

ASAP news



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

Deadline Looming

Is Your League Ready for a Safe Year?

Every year your league needs to update your safety manual and resubmit it to Little League International. This is an opportunity to review what your league is doing to promote a safe and secure atmosphere for your participants and to put new ideas into place. But the deadline is approaching!

In order for your league to benefit from your safety program, you must have it in effect during the season, which is one reason the deadline is set for May 1. All safety plans must be postmarked by that date to receive the league cash award from AIG Insurance, a co-sponsor of ASAP.

Remind your board the true value of a quality safety program is the reduced chance of injuries in your league. Since ASAP began, the number of injuries resulting in medical claims in Little League has dropped by about 75 percent! Even if you haven't had a major injury recently, don't wait until something bad happens to take a fresh look at your safety program. Every year is a new opportunity to make improvements in safety.

League incentives:

- Limited edition Disney character pin, 2007 Cyclone the center fielder;
- League cash award, based on number of teams covered by your safety plan.

Regional incentives:

- A \$500 cash award for the leagues with the 1st and 2nd place safety program in each region;
- The 1st place league's president and safety officer will win a trip to the Little League World Series in August!

National incentive:

- The league judged to have the best safety program in the country will earn a Musco Light-Structure Green™ lighting system for a 200-foot field.

Your safety plan must be submitted in paper format; however, you may also submit an electronic copy on a CD or DVD, if it better illustrates the scope or elements of your safety plan. Your package should include the 2007 Qualified Registration Form, 2007 Facility Survey and copies of the safety manuals given out to coaches, parents, players, maintenance volunteers, etc. Mail it to:

ASAP Safety Plan Contest
c/o Little League International
539 US Route 15 Hwy.
So. Williamsport, PA 17702

The printed examples of what leagues distribute to their coaches are used to give other leagues ideas for their safety manuals. It also helps to ensure leagues are actually implementing their safety programs, and not just creating a nice plan that isn't really used. We hope no one would do that, but we do everything we can to make sure the children have the best possible environment to play in at the local league level.

You may also submit your plan prior to having held your training clinics (first aid and fundamentals), by putting in the dates you will hold your coaches clinics and listing who is required to attend each.



Pictured, left, is the 2007 Cyclone Little League ASAP trading Pin you will receive for submitting a qualified safety plan.

Defibrillators Can Save Lives!

Editor's note: For several years, Little League International has urged local Little Leagues to have automated external defibrillators (AEDs) at all games and practices. These items are relatively simple to use, require only minimal training, and can save lives. While Little League activities do not result in more incidences of "sudden cardiac arrest" than other similar activities, this is yet another way that local league volunteers can make Little League safer. The following letter, to all Little League volunteers, was written by a Little League mom.

In the fall of 2005, on the evening of September 26, the Levine family was together at home, as a whole, for the very last time. For the following day, as any usual weekday in our household, was busy and bustling with school and afternoon activities. It was this evening, September 27 around 7 p.m., our nine-year-old son Robbie collapsed while running the bases at the end of his little league practice.

Robbie could not be revived, and did not survive. With his entire team watching, my husband Craig, Robbie's dad and coach, tried in vain to save him. No one knew what had happened. His teammates commented that they had never seen Robbie run so fast. And then, after making it around the bases as he had done hundreds of times before, Robbie literally collapsed and died on home plate.

While we still sort through so much confusion about what happened to our son, we do know one thing for certain about that frightful night — there was NO DEFIBRILLATOR available on the ball field. The cardiopulmonary resuscitation (CPR) Robbie received, as is so often the case, was not enough. And a defibrillator did not arrive in time to save his life.

As a result of this horrific and wholly indescribable experience, Craig and I immediately formed "Forever 9 — The Robbie Levine Foundation" (www.robbylevinefoundation.org). We didn't know what else to do. All we knew, in our shock and grief, is that no other family should ever have to experience this. No one should have to tell their six-year-old son that their brother has died, and no one else should have to explain to their daughter when she is old enough to understand, that her oldest brother died when she was only six months old.

This has become our mission. Through Forever 9, we are working to increase awareness of the need for and importance of automated external defibrillators (AEDs) in saving lives, particularly in youth athletics.

However, over the last several months we have learned that, despite how much sense this makes to us, we are met with resistance — mostly due to a simple lack of information. We also realize that Robbie's death, and sudden cardiac arrest (SCA), particularly in children, is not an easy topic for people to think or talk about.

Here are a few important facts:

- The best chance of surviving a sudden cardiac arrest is within the first three minutes. After that, survival chance decreases by 10 percent with each passing minute.
- Defibrillators cannot inadvertently hurt the victim. The device determines if the heart's rhythm is "shockable."
- Finally, SCA is one of the leading causes of death in the United States.

It has been a journey — one that I wish we never had to begin, but one that I feel will continue forever. We will continue to memorialize Robbie, so that no one will ever forget him. And, we will continue also so that no one else will have to face the horror that our family lives through daily.

We are raising awareness, we are advocating that AEDs are in all places appropriate, and **we are donating AEDs and training** so that there is equal access for everyone. **Please, encourage your league to make AEDs a standard piece of equipment at games and practices, right next to the balls and bases.**

Sincerely,
Jill Levine

Cardiac Arrest

Saving a Life May Be as Easy as A-E-D

The following information is provided by the American Red Cross: www.redcross.org.

Defibrillation Overview

In the time it takes you to read this information, sudden cardiac arrest will have claimed another victim. Statistics show that more than 200,000 Americans die of sudden cardiac arrest every year. Up to 50,000 of these deaths could have been prevented if someone had initiated the Cardiac Chain of Survival, and an automated external defibrillator (AED) had been available for immediate use at the time of the emergency.

All American Red Cross Adult and Child CPR courses contain defibrillation skills and information. We invite you to learn more about the technology and training that could save the life of a co-worker, family member or a friend by contacting your local American Red Cross chapter (www.redcross.org/where/where.html).

Frequently Asked Questions

What is an AED program?

An AED program is a plan that can be developed in a workplace, school, or community environment, or in places where large groups of people gather.

Do AED programs differ based on the environment?

Yes. Each AED program will differ based on the needs of the organization; however, the initial steps necessary to form the basis for the program are similar.

What are some things to consider when developing an AED program?

Assessment. Determine the needs for your environment. How many devices are necessary? How long will it take EMS to arrive at your location? How



long will it take EMS to arrive at the site of the emergency; are there obstacles such as stairs, secured doors, etc.?

Funding. Determine the budget necessary to purchase the equipment, train employees, volunteers or other staff and provide program maintenance. **Legislation.** Understand the current laws concerning AED use in your state. Please consult with your legal advisor or local state EMS department for further information on the most current AED legislation in your state: www.early-defib.org/03_05.html

Implementation. Determine if your organization needs an internal implementation team to manage the program or needs to purchase a solution package to provide management oversight. The management of the program could include a program point of contact, medical direction, program maintenance, data management, development of protocols and response plans.

What is the current treatment for sudden cardiac arrest?

The cardiac chain of survival is the current treatment for sudden cardiac arrest.

What is the cardiac chain of survival?

The cardiac chain of survival is a series of four critical steps. All four steps of the chain must be present to help ensure survival from sudden cardiac arrest. The four steps are:

- Step one: Early access to care (calling 9-1-1 or another emergency number)
- Step two: Early cardiopulmonary resuscitation (CPR)
- Step three: Early defibrillation
- Step four: Early advanced cardiac life support, as needed

The third step, delivering an electrical shock to the heart, which is known as defibrillation, is recognized as the most critical step in restoring cardiac rhythm and resuscitating a victim of SCA.

For more information on AEDs, go to: <http://www.redcross.org/services/hss/courses/aed.html#train>.

Check 'em for Free!

80 Free Criminal Background Checks

*Did you know the requirement for background checks has changed? All leagues are required to conduct a minimum national check of sex offender registries. Did you also know Little League feels so strongly that your league should go beyond this minimum, that your league's first 80 criminal record background checks through ChoicePoint are paid for by Little League International? That's right, **the first 80 are free!***

The ChoicePoint background checks will be conducted against roughly 200 million criminal records, including the 1.6 million sex offender (SOR) registry records. So ChoicePoint will check over 7 million more sex crime records against potential volunteers than the states' SOR records include. The ChoicePoint check meets the national SOR minimum requirement, and a whole lot more.

At a minimum, anyone listed on an SOR or with a crime against a child must not be allowed to volunteer. The ChoicePoint background checks have found that 14 percent of potential Little League volunteers have criminal records. Your board needs good information to make good decisions on who is allowed contact to your league's players. Any checks beyond the first 80 will only cost the league \$1 per name checked.

Some reasons you should go beyond the minimum check:

- Sex-related crimes are often pled down to lesser offenses not listed on SORs;

- Crimes involving children not listed on SORs include providing alcohol/drugs to minors, physical abuse, endangerment and neglect;
- Other crimes are also not on SORs, including assault, murder, fraud, embezzlement, DUI, theft, possession/sale of drugs.

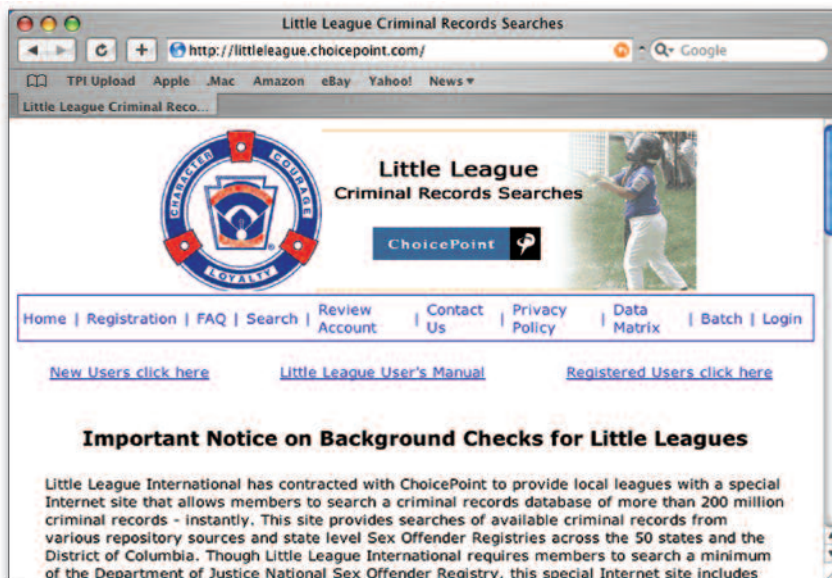
And it's not only new volunteers. Every year you must check **all** volunteers who have repetitive contact with your league's children. You need the history of all people involved in your league, for the children's safety.

No matter what check you do, start by copying their government-issued ID and compare it to the Volunteer Application information provided. Without accurate information on the person you are checking — simply modifying the spelling of their name or birth date on their application form — you will not get good information back: Garbage in, garbage out.

If your league chooses to conduct the ChoicePoint check, you will need to gather Social Security numbers. This is sensitive information you should reassure your potential volunteers will be tightly controlled. However, if anyone declines to give you information you need to do the background check your board has selected for all volunteers, that person must be declined as a volunteer. You cannot have two standards in your league for volunteer screenings.

Finally, what will your league say if you don't use ChoicePoint, and something happens that could possibly have been avoided by running a check that Little League would have paid for?

For more on ChoicePoint background checks, go to: <http://www.littleleague.org/common/childprotect/states.asp>



Do You Have 'The Right Stuff'?

Long-Model Chest Protector

To protect the chest and body, as well as the sensitive groin area; must have throat collar be worn when the catcher is in catchers box with batter — the lowest section is NOT to be rolled up and under the upper portion; the short model may be worn in softball or the Junior, Senior or Big League baseball divisions.

Helmet with "dangling" throat protector

Must meet NOCSAE specifications and standards and bear the NOCSAE stamp; used anytime the catcher is defensively on field: during infield/outfield practice, warming up the pitcher, or during games, the helmet protects the head and throat of the catcher; the dangling throat protector is required no matter the style of the helmet, even on the longer model masks; skull caps are not permitted!

The Right Stuff

Make sure you wear all the required equipment — meeting all Little League standards and specifications — for the activities you're participating in, for your own health and safety!

Catchers Mitt

Not just any glove can protect the hand from the best thrown fast balls; catchers mitt required in baseball, other gloves allowed in softball.

Protective Cup

Mandatory for all male catchers and recommended for females; the metal, fiber or plastic-type cup or female pelvic protector protects the sensitive groin area from fouled balls, collisions and other ball or bat contact injuries

Shin Guards

Worn anytime a batter steps into the box, as well as a good idea during infield practice; protects the leg bones from foul tips, swung bats and collisions.



Dangling Throat Guard

The dangling throat guard protects the vulnerable throat from bat follow-throughs and tipped balls even when the head is tipped back for any reason (tracking ball, flinch, etc.); the newer long model catchers face mask will move with the catcher's head to reveal the throat so still requires the dangling throat guard.



Practice/Warm-up Protection

The helmet and dangling throat protector are required protective devices during infield/outfield practice and pitcher warm-up — these pieces protect the catcher from tipped balls, errant throws and even a possible clip from the bat; make sure to stand well away from the coach even with the helmet and throat guard on.

Disengage-able Bases

Standard Bases Need to be Replaced NOW!



Pictured, above, is an example, sent in from a league safety plan, of a disengage-able base.

Rule 1.06: Beginning with the 2008 season, it will become mandatory that all leagues utilize bases that disengage their anchor. Leagues are encouraged to begin the process of implementing these types of base systems during the current season on all their fields so that the process is completed by the 2008 season.

Looks are deceiving. The traditional stationary base, resembling a white pillow, is bolted to a metal post sunk into the ground and fixed in concrete. It is a rigid, unmoving object taking 3,500 foot-pounds of force to dislodge. A runner sliding into this base the wrong way can do a tremendous amount of damage to him- or herself.

On the other hand, a disengage-able base consists of two major parts; a rubber mat, bolted to a pole inserted into the ground just like a stationary base, except a separate pillow snaps onto the mat. When a runner slides into a disengage-able base with sufficient force, the pillow has the ability to release from its anchor and move with the motion of the runner.

A five-year study from 2000 to 2004 showed 55 percent of injuries to runners

occur while sliding into base, and 47 percent of all injuries to runners result in fractures. The latest Little League data from 2004-2006 shows leg-foot injuries rising to 59 percent of all injuries to base runners.

In his book, *The Awakening Surgeon*, Dr. David Janda noted a two-year study he conducted comparing injuries sustained on fields using stationary bases versus fields with disengage-able bases. In the study, 637 games

were played on the disengage-able base field and 635 on the stationary-base field. By study's end, 45 players sustained injuries on the stationary-base field while only two were injured on the fields with disengage-able bases.

For information on manufacturers of disengage-able bases, visit Little League's website, or go directly to: www.littleleague.org/common/equipment/.

Pitcher Killed in Batting Cage Tragedy

Implement Rules for Batting Cage Safety

A 15-year-old high school junior was killed recently in Texas while pitching to a teammate in a batting cage, by a ball hit from a second cage.

Accounts say the line-drive hit passed through an opening in the first cage wall, and because a secondary screen normally between the two batting cages was not up, the ball traveled directly through the second cage's opening. It hit the high school boy in the back of the head. He was not wearing a helmet at the time of the accident, nor was one required.

The school district has taken steps to avoid this, mandating helmets on everyone in its baseball or softball batting cages, batters and pitchers alike. They also implemented regular checks by district staff of nets, and holes or other deficiencies will cause the cage to close until it is fixed.

This is a hard lesson all leagues should carefully consider. Just because an accident is a "fluke" doesn't mean it or something tragically similar can't happen again. What rules do you have in place

to protect those in and around your batting cages?

Does your league require:

- A secondary screen / fence to protect those outside cage;
- Batting helmets on all players in the cage, batters and pitchers;
- "L" screen or other device to protect the pitcher or pitching machine operator;
- Regular inspection of netting and pitching machine to ensure safety;
- Adult supervision at all times anyone is in cage;
- Adults only operating pitching machine;
- Notification of Little League of batting cage's use for coverage by insurance.

Don't wait for an accident to jar your league out of complacency. Take action now to make your league's batting cage safer.

Knee Injuries

Study Seeks Answers for Female Athletes

A three-year study underway in California may help reduce female athletes' knee injuries, specifically to the ACL. The female athletes are being examined for movement tendencies putting knees at risk, and will use a targeted workout strengthening the knee's muscles.

The National Institutes of Health-sponsored study will look at sports-associated movements that make the anterior cruciate ligament, or ACL, so vulnerable to tears in athletic women. To better understand the basis of this high ACL-injury risk, researchers from the USC Division of Biokinesiology and Physical Therapy will study 240 youth to adult soccer players.

"Studies have shown that women in certain sports suffer ACL injuries at a rate three to eight times greater than their male counterparts," says

Christopher M. Powers, Ph.D., P.T., associate professor at USC and the study's principal investigator.

The study participants will use the Prevent injury and Enhance Performance (PEP) program developed by the Santa Monica Orthopaedic Group. This training program has been shown to successfully decrease the incidence of ACL injuries in female soccer players — a high-risk group — by 74 percent.

The workout program is a highly-specific 15-minute training session replacing traditional warm-ups. This prevention program consists of a warm-up, stretching, strengthening, plyometrics, and sport specific agilities to address potential deficits in the strength and coordination of the stabilizing muscles around females' knee joints.



The full work-out may be found at: http://pt.usc.edu/ACLprojectprevent/pep_tr.htm

Are Your Seats Safe?

Bleacher Safety — Use Guardrails

Almost every field has bleachers of some kind. Are yours safe?

The Consumer Product Safety Commission (CPSC) has reports of 19 deaths by falls from bleachers between 1980 and 2003. In just one year, the CPSC estimated 3,350 children were treated in emergency rooms due to injuries from bleacher falls. New bleachers are coming out with guards included, but older models often have none.

The CPSC produced guidelines for bleacher retrofits to reduce the chance of injuries due to falls. Leagues should be aware of the potential risk to spectators, especially small children. The highest risks are from no guardrails on sides and

across the back, or from gaps large enough between seats and guards where a child could fall through.

Consider these improvements:

- Guardrails on backs and open sides of bleachers starting where the footboard, seat or aisle reaches 30 inches above ground, unless only the top seat reaches 30 inches.
- Guardrails' tops should be 42 inches above the edge of the footboard, seat or aisle that is 30 inches off the ground.
- No opening between components of the guardrail or under it should allow a 4-inch ball through.
- No opening in components of the seating (between footboard, seat and riser) should allow a 4-inch ball

through, if the gap is at or above 30 inches from ground.

The preferred guardrail design uses vertical pieces between the top and bottom rails, with no patterns in the design that could provide a "ladder effect" for climbing. If chain link fencing is used, it should be a mesh of 1.25 inches square or less.

Also, consider how people use the bleachers, and provide aisles, handrails, and non-slip materials for steps to aid in mounting and leaving the stands. Finally, don't create new problems, such as tip-over concerns and bleacher or guardrail collapse, when you work to reduce the risk of falls.

For more on bleacher safety, go to: www.cpsc.gov.

Common Sense Ideas From Leagues

Defibrillators

Educating leagues about danger of sudden heart death.

Check 'em Free!

Offering 80 Free Criminal Background Checks

Are You Safe?

Batting cage incident kills pitcher; Are your pitchers safe?

Knee Injuries

Study seeks answers for female athletes.

For weather warning emergencies, the Field Director Staff will have access to NOAA radio and will be in touch with the concession stand personnel who will be monitoring that radio. If it becomes necessary to take cover, the field director will signal all SPLP personnel, participants, and fans by sounding an air horn either two or three times in succession. The “blasts” will be repeated approximately every ten minutes. Two blasts from the air horn means that play has been temporarily suspended. Clear the fields immediately and send for further information. One blast after a temporary suspension means it is now safe to return to the fields and resume play. Three blasts from the

air horn means that play has been completely cancelled for the day. Clear the fields immediately and send everyone home without delay.

South Portage LL, Michigan

Prior to practices and games, the Safety Officer, Chief umpire, or other league officer should check the detector to make sure no thunderstorms or lightning is in the area.

Lake View LL, Texas

The adult coach, wearing a helmet, must be behind the protective screen at all times in the batting cage, while live pitching or feeding the pitching machine.

Valley LL, New York

PO Box 3485 / 539 US R. 15 Hwy
 Williamsport, PA 17701-0485
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