

# ASAP news



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

## Equipment Has **IMPACT**

Using faceguards and softer baseballs may reduce injuries, especially in the younger divisions

A new study of injuries in Little League suggests using faceguards and softer baseballs may reduce injuries, especially in the younger divisions.

The study of Little League injuries, published in the February issue of JAMA – the Journal of the American Medical Association, found reduced-impact baseballs and faceguards on batting helmets "were associated with a reduced risk of injury in youth baseball." The study concludes the "findings support increased use of these items." However, the report does note that the "incidence of injury in youth baseball is low and that these equipment items do not prevent all injuries."

The study was conducted by the University of North Carolina at Chapel Hill, N.C. Funding for the research was donated by Major League Baseball through a grant to USA Baseball.

"Little League Baseball was honored to have participated in this study," said Stephen D. Keener, president and chief executive officer of Little League Baseball. "We will be reviewing the results of the study in the coming months, both here at Little League International and at local Little League programs around the world."

Stephen W. Marshall, Ph.D., and colleagues evaluated the use of faceguards and safety balls for preventing injury in youth baseball. The study used a national database of compensated insurance claims

maintained by Little League, combined with data on the number of participants in Little League and data from a census of protective equipment usage for youths 5 to 18 years participating in Little League in the U.S. during 1997-1999. The study was co-authored by Dan Kirby, director of risk management for Little League Baseball.

Little League has one of the best databases in youth sports for tracking injuries, due to the widespread use of CNA Insurance by leagues as their insurance carrier.

A total of 4,233 compensated injury claims were available for analysis, with 1,890 for ball-related injury. The absolute incidence of compensated injury was 28 per 100,000 player seasons for ball-related injury (44.6% of all injuries) and 2.7 per 100,000 player-seasons for facial injury (4.3% of all injuries).

"The use of safety balls was associated with a 23 percent reduced risk of ball-related injury, and faceguards with a 35 percent reduced risk of facial injury. Reduced impact balls appear to be the most effective type of safety ball (28 percent reduction). There was no compelling evidence of any difference

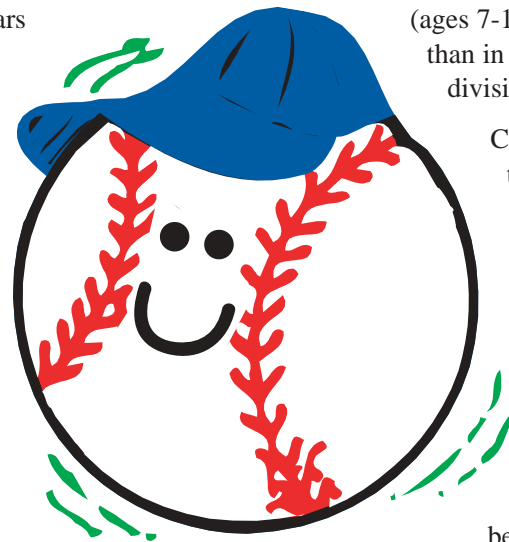
between plastic and metal faceguards," the researchers wrote. Safety balls appeared to be more effective in the minor division (ages 7-12 years) than in the regular division (ages 9-12).

Currently, the use of faceguards and softer baseballs is optional at all levels of Little League Baseball.

"We will be making information in the study available to our local leagues so they can make informed decisions about optional safety equipment," Mr. Keener said.

The researchers in the JAMA article noted "the Consumer Product Safety Commission estimated that up to one-third of emergency room visits for youth baseball injury could be prevented if safety balls, faceguards and safety bases were used universally. However, this estimate assumed that these devices are 100% effective in preventing injury." They go on to note no "epidemiologic study" on the effectiveness of safety balls and faceguards had been done. This research sought to fill that gap.

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# Equipment Has An Impact

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Ball-related injuries were the greatest single injury type, with 44.6%. Of those injuries, the researchers noted that by position, infielders were injured most (34.7%, followed by batters (27.9%) and outfielders (12.1%). But the causes were fairly evenly divided between batted balls (36.0%), thrown balls (31.4%) and pitched balls (28.6%). The protective quality for reduced impact balls was likewise evenly distributed to those positions receiving a reduced risk of injury as opposed to the players participating with traditional balls, the study found.

The authors note the findings of this study “are generally consistent with previous research” noting smaller studies of both safety balls and faceguards had yielded similar results in reduced risk of injury when using the safety equipment. While they note the study found this equipment was associated with reducing the risk of injuries, the equipment cannot be completely effective in eliminating injuries, so the reduction in injuries with this equipment if all leagues used it “would be less than the 32% estimated the Consumer Product Safety Commission.”

The researchers noted that perceived differences in the performance (a ball’s bounce, etc.) of safety balls may be the “most important barrier to increased acceptance,” as 63 leagues in 1997 had indicated they had tried safety balls in the past, but stopped using them, “frequently

citing problems with the bounce of the ball.” However, a laboratory study using equipment with no identifying marks on the balls found that in pitching, throwing and batting, “adults cannot distinguish between a traditional ball and a safety ball which has as little as 20% of the traditional ball’s hardness, and children (11-14 years) cannot distinguish between a traditional ball and a safety ball which has as little as 15% hardness.”

The researchers conclude that the differences in perception of the safety ball’s play may influence acceptance more than their actual performance.

And after looking at nearly seven million player-seasons over three years, the authors conclude: “These findings support the expanded use of reduced-impact balls and faceguards in youth baseball. It should be noted, however, that the absolute incidence of compensated injury claims in youth baseball is low and that these equipment items do not prevent all injuries. Given the greater incidence of ball-related injury relative to facial injury, we suggest that leagues with limited resources consider pursuing the implementation of safety balls initially, followed by implementation of faceguards.”

When you consider how to make your league a safer playing environment this year, this study should be considered in the decisions your league makes, especially for the minor divisions.



	Participants	Compensated Injury Claims	Leagues Using Safety Balls †	Leagues Using Faceshields †
Division	Mean # (%)	Mean # (%)	Mean # (%)	Mean # (%)
T Ball	615,765 (27.4)	39 (2.7)	3,226 (85.4)	995 (26.0)
Little League Minor	827,440 (36.8)	302 (21.4)	701 (15.1)	1,211 (27.5)
Little League Regular	519,350 (23.1)	676 (47.9)	404 (8.2)	1069 (23.9)
Upper Leagues	285,525 (12.7)	394 (27.9)	682 (9.9)	969 (15.6)
<b>Total</b>	<b>2,248,080 (100)</b>	<b>1,411(100)</b>	<b>3,675 (73.0)</b>	<b>1,625 (34.3)</b>

\* Because of rounding, percentages may not all total 100.

† Each league has several divisions and within a league the divisions have different policies for using safety equipment (safety balls vs. faceguards). For each division, percentage of all study leagues fielding teams in that division. For total, percentage of all study leagues offering the safety device of at least 1 of their divisions.

# ASAP HAPPENINGS

## Worth a Second Look

ASAP is not about new rules and regulations. It's about raising the awareness of safety for everyone involved in Little League to improve playing conditions. Before you decide *NOT* to submit a qualified safety program this year, consider this:

- Accident data proves districts with over 50% ASAP participation have **less than half the injuries** of districts where less than 50% of leagues have safety plans. Do you really want your kids and volunteers to get hurt?
- Because leagues have developed safety programs, Little League has seen injuries drop from a 5-year average of **5,695** ('90-'95) per year prior to ASAP being developed, to an average of **2,390** injuries ('96-2000) — **a reduction of 58 percent**. In the last three years ('00-'02), Little League injuries have dropped to a 3-year average of just **1,556** — with only 42 percent participation of all leagues in the U.S.
- Leagues submitting qualified safety plans earn a 20% credit on your player accident insurance premium for 2003, credited to your Little League account in July. The average credit is about \$150.

- Finally, medical expenses continue to rise. The average cost per injury claim in 1990 was \$390. The average cost in 2002 was \$803. Only by reducing the number of accidents occurring has Little League been able to actually reduce the cost of accident insurance across the country. By helping eliminate injuries through safety awareness, you help keep the cost of running a league within everyone's capability.

## Awards for Top Safety Programs

The top two safety plans in each region will receive a \$500 credit to their league account to use toward safety equipment or any other league expense.

The president and safety officer of these leagues will win a trip to the Little League Baseball World Series in August. In addition, the league submitting the best safety plan in each region will also compete for the best safety plan in the nation.

The league judged with the best safety plan in the nation will be earn a complete Musco lighting system for a 200-foot field, worth over \$20,000.

## Good for the District

By turning in your qualified safety plan **one month early**, your district can earn up to \$350 toward running tournaments, providing training, increasing opportunities in your area, and more.

That's right. **April 1** is the deadline for your safety plan to be postmarked by, with all 13 requirements, to help your district.

If a district has 80% or more of its league's safety plans turned in and qualified (meaning no follow-up needed to demonstrate all the requirements have been met) your DA will have \$350 credited to his/her account to run your district.

If a district has 60-79% of all league safety plans turned in and qualified by April 1, your DA will have \$150 credited to your district account.

So get your safety plan turned in a little earlier and help Little League staff have more time to review the plans, and give your DA a nice bonus to help provide the highest quality services in youth recreational sports.

But don't forget to document all 13 requirements in your safety plan submittal. (See pages 2-3 of the 2003 Registration Form for full details.)

## Didn't Get Your CD?

If you're trying to put together your first safety plan, or just need the forms to resubmit your safety plan from last year, you need the 2003 Safety Officer Manual on CD.

If you didn't receive it, you can either download everything, including the forms, from Little League's web site ([www.littleleague.org/manuals/asap/index.htm](http://www.littleleague.org/manuals/asap/index.htm)). Or you call Little League Headquarters at **570-326-1921** or the ASAP Hotline at **800-811-7443** to request a copy.

Just give your name, league name and a mailing address and we'll send it right out.

**The final deadline for ALL safety plans to be submitted is May 1st**, so it must be postmarked by May 1 for you to qualify for the 20% credit on your CNA/Little League insurance and be judged in the awards contest. **Please keep at least one full copy of everything you submit for your future records**, as safety plans cannot be returned to you once they are submitted.

# Port St. Lucie: How to Be Safe

*OK, this is the year. You've heard the benefits:*

*Reduced risk of injuries; safer environment for players,*

*volunteers and spectators; a 20 percent credit on*

*your player accident insurance for starting and*

*maintaining a safety program; and the added. You*

*want to start a safety plan this year. **But how?***

Take a few tips from the people who put together the best safety plan in the nation last year.

Port St. Lucie, Fla., Little League built a solid program which put the safety of its players as its top priority. They re-invested in their program, putting the \$500 they won — for being the best safety plan in the South Region in 2001 — toward CPR training for all board members.

Using a mix of community donations, volunteer effort and some money dedicated to safety from their general fund, they built a program which anyone can emulate. They know, because in building their own safety plan, they used much of the information provided by Granada Hills, Calif., Little League.

Granada Hills Little League provided the best safety plan in 2001, and was the full example given out in the 2002 Safety Officer Manual on CD. Port St. Lucie just used the information available to take their program from good to great.

The local medical center donated the materials needed for each team to have a first aid kit, and the league dedicated more money than ever before in updating all equipment to make sure players would be safe wearing any of it.

Some of the solutions they came up with included the following.

## Facilities

- Safety netting above the spectator bleachers between fields to protect parents from foul balls;
- Breakaway bases to reduce the risk of sliding injuries to players;
- Warning tracks to let outfielders know they are approaching the fence while fielding fly balls;
- Pitchers eye on all fields;
- Batter's eye on all fields;
- Lightning detector at complex;
- New double-fenced and lockable batting cages, always locked when not in use by authorized personnel;
- Fire extinguishers in buildings;
- Well-planned traffic patterns in parking areas;
- Lockable safety fence around portable barbecue grill;
- Vent hood over concession stand indoor fryer;
- Skid guard safety tape on all steps;
- Handicapped accessible.

## Training

- Players were given training in drug and substance abuse avoidance;
- Team Moms were taught about safety awareness;
- Board members instructed in CPR;
- Managers and coaches attended National Youth Sports Coaches Association training;
- Umpires were instructed in proper rules and safety of playing conditions;
- Concession stand workers received training in proper food handling;
- Managers and Coaches were instructed in league policies, including safety.

## Compliance

- Signs alerting to important information:
  - No ball playing except on fields
  - Emergency phone numbers
  - Wash hands before handling food
  - Emergency exits
  - First Aid information
  - No bicycles, rollerblades, skateboards
  - No alcoholic beverages
  - Batting cage rules
  - No smoking
- Boxes for communication to all team managers;
- Bulletin board alerts spectators of important safety information;
- Fire extinguishers are checked monthly;
- Monthly newsletter contains safety information.

As an overall plan, they accomplished what anyone else with determination and some innovative thinking can. Look at the safety issues and potential risks your league faces, and work to overcome them, just like Port St. Lucie has, for the good of all your league.

## *It's worth the effort*

# First Aid Kit Is First Priority

To start your season, make sure you have a well-stocked first aid kit. Here are three good examples:

## Little League First Aid Kit

The first aid kit produced by Johnson & Johnson, is available through the equipment and supplies catalog. It contains:

Bandages — sheer and flexible

Non-stick pads — assorted sizes

Soft-Gauze bandages

Oval eye pads

Triangular bandage

Hypo-allergenic first aid tape in dispenser

2-inch elastic bandage

Antiseptic wipes

First aid cream

Instant cold pack

Tylenol® extra-strength caplets

Scissors

Tweezers

First aid guide

Contents card

Disposable gloves

## LLB's Emergency Management and Training Program

Little League's EMTP manual recommends your first aid kit include:

Ice bags

- Plastic bags of crushed ice

Elastic bandages

- 3, 4 and 6 inch widths

Sterile dressings

- 3 by 3 inch individual gauze
- 2 to 3, 5 by 9 inch pads
- Telfa or non-stick dressings
- Eye patches

Adhesive bandages

- 3/4, 1 and 2 inch widths

Bandages

- Triangular shape and in rolls

Adhesive tape

- 1/2, 1 and 1 1/2 inch widths

Eye shields

Small flashlight

Scissors

Antiseptic soap

Splints

- Inflatable, cardboard or wooden, for arm and leg (large enough for your largest player)

Petroleum jelly

Safety pins

First aid manual

Towels

Blanket

Small pocket notebooks and pencils

Water for drinking and plenty of paper cups. (Water and paper cups can also do double duty in some first aid applications.)

## Fyrst USA Sport Medical Kits

A new first aid kit, available both in a team size and a league size, is offered by Fyrst USA. It is also available through the 2000 Little League Equipment Catalog. It was developed specifically for sports injuries. A unique feature: resupplies can be ordered by phone and to you in 5-7 days. Call 800/782-1355 or go to [www.fyrstusa.com](http://www.fyrstusa.com) to order.

1 Reusable ice bag: 9 inches

4 Instant cold packs: 6 by 10 inches

1 Blister Kit

20 Bandages: 1- by 3-inches

6 Large bandages: 2 by 4 1/2 inches

1 Elastic wrap

1 Scissors

20 Antimicrobial skin wipes

10 Blood-off cloth towelettes

20 Latex gloves

1 Antiseptic hand cleaner: 4 ounces

2 Rolls of athletic tape

1 Roll of pre-wrap

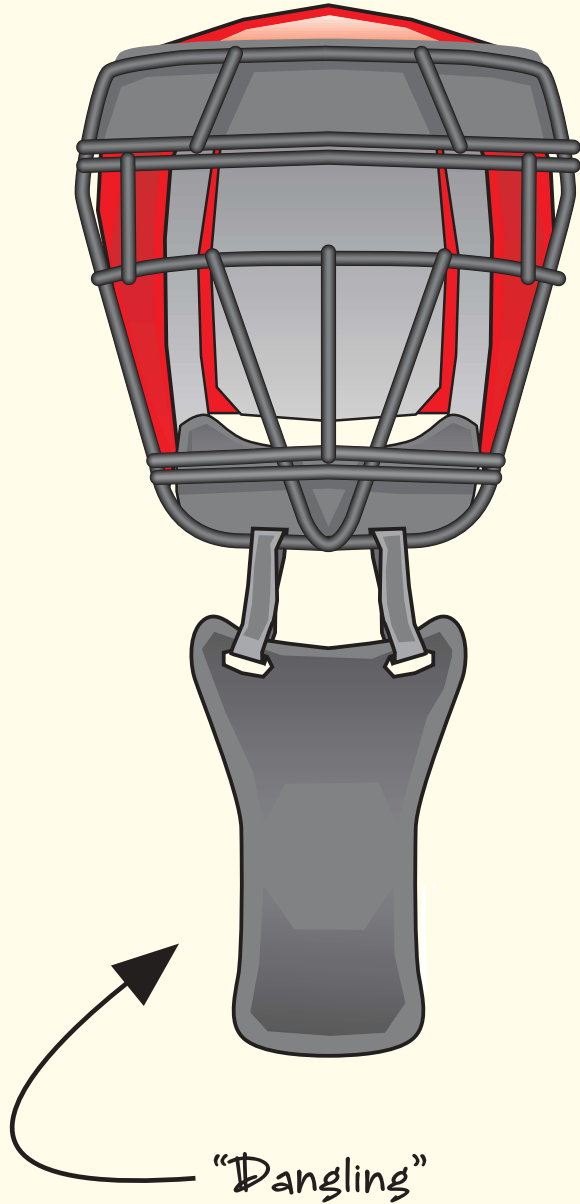
3 Sport wound care kits

**NOTE:** Individual leagues decide what they need in a first aid kit. These give a good idea of fully-stocked kits. Items any kit should contain: A good supply of ice, drinking water, and personal items or medications; an original inventory list to restock; emergency phone numbers; coins for pay phones; directions to/from emergency medical facilities.

**ALSO:** Keep your first aid kit stocked and replenished! If managers or coaches use any first aid supplies, replace them before the next time the team meets.



**\* Keeping well-stocked first aid kits is a requirement for qualified safety programs, and just makes sense. Provide a first aid kit with at least the basics to every team in your league to qualify for the 20% Little League CNA player accident insurance premium credit.**



# Make Sure They Are Safe!

**REMEMBER:**

**Catchers must wear helmets during warm-ups and infield/outfield practice.**

**RULE 1.17**

"...All catchers must wear a mask, 'dangling' type throat protector and catcher's helmet during infield/outfield practice, pitcher warm-up and games."

# You've Got Questions

## We've Got Answers

*"Over the past few weeks I have received several calls about the use of teens as Coaches. What is Little League's position on this matter?"*

### Email Question

**A** Dan Kirby, Risk Management Director at Little League Baseball, says, "Little League recommends that all managers and coaches are adults. We do not recommend that legal minors be in charge of minors. In the past some leagues have appointed minors, who were sometimes sons of managers and have started practice without equipment or adult supervision and injuries have resulted. The board then had to defend their decision to place minors in a managerial position. Remember, the president appoints and the board approves all managers and coaches. The board is accountable for their decisions."

*"Hello, I need some help. Can you please define 'batter's eye'? Some of my fellow Board Members and I thumbed through the rule book but could not find a definition. On one of our fields we have a shroud of trees and would like to know if this would be considered a batter's eye. Thank you in advance."*

**Viviane Dumas**  
Webster Little League  
Webster, Massachusetts

**A** A batter's eye is a dark colored section of fencing or other screen directly behind the pitcher in center field, which allows the batter to more easily pick up the white ball being thrown toward them. This can be green, blue, black or any dark-colored paint if you have wooden fences, or can be a dark colored netting over chain link, ribbing running between the links, or other material to

block out distractions behind the pitcher outside the playing area. The trees you mention, if in the proper place in center field to restrict view and provide a dark background, could well be considered a batter's eye. The same in reverse works for the pitcher's eye, with a dark colored section behind the catcher on the backstop to allow the pitcher to more easily see the flight of a ball coming off a hitter's bat, without the distractions that can come from people walking by, cars, or the setting sun. Both are safety measures as well as performance issues, since a batter can't hit or avoid what he/she can't see, and the pitcher must react sooner than any other player on a batted ball.

*"We had our Winter Meeting on Saturday for the entire District and one of the subjects that came up is replacement stickers for the helmets on safety. We are absolutely at our lowest level on stickers that go on the helmets and that level is ZERO. Do you supply these stickers or does the LL HQ handle that? I am not sure where we can get them. I was asked to research this and see if we can get someone to send us so that we can cover our 9 leagues within our District. Again, not sure where to get them and maybe I should go to Region at San Bernadino?"*

**Brad Baughman**  
Safety Officer, Canyon Country Little League, California

**A** If you mean the sticker that says "Little League approved" for the helmets, you no longer need to use those. All the batting helmets must meet NOCSAE approval, and then are allowed for use in Little League. So as long as they have the stamp of NOCSAE approval, they are approved.

### QUESTION OF THE MONTH

"Our board has been discussing the use of a Pitching Machine for our Minors 'Coast' Division (7-8 year olds) for the past few weeks. We all agree this would be a great benefit to the younger players coming up from T-ball that have never seen a pitched ball. Unfortunately, or fortunately, the board has safety concerns regarding how this would or could be implemented, i.e.:

- Battery operated machine?
- Electric machine (power cords a concern), or use of a generator on the field with the machine?
- How to handle balls that hit the machine from a batted ball, from throws from the outfield? etc.

Since this is an approved method of operation, do you have any tried and true methods for implementing this into our program? Can I get information from other leagues regarding their experiences using a machine and the safety concerns they address? The board won't implement the Machine Pitch until we have addressed some of these issues and even discussed solutions that can satisfy most everyone."

**Patrick D. Fortinberry**  
Player Agent, Loara Little League  
Anaheim, California

(Editor's Note: If you operate a Machine Pitch League, we'd like to hear your experiences in dealing with the issues raised above. Please contact us and we'll use them in an upcoming issue.)

### Have a question or tip to share?

Call the ASAP Hotline:  
**800-811-7443**

or email: [asap@musco.com](mailto:asap@musco.com)  
or write to us at:  
**ASAP**  
100 1st Ave. West  
Oskaloosa, IA 52577

# What's Inside

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“While attending a local First Aid class with some of our managers, one of the RNs told us NOT to be so quick to throw away our old, bulky cellular telephones. Apparently, even these old phones which no longer have a service contract can still be used to call 911 in case of an emergency. So long as the phone has an adequate charge, of course! Thanks for the assistance in preparing our ASAP Safety Manual!”

**Mitchell D. McKay**  
Safety Officer  
Imperial Beach Little League  
California District 42

“Have your concession stand buy the sandwich size zip lock bags. Pre-fill them with ice and store them in your freezer or cooler before each game. If in the event you need an ice pack just reach in and grab one. This saves time in the event of an emergency and also saves your league a few dollars from not having to buy the chemical ice packs. This is also a good idea for coaches to carry some of these in their coolers as well.”

**Lee Joyce**  
District Safety Officer  
Virginia District 7

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