, IA 52577

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The exterior may not be altered.

Safe Working Environment: One Way to Get Started.

You've heard people say, "Create a safe working environment!" As if that's something you can turn on and off like a light switch.

But here's a way to help you do that: Positively reinforce safety. When you see someone doing something safely, mention it to them.

Thanking people for safe efforts (especially in a low key manner) will help build a safe working environment. Remember safety is not always negative there are positive things that go along with it as well.

Find out who is willing to take risks.

You no doubt want your staff, volunteers and other individuals to be cautious — but not too cautious. After all, many good ideas and improvements come from challenging the status quo. How can you spot individuals that are willing

to take risks? Look for these characteristics:

1. **MAKE MISTAKES.** People who are overly cautious also don't make a lot of mistakes. But they also miss opportunities. Look for individuals who aren't afraid to strike out occasionally — so they can sometimes hit a home run.

2. **NOT WORRIED ABOUT RANK.** Those who take smart risks aren't afraid to speak up and offer suggestions when the time comes — whether they're dealing with the individual in charge or someone higher up.

3. **MAKE CORRECTIONS.** People who make mistakes and aren't afraid to speak their minds can be risk-takers — but you want them to show a willingness to reflect on their actions, and do things better next time.

Lee Joyce
District Safety Officer
Virginia District 7

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