

ASAP news



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

Safety Plans Hit a **NEW** Record

Injuries Down, Plans UP!

Across the country, Little Leagues are taking safety to heart, and building programs that benefit the children, adult volunteers and spectators that love the game of baseball and softball.

Almost two out of every three leagues are developing and implementing ways to enhance and maintain safety in their activities, equipment and facilities.

As of the first week of June, ASAP plan participation is up to about 63% of all Little Leagues in the U.S. **That's huge!**

Almost 4,000 safety plans have been submitted for review to Little League Baseball International in Williamsport. As they are approved, the leagues earn a 20% player accident insurance credit from AIG Insurance, Little League's insurance partner, and they join all safety plans in being judged for the best safety plan status, as well as some awesome awards.

Two out of three leagues are implementing safety plans!

For the first place leagues in each region (five in all), the league president and safety officer of the winning league will earn a trip to the Little League World Series in Williamsport to see some of the best 11- and 12-year-old players in the world play baseball and have a week of fun at Lamade Stadium. The leagues

with the first and second place safety plans in each region will also win \$500 to be used for safety equipment or any other need their leagues see.

But for the very best safety plan of all, that league will be awarded a complete Musco Lighting system for a 200-foot baseball field, guaranteed to meet Little League's lighting standards. This lighting system will be the new Light-Structure Green™ System, with reduced spill light, reduced glare and reduced energy use over any sports lighting currently available.

Leading the way as a state is West Virginia, with 100% participation again this year. Virginia and Washington are again in the high 90%'s, with Rhode Island, Oregon, Wisconsin and California all having 80-plus percent of leagues submitting safety plans.

For California alone, with over 800 leagues, 80% participation means hundreds of thousands

of players are experiencing a safer environment due to their leagues' efforts. That's amazing! But what's even more amazing is that with 63% of ALL leagues participating, roughly **two million** children are now sheltered by a safety net made by the caring adults of their leagues.

Unfortunately, in all of Little League, 37 Districts still have NO safety plans protecting their children.

In 2005 two states, Utah and Oklahoma, have NO safety plans submitted. In each region, the Central and Southern regions each have 10 Districts with no participation (vs. 14 and 11, respectively, in '04), and the West and Southwest each have six districts at zero (vs. seven and 10 last year, respectively). The Eastern Region has the fewest, with just five districts at nothing, down six from 11 in 2004. That's encouraging, seeing the number of districts with no participation shrink year by year, as ASAP participation grows.

Send in Your Plan Now

If you still haven't submitted YOUR league's safety plan, please do so as soon as possible. There is still time, but the window of opportunity for 2005 is closing fast. We want all leagues to benefit from the experience of a quality safety program up and running, but as the year runs out, so do any associated benefits of starting a safety plan.

If you had a safety plan last year and didn't submit it again this year, why not? The couple hundred leagues each year that do not send in their approved plan from the prior year are just throwing AIG's player accident insurance credit money away, as well as missing out on an easy way to continue safety awareness in your league. The hardest part to ASAP is getting a safety program off the ground. Once it's going, it is much simpler to keep it going with improvements and changes as your league moves forward.

Heat Illness: What

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 (%)

°F	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

You 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.

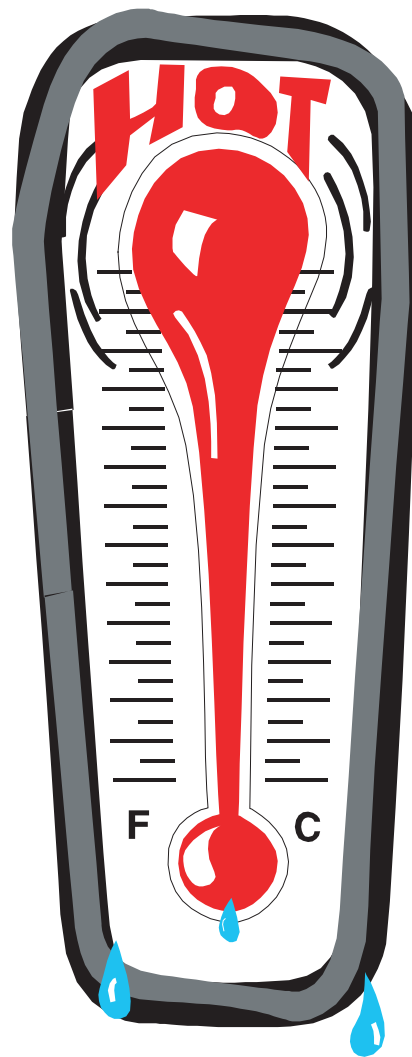
The early warning signs of heat stress include thirst, fatigue, and feeling hot. If these signs are ignored, serious heat illness beginning with cramps, and progressing to heat exhaustion and heat stroke can develop.

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.**

Safety With Mowers

Reduce the Chance of Mower Injuries

Every year, children and adults are needlessly injured and in rare cases killed during routine mowing and maintenance work. Make sure your league is taking steps to ensure conditions are as safe as possible for those doing the work and everyone around them.

According to an article in the journal *Pediatrics*, every year about 9,400 children under the age of 18 are injured severely enough to require emergency room care due to lawn-mower accidents. Last year, a 4-year-old boy in Virginia was killed from injuries sustained from a riding lawn mower. In most cases, these are avoidable accidents that should not have occurred.

A review of injuries related to mowers in the June, 2001 article of *Pediatrics* notes that although most injuries are to older children, about one-quarter of these ER visits are for children aged 5 and under. Ride-on mowers and power mowers combine for about 44% of all injuries, and in all, about 7% annually result in amputations or avulsions (a cut at an angle into the skin and sub-structures).

Work to raise the awareness of your volunteers and field maintenance workers of the dangers for themselves and those around

them while they are using potentially dangerous equipment in preparing the fields for play. Post the sign accompanying this article and make sure the safety tips are read and followed by anyone doing work around your facilities.

In the specific case of the death last year, news reports stated a four-year-old boy from Daleville, Va., was killed while the home day care provider's husband was mowing the lawn.

The youngster was unsupervised at the time, and was inadvertently run over when the mower stalled while mowing up a slope. The man told police he depressed the clutch, and as the mower rolled backward he felt a "bump." The child suffered head injuries resulting in death at a local hospital.

The family of the boy has reportedly filed a \$6 million lawsuit against the mower manufacturer – claiming it made an unsafe product and failed to warn users about risks, the store chain that sold the mower, the day care provider and her husband.



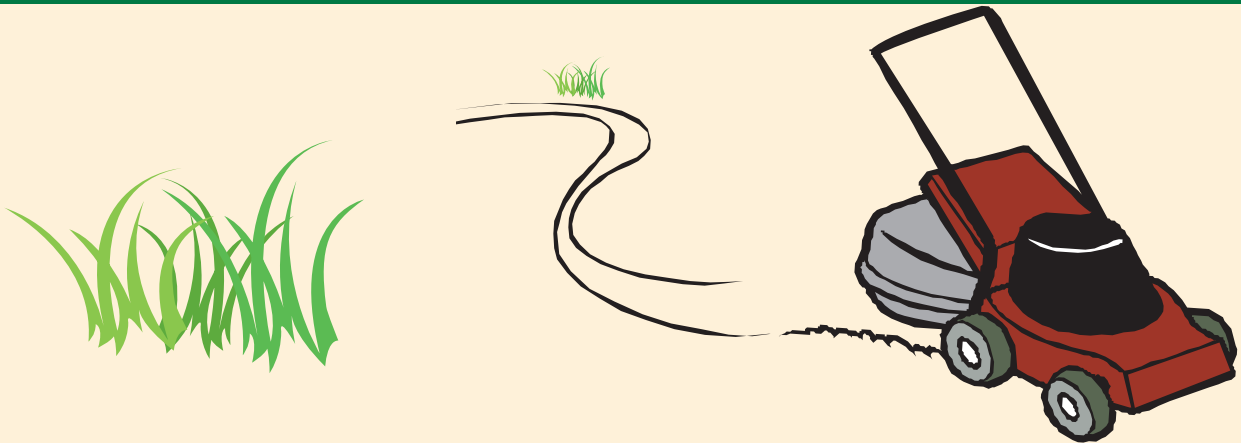
LAWN MOWER SAFETY TIPS

(Source: American Academy of Pediatrics – <http://www.aap.org/family/tiplawn.htm>)


- Try to use a mower with a control that stops the mower from moving forward if the handle is let go.
- Children younger than 16 years should not be allowed to use ride-on mowers. Children younger than 12 years should not use walk-behind mowers.
- Make sure that sturdy shoes (not sandals or sneakers) are worn while mowing.
- Prevent injuries from flying objects, such as stones or toys, by picking up objects from the lawn before mowing begins. Have anyone who uses a mower wear hearing and eye protection.
- Do not pull the mower backward or mow in reverse unless absolutely necessary, and carefully look for children behind you when you mow in reverse.
- Always turn off the mower and wait for the blades to stop completely before removing the grass catcher, unclogging the discharge chute, or crossing gravel paths, roads, or other areas.
- Do not allow children to ride as passengers on ride-on mowers.



Mower/Equipment Safety Rules



1. Never make adjustments or repairs with the engine running.
2. Be sure the area is clear of other people before mowing.
STOP if anyone enters the area.
3. Never carry passengers.
4. Do NOT mow in reverse.
5. ALWAYS look down and behind BEFORE and WHILE backing.
6. Remove rocks, tree limbs, cans, etc. before mowing.
7. Always check the oil in the mowers before use.
8. Adults ONLY operate mowers. NO children/others allowed to ride along with operator of riding mowers.
9. Please report damage or trouble with the mowers so they can be repaired.
10. You MUST wear safety glasses when using weed eater.

 Modified from Peru, Ind., Little League safety plan



'Ask Little League'

Dr. Barry Goldberg, Director of Sports Medicine at Yale University Health Services, chairman of the USA Baseball Medical and Safety Advisory Committee, and member of the Little League International Board of Directors answers questions on players' health and safety. For the full interview go to: <http://www.littleleague.org/askll/05aprsession.asp>

Ben, a vice president in a local Little League in Hoboken, N.J., asks:

Are there any stats on injuries caused to Little Leaguers (9 to 12 year olds) playing on artificial turf?

Dr. Goldberg: Not to my knowledge. The consistent bounce is an advantage as is the consistency of field maintenance. Ball speed and bounce might increase the risk of injury. Overall I would guess less-skilled players may have a slight increase in injuries. New turf is softer than old turf, and repetitive pounding causing overuse injuries should not be a problem.

Judy, vice president in a local Little League in Dumfries, Va., asks:

I have heard from various families that players' heels have been hurting them. It seems to be quite painful. Could this be from too much baseball/activity on the feet? My one son's (age 10) heels hurt him every now and then and my older boy (age 12) knees bother him. I hear it's a pain that is a growth issue. Can you shed some light on this?

Dr. Goldberg: Bone grows faster than muscle, so that with a growth spurt there is more tension placed on the patella and Achilles tendons. This, combined with repetitive stress, causes inflammation in

the areas where the tendons insert, which are below the knee and the heel. These problems usually can be controlled and the inflammation very infrequently leads to a permanent disability. I do not think children should be restricted from sports because of the risk of these problems.

Vicki, league info officer in a local Little League in Clyde, Ohio, asks:

It seems every year one or two players (mine in particular!) seem to pull the same hamstring that was injured the previous year. These are not "easy heals" as this recovery takes time. What can I teach my kids to do to prevent this type of injury and does one particular warm up work better than another?

Dr. Goldberg: No, they are not "easy heals." There is a saying, "Once a hamstring, always a hamstring." Your children are probably of adolescent age. When the hamstrings tighten as related to a growth spurt, or just are tight, as related to their intrinsic structure – gentle, non-bounce stretching five times a day, careful warm-up with jogging prior to running, not allowing the hamstring to cool down while on the bench, and ensuring hamstring strength has returned to normal, so that it is not over-pulled by the quadriceps muscle – are all important in treating hamstring injuries. Also, getting the hamstring muscle and the quadriceps muscle to work together is important, and doing such exercises as one legged dips and standing on one leg can be helpful. A physician, physical therapist, or trainer can help establish an appropriate program. Some hamstring strains that are recurring are due to back problems and not solely the muscle. A physician can help determine if this is a factor.

David, player agent in a local Little League in Albany, Calif., asks:

Quarterbacks throw heavy footballs every day, yet they never get the various "sore arm" injuries pitchers seem to get routinely throwing a light weight baseball far fewer times. Why?

Dr. Goldberg: Quarterbacks do in fact get shoulder injuries similar to those in baseball pitchers. Because of this, there is usually a limit placed on the number of passes a quarterback will throw in a given practice. The biomechanics and forces generated by a pass are also different than those generated by a pitch, so that the stresses are different.

Tom, coordinator in a local league in Lincoln, R.I., asks:

What is your position on Little Leaguers throwing curve balls?

Dr. Goldberg: Little Leaguers should not begin throwing curve balls until mid-puberty, which is usually between the ages of 13 and 14 years. It is also extremely important that they get proper instruction in technique. Through age 12, pitchers should emphasize work on control and the changing of speeds. The position we have on the USA Baseball Medical and Safety Advisory Committee is for pitchers 12 and under not to throw curve balls. In a recent survey of professional pitchers, the significant majority did not begin throwing curve balls until age 13-14.

Glenn, vice president/coach in a local Little League in St. James, N.Y., asks:

Our league is constantly trying to increase awareness of our coaches to stave off arm problems for our players. My question is, what do you feel is a safe amount of pitches, or innings a child can endure on the average, but at the same time aid that child in developing into a better pitcher?

Dr. Goldberg: USA Baseball has developed a set of standards for the number of pitches per game and per season. This can be found in the USA Baseball web site. For 9-10 year olds, 50 pitches per game and 75 pitches per week, 1,000 pitches per season, and 2,000 pitches per year is the current recommendation. This is related to game-pitching. Practice pitching can be done above and beyond this, but at varying intensity.

Dr. Barry Goldberg

Jamie, a treasurer in a local Little League in McLean, Va., asks:

Our league has 96 teams. The teams practice at a variety of locations but we have one location where the vast majority of the games are played. Is there a checklist of items that each coach should carry with them as a first aid kit for practices?

Dr. Goldberg: The most important part of any first aid kit is a telephone. One should try to immobilize the child and wait for professional help. Materials such as ice, elastic bandages, Band-Aids, gauze, tape and Tylenol are probably all that is needed otherwise. Tylenol should only be given if a parent is present and gives permission. The critical aspect of dealing with injuries is to not try to do too much if you feel a serious injury has occurred, but rather immobilize the player and call for professional help. It should be adequate to meet emergency needs of a coach to handle on-field injuries that don't require the immediate care of a medical professional. If you have one main complex where all your practices and games are held, the team kit can be smaller, but if they play away from a central site, or travel, they should have as fully stocked a kit as possible. Local hospitals, clinics and medical supply companies are a good source for donated kits.

Craig, a coach in a local Little League in Lionville, Pa., asks:

Regarding the development of arm strength... I understand that long toss is the best method to develop improved throwing strength. For 11-12 year olds, what is proper distance for long toss, how frequently can it be done, and what is the appropriate number of throws to be made during a single session?

Dr. Goldberg: Long toss is an excellent method to build arm strength. But throwing from positions in practice and simply "having a catch" will also be effective in developing arm strength. Throwing, unlike pitching, places less stress on the shoulder and elbow, and

current practice routines of various types seem to be fine as they have not been associated with an increased injury rate. Specific long toss distance is usually done in intervals of 30 feet. One should start at the distance an individual player can throw, and increase the distance progressively. There is no absolute number of throws as it depends on the other aspects of practice, but no more than 25 should probably be allowed.

Bob, a coach in a local Little League in Coupeville, Wash., asks:

Can you tell me what the most common injuries are for Little League and how they can be avoided? I've read that baseball leads team sports in deaths to children with three to four deaths each year.

Dr. Goldberg: Fortunately, the most common injuries in baseball are simple contusions and mild sprains and strains, with contact from the ball or with another player being the most common causes of injuries. Teaching appropriate skill, maintenance of field conditions, keeping control of players during practice, expressing the need for care and transportation, having appropriate safety equipment -- represents a few of the many other safety techniques. The deaths you are referring to are probably caused by commotio cordis. Commotio cordis is a rare injury (causing sudden death) caused by a low velocity ball impact to the chest. Using lower compression baseballs may reduce this risk, but this has not been proven in humans. Current "chest guards" have "not been proven to be effective by NOCSAE standards, though research is currently being done. Teaching ball avoidance techniques currently is of primary importance. Fortunately this is a rare event, as exemplified by only one fatality in Little League games or practices in more than 30 years.

Brenda, a parent of a Little Leaguer in Duluth, Minn., asks:

Other than having a criminal

background check on coaches, what criteria should we be looking at for good coaches/role models for our kids?

Dr. Goldberg: A good coach should be able to teach skills, should understand the importance of reaching out to all players, and should understand that baseball is a child's game and therefore winning is only a part of the goal. Fun, instruction, participation, and social growth are other extremely important parts of this program. His/her presence and knowledge should gain the respect of players and parents, and he/she should demand required discipline, commitment, and effort -- but also should be sensitive to those who need special support. His/her behavior should display respect for the players and the game, he/she should be able to provide positive reinforcement with enthusiasm, and should be able to criticize with sensitivity and appropriate instruction.

Gary, a manager in a local Little League in Houston, Texas, asks:

Should a player be allowed to pitch a game and then catch a game the same day?

Dr. Goldberg: Great question, with no known answer. Throwing is less stressful on the arm than pitching, but catchers appear to have the highest incidence of elbow and shoulder problems of all position players. I believe catching two consecutive games is reasonable. But if a catcher pitches more than 50 pitches in a game, he should be given one to two days play at another position. This is my opinion, but as yet there is no available scientific data.

Douglas, an umpire in a local Little League in Livermore, Calif., asks:

For a young pitcher, what is the best post-game therapy?

Dr. Goldberg: Best post-game therapy is ice and permitting the arm to rest from pitching for at least two days. Throwing from other positions the next day seems not to be a problem.

'Ask Little League'

Joe Losch, Little League International's V.P. of operations, corporate secretary and director of Little League International Tournament, answers volunteers' questions in the new 'Ask Little League' online forum. Read the full text at: <http://www.littleleague.org/askll/05mar2session.asp>

Alan, a local Little League president from Peabody, Mass., asks:

Will Little League be revisiting the catcher's dangling throat guard requirement with regards to the goalie style helmets that already have the extra extended throat protection as part of the helmet? It looks like these newly designed goalie style helmets were designed with extended throat protection to eliminate the need for something to be dangling from the bottom of the mask.

Joe: The hockey/goalie helmets have a wire extension of the helmet. Because the catcher raises his/her head, it leaves the neck exposed. For that reason, we require the dangling throat guard to help ensure there is appropriate protection for the throat area. We're always looking for new ways to make the game safer.

Jonathan, a local Little League umpire in Westbrook, Maine, asks:

As other baseball/softball governing bodies make the transition to a helmet fitted with a manufacturer approved face-mask, will Little League be adopting this as well, and if so, what is the timeframe when we'll be seeing this?

Joe: Little League has always permitted the use of faceguards as an option for the local league. We're constantly looking at our database of injuries and have not determined that the faceguard should be

a requirement at this time. If your league believes this should be mandated, you should lobby your District Administrator to have it placed on the agenda for the next International Congress. See here for more details on the Congress: <http://www.littleleague.org/about/congresshistory.asp>

Ramon, a local Little League president in Manati, Puerto Rico, asks:

When will Little League adopt pitch count rules?

Joe: Little League is currently involving about 50 leagues in a pitch-count study to determine the feasibility of replacing the innings-pitched rules. We have noted that even with the inning restrictions, many pitchers could exceed 100 pitches in a game, which is of concern to us. There have been reports of increased arm injuries for younger players. However, it is clear that in recent years, "travel ball" or so-called "elite" programs have increased. In many, there is no restriction on the number of innings (or pitches) in a game, day or week. We didn't seem to have this problem 10 years ago! It's only been since travel ball has become more prevalent.

Bob, a board member of a local Little League in Rhode Island, asks:

We have a player turning 11 in August. He is in our Minor League system. He was called up to the Major League division because of his skill and age. We have a by-law that states if a player doesn't move up, he/she can not play in Minors. His parent said if the player has to move up, he won't play anymore. What can we do?

Joe: First, let me explain that parents have a right to register their children in the program, but as you mention, age and ability are the determining factors regarding where the child will be placed. To allow parents to determine the level and team a child plays for can only create chaos, because if you allow one parent to make this decision, you will more than likely have many other requests. Regulation VIII (b) indicates

that the local league should establish a policy regarding this, which your league has done.

Raymond, a local Little League umpire in Perryville, Md., asks:

Is there a listing of approved for use bats in LL? Does mere certification by another organizations allow use?

Joe: Bats used in Little League divisions must meet the specifications in Little League Rule 1.10. We know any bat marked "Little League" has been tested and approved, so we recommend their use. A bat designated for use in baseball must not be used for softball, or vice-versa.

Will, an assistant district umpire consultant in Carson City, Nev., asks:

The tournament rules now allow a team to not have to have all players meet mandatory play if the game is shortened for any reason, including the 10-run-rule. What's the reason for the change?

Joe: While mandatory play is vital to the tournament program, the reason for the change was as a result of managers making a travesty out of the game (using delaying tactics, purposely striking out, etc.) in order to get all players in before the game became a regulation game. The local league is strongly encouraged to insist all players on their tournament teams be given proper tournament participation.

Matt, a local Little League board member in York, Pa., asks:

I have heard that several league presidents are upset at the change to Regulation I stating that they are now ineligible to coach or manage a tournament team. Several presidents have resigned thinking that they will now be eligible to coach or manage. What happens if a previous president (who was president of record at season's beginning) manages an international tournament team? Also, if this would happen, what would be the ramifications, if any on our team, the manager, or the local league?

Joe Losch

Joe: Regulation I (b) stipulates that a president MAY manage, coach or umpire, provided he/she does not serve on the protest committee, nor serve as a tournament team manager or coach. For many years, the president could not do this. However, we have found that many outstanding volunteers who possess leadership qualities are willing to serve as president if they can manage, coach or umpire. We restrict this to the regular season only. In prior years, if it was determined that a person stepped down as president just before the tournament in order to manage the tournament team, rather than penalize the players, we have removed that individual as manager or coach.

Mark, a Little League fan in Ontario, Canada, asks:

In the interests of moving games along, why can coaches not warm-up the pitcher?

Joe: Little League is designed for players to participate in the game. Therefore, we should try to involve as many players as possible. We've had injuries to managers and coaches who have ignored this restriction, and these should never have happened.

Bruce, a local Little League president in Berkeley Springs, W.Va., asks:

Our league has been having problems with travel teams. They are trying to take over the league and change it to a different program.

Joe: Excellent question. "Travel ball," is contrary to the Little League philosophy of a community-based program. Our desire is to have all the children play, not just the elite players. Parents need to understand that scholarships and pro contracts are not won when a child is 12 years old. We often find that youngsters involved in travel ball, because of the number of games played and extensive travel (plus the expenses), often get burned out. Also, it becomes burden-some to the family. Injuries because of over-use can be a problem, too.

Steve, a local Little League VP and umpire in Santa Barbara, Calif., asks:

Can a manager stop a game during an inning and fix the mound with a rake if his pitcher is having trouble with his footing? Or should that be done between innings?

Joe: This should only happen between innings after consulting with the umpire. Ultimately, it's the umpire-in-chief's call.

John, a local Little League president in Danvers, Mass., asks:

What can you tell us about the age change next year? How many 12s will be allowed on each team? How will this impact the 11s looking to play in the Majors?

Joe: The Little League International Rules Committee will be addressing that issue soon, as well as the number of 12-year-olds that can pitch in a week (Regulation VI (c)). Check back here for details often. Keep in mind that an abundance of players in this age group should result in a league expanding its Major Division!

Michelle, a local Little League team mom and "involved parent" in Yucaipa, Calif., asks:

My son is playing in the Majors as an 11-year-old for the first year. Last night he was called out on an "infield fly rule." I've never seen it used before and don't understand it. Three players on the opposing team tried to catch the pop up and were unsuccessful. My son reached first base when their pitcher picked up the ball and overthrew it to first but he was still called out by the home plate umpire. I don't understand the infield fly rule and when it is appropriate to use it.

Joe: Great question Michelle. The infield fly rule is there to protect the runners already on base. Without it, the defense could intentionally drop the ball, and get an easy double play (or even a triple play). It's a judgment call on the part of the umpire as to whether the ball should have been easily caught by an infielder. Your son is not alone.

Izzy, a parent of a Little Leaguer in Princeton, N.J., asks:

I understand that players are only eligible to play for a Little League tournament team OR a team in another program, not both. Is this correct?

Joe: We allow dual participation during the regular season. However, at tournament time we require the players (Majors and below) to make a commitment to Little League, or the other program. In the teenage programs, dual participation is permitted, subject to availability and the wishes of the local league board. In the past, teams would no-show because players were participating in other baseball/softball programs, which created chaos in our tournaments.

Chuck, an asst. district administrator in Lower Merion, Pa., asks:

Under Regulation VI (c.) a Junior, Senior or Big League pitcher "remaining in the game but moving to a different position, can return as a pitcher anytime in the remainder of the game." Suppose a pitcher pitches for three complete innings but plays the fourth inning at first base, then sits out for a substitute in the fifth and sixth innings... He returns in the seventh inning under Rule 3.03. Can he pitch in the seventh inning under Rule 3.03(3)?

Joe: No. The key to this rule stipulates that the pitcher must remain in the game (not substituted).

John, a local Little League information officer and coach in Canton, Mich., asks:

Can a batter switch around(left/right) during the same turn at bat? When does he/she have to stick with one or the other?

Joe: There is not limit in the rules to the times a batter can change from right- to left-handed. However, the batter must be ready when the pitcher is ready to deliver the ball.

Tourney Time Tips

Traveling:

For safe play wherever you go, make sure your All Star teams, whether A or B, are ready. Make sure:

- Travel guidelines are clear: Where are the teams going, with whom and under what supervision? Is a responsible adult driving players? Are there enough seat belts for all passengers?
- More than one adult is supervising players at all times, for both the players' and adults' safety and well being.
- Your team has adequate water or sports drinks available before and during the game.
- You carry at least a basic first aid kit with your team. Don't count on others to provide essential needs.
- You inspect the fields prior to playing. Don't rely on someone else to handle this basic requirement.
- You inspect all equipment prior to play; so it is in proper working order and has no cracks, holes or other defect which could endanger players or by-standers.
- You follow the rules for safe play: Know and respect the rules for pitching eligibility and proper rest between outings. Also, never allow adults to warm up pitchers before or during a game, and make sure catchers have on a helmet and facemask during infield warm-ups.



Hosting:

Hosting a tournament is important, from many standpoints. Make sure:

- All lighting meets Little League's standards for play. See the Little League Standards and Lighting Audit if you have questions.
- Trained medical care is available, up to having an ambulance waiting for worst-case scenarios.
- First aid kits are stocked and available to everyone, from concessions workers to spectators.
- Clear, precise directions are available to area medical facilities, in case of an emergency. This could be used for either the family of a player to follow an emergency vehicle, or a driver to take a non-critically injured player directly.
- Fields are inspected prior to playing. Remove any foreign objects or hazards and fix any problems before play begins. Make sure the fields stay in proper game condition during the game – i.e., fix any holes as they develop.
- All equipment is inspected prior to play; that it is in proper working order and has no cracks, holes or other defects which could endanger players or by-standers.
- All rules are enforced, including proper equipment on catchers and no adults warming up pitchers.
- You supply proper security. This could be just making sure access to fields is restricted, to keep unhappy fans from creating incidents to a plan for monitoring all spectators by either local league volunteers or professional law enforcement. Provide a safe environment for your games.
- You set clear guidelines on when play is stopped for bad weather, including heat, lightning and darkness procedures. Don't allow coaches' enthusiasm for playing the game over-ride common sense in pausing or halting a game to wait out dangerous conditions.

ASAP Hotline FAQ's

"Can you kindly direct me to where in the Little League rules it does or does not state a 10-year-old player may participate in offensive, defensive or pinch running play while he has a cast on his arm? We found local info about being ABLE to play football with a cast, but no info on baseball. This is a right handed player with a left arm injury - does not involve wrist or elbow."

Julia
– via email

Rule 1.11(k) states: "Casts may not been worn during the game." Players who are in casts may sit in the dugout with their teammates, but may not participate in practices or games until the cast is removed. That is for their protection as well as those around them, since in a collision a cast can injure someone else or worsen the injury of the person wearing it. When the cast is removed and the doctor approves, the player can again participate.

"I would like to know the Little League rules concerning the on-deck policy and the practice swinging of bats during games."

Rich Brady
– via email

The on-deck circle has not been allowed for several years (Rule 1.08) "Note 1: The on-deck position is not permitted in Tee Ball, Minor League or Little League (Majors) Division."

"Note 2: Only the first batter of each half-inning will be permitted outside the dugout between half-innings in Tee Ball, Minor League or Little League (Majors) Division."

Those are the official positions of LLB. No one should have a bat in their hand until they leave the dugout, and only the

first batter of each half-inning is allowed outside the dugout prior to being up to bat. The umpire should allow batters to come to the plate and take several swings to prepare for their at-bat. This should be done under the umpire's supervision, so no one accidentally is injured.

"My daughter broke her ankle playing softball; she plays for Bonita Springs Little League. I just need an address to send medical bills to."

Kim Kendall
– via email

All injury/accident reports must be submitted from your league safety officer or president. This assures Little League that local league officials have verified all reports. The Little League website has the forms needed, if your league doesn't have them (go to <http://www.littleleague.org/programs/asap/index.asp>).

"In our town we do not have double first bases. Do you feel that this is a safety precaution to have double first bases? Does this really not factor into safety prevention at all? I wanted to get your feedback before going to the town and the board on this subject. Please give me advise on how to explain to the Town and the Board, how this can prevent injuries."

Donna Motuzick, Player Agent
Torrington, CT, Little League

The double first base is recommended by LLB for its ability to minimize the potential for injury due to collisions between runners and fielders at the bag. Since runners don't stop at first base, this can and has resulted in serious injuries to either the fielder, the runner or both.

The orange part should only be used for the runner going from home to first, and after the initial pass, the white portion is considered the "bag" and a player may be tagged out if he/she is standing only on the orange part. Players should be given proper instruction on using there double bag. But yes, this is a safety feature recommended by ASAP and LLB which, especially for younger players not in complete control of their movements and body position, can help reduce unnecessary injuries. Explain it in these simple terms, and leave it to them to see the value of the double bag.

"Can you tell me if there are any mandatory face mask policies/rules relating to the mandatory use of face masks on helmets in the different age groups (i.e. T-Ball, Little League, Jr. League & Sr. League)?"

Melissa Copenhaver, President
Kittanning Little League

No divisions of play require facemasks for batters according to the official LLB/S Rule Book. Many leagues have adopted local rules that do require the younger divisions (Tee Ball and Minors, especially) to use facemasks on non-competitive divisions (as opposed to competitive Minor League). Some leagues also require younger pitchers to wear helmets with facemasks for protection. Local leagues may adopt rules augmenting safety and participation, but never detracting. All local rules must be submitted annually and approved through the Charter Committee in Williamsport.

Have a question or tip to share?

Call the ASAP Hotline:
800-811-7443
or email: asap@musco.com

What's Inside

Hotline Tips From Readers

2 Keep it Cool!

Recognize and treat heat injuries for kids' sake.

4 Cut mower Injuries

Post mower use sign, tips for help in cutting injuries.

6 'Ask Little League'

Volunteers' questions are answered by experienced staff.

11 Questions & Answers

Frequently Asked Questions from the ASAP Hotline.

“At our concession stand we installed a Safety Suggestion Box for safety comments. We hope that by making it easy for concerns to be heard, this feature will encourage everyone to be safety conscious and help us make our park as safe as possible for all who come to enjoy it.”

Mike Beeghly, Safety Officer
Florida District 19
Sports Eye Protection

Sports eye injuries can be serious, but they are preventable. Any sport that involves a projectile like a stick, a racket or a ball; or involves body contact presents a risk of serious eye injury. Physicians have an obligation to warn players of potential risk and must recommend appropriate eye protection. Sports eye protection should be designed specifically for the activity or sport. Eye protection that bears the seal of sanctioned organizations should be mandated for high-risk sports. (Source: The Physicians and Sports Medicine)

E-NEWS: Keep in Touch!

Don't miss out on any of the latest Little League news and information! The ASAP News is available several weeks earlier online than in print, and if you are signed up for E-News, you'll be notified within hours of its being posted at www.littleleague.org.

Whether it's rules changes or breaking Little League news, everyone can use E-News (www.littleleague.org/enews) to stay on top of all important updates:

- Little League News
- ASAP Safety Newsletters
- ActiveSports.com Updates
- Changes and updates to Little League Rules and Regulations Submitted Via Email

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