

ASAP news



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

ASAP Goes to Congress

Safety Awareness an Important Message to Delegates

The Little League International Congress delegates heard the message that ASAP, thanks to all that YOU do, is still making strides to reduce injuries for everyone in Little League.

The 2007 Congress delegates' main responsibility was voting on rule and regulation changes affecting all leagues, as well as attending sessions to help improve conditions and gather

information for local leagues to help leagues better administer their programs in many ways. One of the most important messages was that of the safety initiative building a majority of leagues' involvement in ASAP and reducing injuries in a significant way.

Over 42,000 Injuries Reduced

Based on a comparison of statistics prior to 1995 when ASAP was introduced, injuries have been avoided for over 42,000 people: players, volunteers and spectators, since ASAP began in 1995, explained Dan Kirby, Risk Management Director of Little League International. In the three year period 2004-2006, the average number of injuries dropped to 1,333 annually, a rate 77% lower than pre-ASAP. That amounts to just 2.7 injuries per district, but also means almost nine fewer injuries *per district* than in the years 1991-1995.

Kirby praised the efforts of leagues, districts and state organizations in implementing ASAP. Three states were recognized for reaching 100 percent of all leagues participating in 2006: West Virginia, Oregon and Maryland. Several states are close, and may attain that mark this year.

More districts are taking stands to require a safety plan for leagues to host post-season games, Kirby pointed

out, either All Star tourney games or Special games. He noted the entire East Region is already implementing a version of this requirement for all leagues there.

ChoicePoint was also a key point, as he stressed the new requirement for ALL leagues to conduct a national check that includes as a minimum all 50 states' sex offender registries (SOR) for all volunteers providing regular service or repetitive contact of players. Volunteers must fill out the Volunteer Application Form and provide a government-issued photo ID so leagues can verify the information provided. For more information on ChoicePoint, please go to: <http://www.littleleague.org/common/childprotect/choicepoint.asp>

80 Free ChoicePoint Checks

The ChoicePoint check meets the requirement, Kirby stated, and finds information otherwise unavailable to the league, on issues including non-SOR sex offenses, drugs, financial crimes, crimes of violence and all types of felonies and misdemeanors. The checks are only \$1 each after the first 80 per league.

Kirby concluded by asking district representatives to encourage leagues to submit safety plans, but to go beyond the 13 minimums, and address all the risk areas in their league.



Don't delay, mail today!

If you haven't mailed your league's safety plan yet, please don't put it off. Little League is finalizing the 2007 season, and we need your league to submit its safety plan! Remember, safety plans are critical to the safety of your participants. You need to resubmit a safety plan each year to have a qualified safety program.

At publication time, Little League has received 4,234 safety plans, with 339 leagues submitting new plans. That's great! However, we had 4,408 safety plans submitted last year, so some leagues who had a safety plan last year still haven't submitted their plan.

**Don't forget
- time is
running out!**



Pitch Counts:

Valuable if Coaches & Parents 'Buy In'



Dr. James Andrew, M.D., and Dr. Glenn Fleisig, Ph.D., spoke to a packed room at the Little League Congress, addressing one of the latest safety advances for pitchers in Little League: The pitch count.

Their conclusion? Pitch counts will have the greatest impact if coaches and parents can understand the benefits for the players and support the program, and teach pitchers to use the best mechanics to allow for reduced chances of injuries.

Operating for the first full year, the new pitch count regulation grew out of studies the two conducted for and presented to USA Baseball and its member organizations about the growing trend of youth pitching arm injuries requiring surgery.

“We presented our study to the USA Baseball members, and Steve Keener (president and CEO of Little League Baseball and Softball Incorporated) came up to us and wanted to know more,” Dr. Fleisig recalled. That started the process that became the pitch count regulation for baseball pitchers in Little League.

The research found a significant relationship between high numbers of pitches thrown and arm pain, which if unchecked leads to arm injury and possibly surgery to repair it. “The number one factor in who gets injured is pitching past the point of fatigue,” said Dr. Fleisig.

“In an ideal situation, you wouldn’t need a pitch count,” he stated. Coaches would use “common sense,” and when the pitcher got tired, he would be replaced as pitcher. The pitch count sets a reasonable middle ground to help coaches know when that upper limit has been reached.

Because of different mechanics and other factors, one pitcher might be able to pitch 90 pitches before fatigue set in, while another could only throw 60, Dr. Fleisig noted. “The pitch count puts a decent limit out there that works for the majority of pitchers.”

Together We Reduce Injuries

Dr. Fleisig stated the main conclusion the two researchers have come to is that the pitch count regulation will only work if everyone involved, coaches, parents and players, buy into the benefit and work to follow pitch counts, and not try to find ways to break the rules. The second point is almost as important: “The pitchers who use the best mechanics can pitch higher numbers of pitches without pain, so focus on proper, good mechanics,” Dr. Fleisig stressed.

The pitch count is here to help everyone better understand pitchers do have limits. And when you consistently break those limits, you could be seeing Dr. Andrews.

Research Behind Pitch Count Regulation

Studies find raised risk of surgery with increased pitching per outing, per season.



Dr. James R. Andrews, M.D., and Dr. Glenn Fleisig, Ph.D., of the American Sports Medicine Institute presented two epidemiology studies to the rest of the USA Baseball Medical & Safety Committee. This medical committee provides guidance to the member organizations of USA Baseball, including Little League.

As Dr. Fleisig explained it, the surgeon and the researcher teamed up to look at what the causes were for arm injuries after Dr. Andrews noted players were coming in for Tommy John surgery (ulnar collateral ligament reconstruction to the elbow) at younger and younger ages.

Disturbing Trend in Surgeries

Dr. Andrews looked at his practice and found a disturbing trend: high schoolers as a group have grown from under eight percent of the total

number of Tommy John surgeries he did from 1995-1999, to over 23 percent of surgeries from 2003-2006. "It used to be the rarity, but now it's a significant percentage," Dr. Fleisig commented on the rise, and their concern with it.

The first study looked at 476 Alabama youth baseball pitchers for one entire season, gathering information weekly as coaches tracked the pitches thrown per game.

"We found a very strong relationship between the number of pitches thrown per game and the reporting of arm pain," Dr. Fleisig stated. The higher number of pitches thrown was strongly related to the pitchers having arm pain; this was the case for both pitches thrown per outing as well as for the entire season. More pitches, more pain and possible injury.

Study Finds Pitching Trends

The second study was conducted on pitchers ages 14 to 20. It found startling differences in pitching trends

between a group of pitchers who never reported arm pain, and another that was undergoing surgery to repair their injured arms.

When asked if he normally pitched 80 or more pitches per outing, a pitcher that replied "yes" was four times as likely to be one that required surgery. When asked if he pitched in eight months or more per year, a "yes" was five times as likely to require surgery.

But the strongest relationship was found when they asked the simple question if the pitcher normally pitched past the point of fatigue. Those who answered "yes" to this were 36 times as likely to require surgery. "We concluded that science shows the number one factor in who gets injured is pitching past the point of fatigue, when the pitcher is 'spent' and still stays in the game to throw," noted Dr. Fleisig.

He also noted specialization has caused players to throw many months

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Elbow Injury Surgeries Rise Over Last 12 Years*

Period	"Tommy John" Surgeries	High Schoolers Treated
1995-1999	119 elbow surgeries	9 H.S. pitchers (8%)
1999-2002	354 elbow surgeries	61 H.S. pitchers (17%)
2003-2006	619 elbow surgeries	148 H.S. pitchers (24%)

* Elbow injury surgeries performed over last 12 years at the Alabama Sports Medical and Orthopaedic Center.



The Research Behind the Pitch Count Regulation – continued from pg. 3

He also noted specialization has caused players to throw many months of games, where in the past it would only be one season before the body’s healing process starts. “This specialization in sport is what’s causing this epidemic in arm injuries,” he feels.

Over-use Raises Injury Risks

Combining these studies gives one clear message: “The numbers show that if you pitch too much, you raise your risk of injury to the point of requiring surgery,” he concluded. This closely correlates with Dr. Andrews’ experience in surgically treating younger and younger pitchers for arm injuries.

The American Sports Medicine Institute has conducted biomechanical studies of individual pitchers capturing the motion of pitchers to determine the forces caused by different mechanics. The ASMI biomechanics lab uses eight cameras, each collecting 240 images per second linked to computers monitoring these athletes to track and input the exact position and calculate the arm stress forces caused by their motions.

Through this research on hundreds of pitchers, from “successful adult pitchers to less-than-successful pitchers”, to youth pitchers of varying skills, to evaluating curveballs and fastballs, ASMI has researched “the stresses put on joints by differing mechanics,” explained Dr. Fleisig.

He said their research has helped them to understand that good mechanics leads to reduced arm stress, while bad mechanics increases the forces pulling at elbow and shoulder muscles, leading over time to injury. ASMI has compiled those good mechanics which reduce stress. These findings are shared in medical conferences and publications, as well as with pitchers of all levels who come to ASMI for private evaluation.

Dr. Andrews has spent his career treating the medical consequences of bad mechanics and over-use, and repairing them through surgery. Dr. Fleisig commented that Dr. Andrews, through this research and education in pitch counts, “is trying to put himself out of business,” in repairing young pitchers’ arm injuries.

Who are Dr. Andrews and Dr. Fleisig?



Dr. James R. Andrews, M.D.



Dr. Glenn Fleisig, Ph.D.

Dr. Andrews, the eminent surgeon who has operated on the likes of former NFL quarterback Troy Aikman and MLB pitcher Roger Clemens, is the medical director and co-founder of the Alabama Sports Medicine and Orthopaedic Center (ASMOC), as well as medical director of the non-profit research and education organization American Sports Medicine Institute (ASMI). Dr. Fleisig, with degrees from MIT, Washington University, and UAB, is the research director at ASMI.

ASMI and ASMOC are both located in Birmingham, Ala. Dr. Andrews and Dr. Fleisig have worked together for the past twenty years on research projects to improve medical treatment, knowledge and preventive education for baseball injuries.

Both serve on the USA Baseball Medical and Safety Advisory Committee, looking at issues related to health and safety of players. USA Baseball is the governing body of amateur baseball in the U.S. Little League Baseball and Softball is a member organization of USA Baseball.

According to www.asmi.org: “ASMI is a not-for-profit organization dedicated to improving the understanding, prevention and treatment for sports-related injuries through research, technology-based education and information dissemination. For two decades, ASMI has been studying the biomechanics of baseball pitching. The initial focus of these studies was to understand injury mechanisms and provide knowledge to the medical community for improving treatment. During the past few years, our purpose has broadened to include injury prevention. More than 1,000 baseball pitchers from all levels have been tested at ASMI. This data has led to numerous scientific publications for physicians and others.”

SPECIAL PULL-OUT SECTION

Little League Congress Approved Items!



As any safety officer can tell you, rules and safety go hand-in-hand. While many safety initiatives can go beyond standard rules with league options, everyone needs to know what the rules are for the safety and increased participation of all Little Leaguers.

The following are the rule and regulation changes approved by the Little League International Congress in Houston this past April. District Administrators – the highest level of volunteer in Little League – from all around the world voted on these rules, passing on their districts’ interests on these items. Several items increase the participation of all players, a main goal of Little League, and others better define how rules or regulations are defined or applied.

The first section is the actual wording of the change, and is followed by an interpretation of the change in laymen’s terms. The last section is the actual voting numbers and percents, and when it is approved for implementation. These rules and regulations will be included in future Little League Rule Books.

Summary of 24th LLIC Approved Items

Item #	Rule/Regulation Affected	This Proposed Change Would . . .
1	Rule 4.04 - Minor League and Tee Ball Baseball and Softball	. . . mandate a “continuous batting order” for Minor League and Tee Ball Baseball and Softball.
2	Regulation V - Selection of Players, Little League Baseball and Softball	. . . require that all 12-year-olds entering the draft process be drafted onto a Major Division team, unless an exception (before the draft) is approved by the Charter Committee for that individual.
4	Tournament Player Eligibility - All Levels of Play Excluding Big League Baseball and Softball	. . . increase the minimum games in which a player must participate in order to be eligible for selection to a tournament team.
6	Regulation I, Section 3 - Tee Ball, Baseball and Softball	. . . provide the league more flexibility to utilize coach-pitch for instruction.
7	Playing Rule 2.00 - Innings Definition, Minor League Only Baseball and Softball	. . . enhance the Minor League program by limiting the length of innings, providing a better flow to the games.
10	Regulation II (G) - All Levels of Play	. . . eliminate the “20,000 population limit,” but retains the principle involved in boundaries for a local league.
14	Regulation VI - Pitchers	. . . remove the “automatic intentional walk” from use in the Minor League Division.
15	Tournament Rules - Managers and Coaches	. . . remove the need to request a waiver for managers and coaches who also are managers or coaches in parallel programs that are not affiliated with Little League.

The full descriptions of these changes with explanations and voting results follow on the next three pages.

24th LITTLE LEAGUE INTERNATIONAL CONGRESS APPROVED ITEMS

ITEM 1 – AFFECTS RULE 4.04

MINOR LEAGUE AND TEE BALL BASEBALL AND SOFTBALL

The batting order shall be followed throughout the game. The batting order shall be all players on the team roster present for the game batting in order. Each player will be required to bat in his/her respective spot in the batting order. However, a player may be entered and /or re-entered defensively in the game anytime provided he/she meets the requirements of mandatory play.

NOTE: If a child is injured, becomes ill or must leave the game site after the start of the game, the team will skip over him/her when his/her time at bat comes up without penalty. If the injured, ill or absent player returns, he/she is merely inserted into their original spot in the batting order and the game continues. Also, if a child arrives late to a game site, if the manager chooses to enter him/her in the lineup (See Rule 4.01 NOTE), he/she would be added to the end of the current lineup.

Intent of this proposed change: This rule change would mandate a “continuous batting order” for Minor League and Tee Ball Baseball and Softball. This is currently optional in those divisions. The intent is to reinforce Little League’s longstanding position that the Minor League Division should be instructional in nature. Research has shown that batting is one of the most important aspects of the game for children, and this rule change would ensure that participants in the Minor League Division are afforded a more equal opportunity to participate in this key element of the game.

Delegation Vote: 398 Yes (89.04 percent); 49 No (10.96 percent); 0 Abstentions

Board Action: Approved for 2008 implementation

ITEM 2 – AFFECTS REGULATION V

SELECTION OF PLAYERS – LITTLE LEAGUE BASEBALL AND SOFTBALL

The selection of players for the various teams within a league shall be in compliance with the Little League Draft Selection System as detailed in the Operating Manual.

NOTE: All candidates who are league age twelve (12) must be drafted to a Major Division team. Exceptions can only be made with written approval from the *District Administrator*, and only if approved at the local league level by the Board of Directors and the parent of the candidate.

Intent of this proposed change: This regulation change would require that all 12-year-olds entering the draft process be drafted onto a Major Division team, unless an exception (before the draft) is approved by the Charter Committee for that individual. In the past, some managers have overlooked otherwise qualified 12-year-old players in favor of a younger draft choice, even though the 12-year-old might be the better player of the two for that season. Research has shown that participants who are capable of playing in the Major Division at age 12, but who are kept in the Minor Division, are unlikely to continue in the sport.

Delegation Vote: 316 Yes (68.55 percent); 142 No (30.8 percent); 3 Abstentions

Board Action: Approved for 2008 implementation



ITEM 4 – AFFECTS TOURNAMENT PLAYER ELIGIBILITY

ALL LEVELS OF PLAY (EXCLUDING BIG LEAGUE BASEBALL AND SOFTBALL)

Any player who has participated as an eligible player in 60% of the regular season games as of June 15, with the exception of the school season.

Intent of this proposed change: This rule change would increase the minimum games in which a player must participate in order to be eligible for selection to a tournament team. Some players have participated on a Little League team for only the minimum number of games needed to reach the 50 percent mark because of participation in non-Little League programs in some cases have been chosen by the local league to play in the International Tournament. While this practice may continue, increasing the minimum number of games will ensure that players at least play in 60 percent of the games on their Little League teams.

Delegation Vote: 323 Yes (70.07 percent); 138 No (29.93 percent); 0 Abstentions

Tournament Committee Action: Approved for 2008 implementation

ITEM 6 – AFFECTS REGULATION I

SECTION 3 (TEE BALL; BASEBALL AND SOFTBALL)

The Tee Ball division is an extension of the local league to accommodate participants league ages 5-8 and may utilize the batting tee or the pitched ball (by a coach). The league may opt to deliver a designated number of pitches to all batters and then utilize the tee if necessary.

Intent of this proposed change: This regulation change would provide the league more flexibility for instruction. Many leagues have requested this as a Charter Committee waiver, and there have been no reported problems implementing it.

Delegation Vote: 380 Yes (85.01 percent); 66 No (14.77 percent); 1 Abstention

Board Action: Approved for 2007 implementation

ITEM 7 – AFFECTS PLAYING RULE 2.00

INNINGS DEFINITION (MINOR LEAGUE ONLY; BASEBALL AND SOFTBALL)

An Inning is that portion of the game within which the teams alternate on offense and defense and in which there are three put outs for each team. It will be held that an inning starts the moment the third out is made completing the preceding inning. (Minor League Only – a five-run limit is to be imposed which would complete the half inning.)

Intent of this proposed change: This rule change would enhance the Minor League program by limiting the length of innings, providing a better flow to the games. This is already in place in many Little Leagues.

Delegation Vote: 310 Yes (69.35 percent); 137 No (30.65 percent); 0 Abstentions

Board Action: Approved for 2008 implementation

ITEM 10 – AFFECTS REGULATION II (G)

ALL LEVELS OF PLAY

(g) Upon approval of the International Board of Directors, each local Little Leagues' boundaries will be "frozen" at its current status. "Frozen" means each league will continue to operate under its current boundaries. The league shall limit its boundaries to and draw its players from an area approved by the District Administrator and Regional Director. Boundary maps for leagues must be signed and dated by the League President and District Administrator with a copy to be sent to the Regional Office. The Charter Committee reserves the right to grant waivers and adjust boundaries where needed. All requests for mergers and to expand league boundaries by adding additional territory must be provided to the Charter Committee through the District Administrator and Regional Director. The decision of the Charter Committee on these requests is final and binding.

Note 1: Each league will be required to submit an updated boundary map, approved by the District Administrator, to the regional office. This will be required for tournament privileges for the current season.

Note 2: All leagues currently operating under a divisional format must continue to operate under this method.

Exceptions to the divisional format can only be granted by the Charter Committee in Williamsport.

Note 3: Any request for a newly chartered league will be reviewed by the Charter Committee under this regulation before a charter is granted. The decision of the Charter Committee is final and binding.

Intent of this proposed change: This regulation change would eliminate the "20,000 population limit," but retains the principle involved in boundaries for a local league. It also reserves for the Charter Committee the ability to make adjustments when justified.

Delegation Vote: 362 Yes (78.52 percent); 98 No (21.26 percent); 1 Abstention

Board Action: Approved for 2007 implementation

ITEM 14 – AFFECTS REGULATION VI

PITCHERS

Any player... Junior, Senior... The manager must...

Exception: If a pitcher...

Note 1. Intentional Walk: Before a pitch is delivered to the batter, the catcher must inform the umpire-in-chief that the defensive team wishes to give the batter an intentional base-on-balls. The umpire-in-chief waves the batter to first base. The ball is dead.

EXCEPTION: The Intentional Walk is NOT allowed in any Minor Baseball Division.

Intent of this proposed change: This rule change would remove the "automatic intentional walk" from use in the Minor League Division. The intent would be to encourage a manager to pitch to all players, rather than issue intentional walks, in this instructional division.

Delegation Vote: 360 Yes (78.09 percent); 101 No (21.91 percent); 0 Abstentions

Board Action: Approved for 2008 implementation

ITEM 15 – AFFECTS TOURNAMENT RULES

MANAGERS AND COACHES

Remove - NOTE: An individual that manages or coaches in another youth baseball/softball program is not eligible to be appointed to manager or coach a tournament team in the Little League program at the same age division as defined in Regulation I(a), unless a waiver is granted by the appropriate regional director.

Intent of this proposed change: This rule change would remove the need to request a waiver for managers and coaches who also are managers or coaches in parallel programs that are not affiliated with Little League. However, the local Little League board of directors retains the ability not to appoint Tournament managers and coaches as it sees fit.

Delegation Vote: 291 Yes (63.12 percent); 170 No (36.88 percent); 0 Abstentions

Tournament Committee Action: Approved for 2007 implementation

RISKY BUSINESS:

Looking at All Issues, All Year

Dan Kirby, Risk Management

Director at Little League

International, spoke at the Little

League International Congress

about risks local leagues face

every day. Here are some

concerns to look for at your

league from actual incidents that

occurred to players, volunteers or

spectators. Let's all try to learn

from these real-life examples.

Bleachers, Other Hazards

A ball thrown by players warming up behind the dugout hits a spectator sitting in the bleachers. A spectator sitting behind the bullpen is struck in the face by a wild throw by a pitcher who is warming up.

- ✓ *Do you limit the areas where players and spectators mix? Is your bullpen fenced, with limited access?*

A spectator at a game sitting on the top row of the bleachers falls backwards and injures her back. A 3 1/2-year-old child falls through the bleachers, fracturing her skull.

- ✓ *Do your bleachers have hand- and back-rails as well as limited space between treads and risers to prevent falls of small children? Older bleachers often do not.*

Bats and Balls

A player tosses a bat to another player in the dugout and accidentally hits a coach in the head, knocking him unconscious and fracturing his skull. A player tosses a bat to another player over the dugout fence and hits a spectator in the face.

- ✓ *Do you have policies about throwing bats? Do coaches lead by example, carrying bats back to the dugout?*

A Minor League coach moves a pitcher closer to home plate, so he will throw more strikes; a line drive hits the pitcher in the head, knocking him unconscious. A 3-year-old wanders onto the field during tee-ball practice and is struck in the head by a player at bat, causing severe head injury.

- ✓ *Are you re-enforcing the importance of following the rules in all situations, including keeping anyone off field except players and coaches?*



Cars, Tractors, Golf Carts

A foul ball hits the roof of a vehicle parked along the fence of the ball field.

- ✓ *Do you warn spectators their cars are in danger of ball damage with warning signs?*

A volunteer leaves the keys in a league golf cart; a child takes the opportunity to drive it and crashes into spectators. A volunteer driving a Gator reaches back to hold an item, loses concentration and crashes into a concrete abutment, injuring himself and damaging the Gator.

- ✓ *Do you limit drivers of league vehicles and take keys out when parked? Do you have procedures to make sure items carried in league vehicles are properly stowed or tied down?*

Continued next page



Risky Business – continued from pg. 5

Rough Housing

Before a game, two players are goofing around in the dugout; a thrown plastic water bottle causes a facial laceration requiring 12 stitches. After a game, several players are playing tag in the parking lot; one player is hit in the mouth with a bat, knocking out several of his teeth. While at an older sister’s softball game, a 5-year-old child playing on a dumpster with other children is pinned underneath it when the dumpster is accidentally knocked over; both her legs are broken.



✓ *Do your coaches warn players about not roughhousing, and not to swing bats unless up to bat? Do your volunteers watch for play that could be dangerous even away from the field?*

Equipment

A player climbs the outfield fence to retrieve a ball and cuts his arm, requiring stitches. A runner fractures his leg sliding into base; the base type is not designed to release from its anchor.

✓ *Are your fields’ fences covered with protective fence tops? Do you use disengageable bases yet?*



At batting practice, the pitching machine breaks; the father of a player offers to try to fix it and catches his hand in the machine, cutting off part of his

thumb. A player is hit on the wrist by a ball from the pitching machine causing a fracture; no adults were present at the time.

✓ *Do you have sound procedures to restrict use, operation or maintenance of your equipment to only qualified adults?*

Fund Raisers – Is Yours Covered?

League holds “Haunted Forest” fundraiser; a patron falls while walking along unlit path and fractures hand. A player falls off league float during annual Christmas parade and is run over by back wheels of float. A league holds a baseball clinic without obtaining approval from Little League International; a child is hit in the mouth with a fly ball causing dental injury. A player drowns in the coach’s swimming pool at an end of the season picnic.

✓ *Are your activities planned well and supervised safely? Are your fundraisers and non-game activities covered by insurance? Call the Little League Risk Management Department to be sure.*

A parent breaks her finger while fielding a ball during “adults only” softball game at the annual chili cook-off fundraiser. A player falls and fractures his wrist playing tag football at the annual league picnic/fundraiser.

✓ *Adults are coaches or spectators, not participants, and “adults only” or “child and parent” games are not allowed by rule; insurance covers players for baseball or softball only.*



Concessions

A volunteer worker throws hot grease out of back door of concession stand and accidentally hits a player who is walking by; player receives first-degree burns to leg, arm and torso.

- ✓ *Do you have good safety procedures for closing your stand?*

A volunteer worker suffers second-degree burns to her legs when a hot water hose breaks loose and sprays her. A patron at a concession stand window is purchasing candy when the roll-up window falls and pins her against the counter top.

- ✓ *Are you inspecting concessions regularly for old, worn or malfunctioning equipment?*



Field Conditions

At practice, a player trips and falls onto a field drag left out, resulting in lacerations requiring 50 stitches.

During a game, a player slides into second base and cuts his knee on a shard of glass.

- ✓ *Are you inspecting your fields for hazards before use, games or practices?*

Assault

During a game, a coach argues with a call made by a 16-year-old umpire and threatens him with a bat.

- ✓ *Do you have legal minors serving as umpires-in-chief over adult coaches? Little League recommends always having adult crew chiefs, even if not behind the plate, to keep an adult in charge of the game.*

Miscellaneous

A pitcher complains of “feeling sick” during a tournament game and asks to be removed. The manager refuses and the player subsequently passes out due to heat exhaustion.

- ✓ *Does your pre-season training explain to coaches the signs of heat illness?*

During and after a game, a manager and umpire argue about a call; after the game, the manager punches the umpire. After a game, the two teams are shaking hands when one player assaults player on opposing team, causing a team-wide brawl.

- ✓ *Do you have board members supervise games to help control escalating issues? Do you provide training to coaches and umpires about how to successfully deal with conflict resolution?*

Crime

A vice president embezzles league funds, using a league ATM card at betting establishments. The treasurer uses the league account to make several of his home’s mortgage payments. The concession stand is broken into five times during the season.

- ✓ *Do you have checks and balances for your league’s finances, including oversight by more than one person for purchases or payments? Are you safeguarding your league’s assets?*

A Final Note:

When you look at your facilities and procedures, are you “color blind” to risks? Sometimes league officers have seen and done the same things so many times in the past, they don’t really see the issues. Getting someone new involved with looking at your procedures and physical grounds is a great way to double-check that you are seeing what’s really there. Then you can take steps to correct it.



HOTLINE TIPS:

Suggestions from Little League callers

“We recently installed a batting cage at our ball park and we decided to add 6-foot fencing around the entire cage to prevent anyone from getting hit by a batted ball or possibly a bat being thrown by accident. We only allow the pitcher and batter inside the fence. We also purchased two Juggs pitching machines, and since they don’t offer protective guards that cover the wheel that throws the ball, we sent them to a fabrication shop and had guards made for them. They have a hole big enough to allow a ball to go in and come out. They weren’t cheap, but we feel the added safety was well worth the cost.”

**Craig Messenger, president
Lowell Little League, Indianapolis, Ind.**

“We conduct a parent survey at registration time for the previous year for any problems, bad experiences, etc. or managers or coaches you would **not** want your child to

play for. This helps us make the best decisions on our managers and coaches.”

**Amber Richardson
Riverfield Little League, Anderson, Ind.**

“As district safety officer, I have had great success with the league safety officers by attending their meetings. In the past three years our district has increased from 17% to over 90% (of leagues having safety plans).”

**David Marte, DSO
Indiana District 1**

“We have asked all leagues to mandate the use of face masks on batting helmets. A number of leagues have commented on the reduction of mouth-related injuries.”

**Mark Commons, district administrator
Indiana District 8**

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