

# ASAP news



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

## Checking Backgrounds: Are You Doing Enough?

*Volunteer checks protect all the children in your program . . . if you do them.*

Last year, Little League implemented the latest step in an effort to increase protection for all players and volunteers: Mandatory nationwide checks to assist leagues in the process of eliminating convicted sex offenders and anyone with a crime against a minor from the program.

The child protection mission is so important Little League International will again this year provide each league and district 80 free advanced background checks through ChoicePoint.com. Even beyond the first free 80, the rest of the checks a league may require are only \$1, a small fraction of the retail value if purchased outside of Little League.

Whether your league has a safety program or not, beginning last year ALL leagues must conduct these background checks of volunteers. Otherwise your tournament eligibility and even Little League charter are at risk.

But are you providing the proper level of protection for your league's children? ChoicePoint records show less than half of all US leagues ran any of their 80 free checks. In all, over 200,000 volunteers were checked through ChoicePoint in 2007 by local leagues.

But that is just over one volunteer for each of the over 167,000 teams playing, each with a manager, coaches, and volunteers helping at practice and elsewhere. Are you checking umpires, board members, and practice coaches, as well as field, maintenance, and concessions workers?

A good average to use for how many volunteers should be checked is five to six volunteers per team in your league. While you don't have to use ChoicePoint's criminal background checks, why wouldn't you want better information? Only 1.7 million people are listed on all sex offender registries, while ChoicePoint's database includes 88 million people and 209 million individual records with various crimes.

In 2007 Little League potential volunteers tried to volunteer with crimes related to drugs, assaults, sex, theft, murder, robbery, and forgery;

but the knowledge from ChoicePoint gave local volunteers the information to make the best choice for volunteer leadership in their leagues.

Enhancements in 2008 allow leagues to run their first 80 checks without needing to have any credit card or payment options, since Little League will pay for these. Any after 80 and the league must have this step completed.

### Five Steps to Child Protection Program Compliance

- ❶ Sign and return your Charter Application and Insurance Enrollment form
- ❷ Collect fully filled out 2008 Volunteer Applications along with a government issued photo id
- ❸ Create a 3-person Screening Committee
- ❹ Screen managers, coaches, board members, and others with regular service or repetitive access using interviews, online resources, and/or governmental agencies (Little League International recommends Choicepoint and pays for the first 80 searches on that site in order for the league to meet the requirements of the background check regulations)
- ❺ Sign and return the Tournament Enrollment form verifying process was completed and implemented even if you do not enter tournament play

## Did You Know?

*Here are just some of the crimes discovered in actual volunteer applicants' backgrounds in 2007. Shouldn't your league do a thorough background check?*

- Sexual activity with a child
- Aggravated criminal sexual assault/threat
- First degree rape
- First degree child molestation
- Aggravated child abuse
- Aggravated kidnapping/armed
- Aggravated vehicle kidnapping/armed
- Selling cocaine
- Hit and run
- Murder/intent to kill/injure
- First degree murder
- Abduction

# Get Ready for 2008!

*It's a new season! Will your league improve or stagnate? Now is a chance to "brush off your plan" and look for ways to improve!*

First, who has your plan? Is it available, in many copies, to anyone who needs it? This year, resolve to make enough copies that all your volunteers have the appropriate sections. That means board members have a full plan, and coaches, facilities volunteers, and concession staff have their appropriate sections.

Next, review what you did. Did your plan truly get implemented, or did you include things that weren't followed? Your plan needs to be used to help make your players, volunteers, and spectators safer.

Want to get your plan out to everyone quickly and inexpensively? Put it on your website or make a CD version available. Then have volunteers show the safety officer they have a copy. Remember, just putting the plan online doesn't show it's been distributed.

Look at your facilities, equipment, and activities. Do you have areas that could be improved? Now is the time to work on improvements for 2008!

## Deadlines

For your district to earn the Early Incentive bonus, safety plans must be in to Little League International **and approved** by April 1. This incentive helps your district earn funds to help

your local league. Your district may set other deadlines, to help promote safety locally; check with your DA. All safety plans must be postmarked by May 1. For any missing forms, go to: [www.littleleague.org/programs/asap/index.asp/](http://www.littleleague.org/programs/asap/index.asp/)

## Address

Little League International  
539 US Route 15 Hwy.  
PO Box 3485  
So. Williamsport, PA 17702  
(570) 326-1921

## Incentives!

By turning in a qualified safety program making it "safer for the kids" in your league, you earn a league cash award based on 20% of your player accident insurance premium. This is on average \$200 per league. You also will be sent the ASAP collectible pin for 2008, of Disney-designed character leftfielder Digger.



Also, your safety plan will be entered into the judging for the best safety plan in the country. Two winners will be selected from each region, earning \$500 for their league. The league president and safety officer from the league with the best plan from each region will win a trip to the 2008 Little League Baseball World Series in Williamsport.

Once there, the league with the best safety plan for 2008 will be named, winning a Musco Light-Structure Green™ lighting system for a 200-foot field.

## New Bases Regulation is Here!

All fields must have bases that disengage from their anchors beginning this year. Is your league ready for this safety change?

Leg and foot injuries account for over half of all base runner injuries, one of the most injured positions in Little League (19% of all injuries). Research has found that adopting bases that disengage from their anchors will help reduce up to 95% of the worst sliding injuries.

Little League has five manufacturers approved as disengage-able bases sources:

- **Riley Manufacturing**  
Megg-Net MagBase
- **Rogers USA, Inc.**  
Rogers® Break Away Base®
- **Schutt Sports**  
Kwik-Release Base
- **Soft Touch Bases**  
Soft Touch Bases
- **Sport Supply Group**  
MacGregor Magnetic Super Bases

Please visit:

<http://www.littleleague.org/common/equipment/view.asp?cid=5&id=36> for more information on these products.

## Improve Your Clinics in 2008!

What clinics did you offer last year, and were they enough? Would a better focus on the divisions of play help your coaches?

**Break it down or team up with neighboring league.** Split the divisions in your own league, or have your league provide one age-targeted training and theirs provides a different age-focus: Tee Ball and training Minors (5-8 years) in one league, competitive Minors and Majors in the other (9-12 years).



# Commotio Cordis

## Is Your League Prepared For the Worst?

*Does your league have a plan for commotio cordis?*

*A study had found that chest protectors do not stop sudden heart death.*

Is your league prepared for a player's heart to stop, requiring immediate response? Commotio cordis, caused by blunt force trauma to the chest over the heart, requires emergency intervention in the first 3-6 minutes for any hope for the person. Cardio pulmonary resuscitation (CPR) is the minimum needed, but even that may not be enough, if the heart isn't shocked back into a normal rhythm within the first critical few minutes.

Don't think you will ever be affected? A study in the *American Journal of Cardiology* in 2007 evaluating 182 cases of commotio cordis found chest protectors in general are not effective in stopping the low force impacts that can trigger this rare but often fatal heart injury. The study found of all the cases reported, roughly half happened in competitive sports games or practices, and of those cases, 38% were to players with chest protectors of some form.

Whether from a thrown or hit ball, or even a collision to the chest, players' hearts can be at risk, and the authors – including Dr. Barry Maron and Mark S. Link, both eminent cardiologists – note “improvement in the design and composition of chest protectors are necessary to enhance the safety of the athletic field for our youth.”

The study underscores the need for leagues to have plans in place to act if a player is struck down. The USA Baseball Medical/Safety Advisory Committee notes AEDs (automatic external defibrillators) require advance planning for leagues – with a written plan – on the “immediate” (6 minutes or less, but preferably 3 or less) response. “AEDs become relevant when the emergency appears to be a sudden cardiac arrest (e.g., spectator, coach, umpire) or a (player's) heart going into fibrillation from being hit in the chest...” the committee writes in their position statement. They note either EMS services or the park emergency response must arrive “immediately” after the call for help to hope to save the person.

In this situation, a plan that helps save a minute or two in reacting in a crisis really does mean the difference between life and death.

*For more information on AEDs and their use, as well as a foundation begun by parents of a sudden heart death victim, please check out the April, 2007 ASAP News issue on Little League's website at:*

<http://www.littleleague.org/programs/asap/newsletters.asp>

### Tips to Prevent, Prepare for Commotio Cordis

- Educate about signs and symptoms of commotio cordis
- Encourage coaches and officials to become trained in CPR, AED use, and first aid
- Make sure AEDs are accessible and centrally located
- Educate volunteers on immediate CPR and AED care; the longer the delay, the greater the risk
- Set an action plan for emergencies; include parents
- Make sure protective equipment fits and is worn properly
- Train players how to avoid chest injuries through proper body and equipment positioning
- Use reduced impact balls
- Keep all playing surfaces even and clean

— From the National Athletic Trainers Association (NATA)  
Official Statement on Commotio Cordis (10/07)



### Commotio Cordis Cases Require Quick Response

*Drawn from news reports of fatalities and near-deaths last year, these three cases show the need for AEDs (automatic external defibrillators) in communities:*

- A 22-year-old University of New Haven amateur hockey player was killed Oct. 25, 2007 in Shelton, Conn., after being struck in the chest by a hockey puck, despite wearing a chest protector. The young man was pronounced dead at the hospital on arrival. A doctor present performed CPR until the ambulance arrived, but the player did not respond.
- A 6-year-old boy died in Fanshawe, Okla., after being hit in the chest by a batted ball April 22, 2007. The boy was pitching to a cousin who hit the ball straight back to the youngster, striking his chest and causing commotio cordis.
- A 14-year-old boy reportedly nearly died after being struck in the chest by a pitched baseball during a wooden bat tournament July 7, 2007 in Carmel, Ind. A cardiologist and several nurses performed CPR until an ambulance arrived, when the EMTs shocked the boy's heart back into rhythm with an AED.

Research has found the majority of known commotio cordis cases are predominantly male victims, with the majority between 4-16 years in age. According to the Commotio Cordis Registry, roughly half of all victims were participating in some organized sport when they were struck in the chest causing commotio cordis, and only 15% of victims have been resuscitated. Baseball, softball, and hockey are the primary sports where this is reported, but rare occurrences have been reported in others.

# Concussions: Would You Recognize One?

*As a Little League® coach, volunteer, or parent it is very important to be able to identify a concussion when it happens. Recognizing the signs and symptoms of a concussion could possibly prevent a more serious injury or even fatality.*

## What is a Concussion?

A common assumption is that a person must be “knocked out” to sustain a concussion. That is not true. Any change in mental status or function qualifies as a concussion. Being knocked unconscious does not occur frequently, but is a more severe injury. The more mild concussion occurs quite often, but is often ignored, which can prove to be a very serious mistake.

Identifying a more mild concussion is very important in preventing the rare but possibly fatal Second Impact Syndrome (SIS). SIS occurs when a person receives a second hit to the head while still experiencing symptoms from the first hit. The second hit might be reasonably mild and may occur days or weeks later.

The second hit can cause a sudden swelling of the brain that quickly leads (within two or three minutes) to unconsciousness or cardiac arrest. Fifty percent of people who sustain SIS die, and the rest have a very high risk or permanent brain damage.

New research also shows players who have suffered a first concussion can suffer more damage from later concussions. Identifying a first concussion will help protect the player from a future, possibly worse concussion.

## Symptoms

Symptoms of a concussion may include headache, any vision change, ringing in one or both ears, nausea or vomiting, confusion, unsteadiness, altered

emotional state for that person (examples – anxiety, crying, being excessively angry, refusing or unwilling to cooperate with tests.) Remember that an athlete won't necessarily come up to you and complain of symptoms.

## Grades

**Grade 1:** No loss of consciousness; symptoms that resolve within 15 minutes.

**Grade 2:** No loss of consciousness; symptoms that require more than 15 minutes to resolve.

**Grade 3:** Loss of consciousness for any amount of time. This grade requires immediate medical attention. If person is unconscious or awake and complaining of neck pain, assume the person has a spine/neck injury; DO NOT move the person.

## Concussion Causes

Concussions can happen in a number of ways, even through a helmet:

- Collisions, with or without helmet
- Foul-tip into helmet/head
- Bat to helmet
- Pitched ball, batter or catcher
- Batted ball

Check for signs of concussion whenever a possible brain injury may have occurred.

## Returning to Play

Research has shown that brain function and reflexes do not return to normal for five to seven days even when an athlete says they feel better and have no symptoms. If an athlete meets the criteria for having a concussion, remove the athlete from all athletic activity until a physician clears them.

## Concussions: Growing Awareness for Catchers' Safety

Baseball is making significant strides in dealing with the problem of the risks catchers face in receiving concussions. It's vital for coaches to be alert in the dugout and teams to exercise restraint in sending players back onto the field too quickly. MLB catchers, base-runners and fielders were all placed on the DL in 2007 from concussions.

This is not a small issue. San Francisco Giants catcher Mike Matheny was forced to retire from MLB after a series of foul-tips to his helmet caused a concussion in May, 2006 that side-lined him the rest of the season. He could not overcome the concussion symptoms in later months, and doctors would not clear him to return in 2007, fearing worse damage to his brain if he were hit again.

## Prevention

Physical conditioning and training can help prevent concussions. It's beneficial to teach athletes body control, balance, and how to sustain a fall. Never lead with your head even when protected by a helmet, and remind coaches and players that collisions should always be avoided, for the safety of both players involved.

To download the brochure “Concussions: A Coach's Guide to for Sideline Evaluation” from the *Massachusetts Medical Society Committee of Student Health and Sports Medicine*, go to: [http://www.massmed.org/AM/Template.cfm?Section=Sports\\_Safety](http://www.massmed.org/AM/Template.cfm?Section=Sports_Safety)



## SIGNS AND SYMPTOMS

These signs and symptoms may indicate that a concussion has occurred.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETE
Appears dazed or stunned	Headache or "pressure" in head
Is confused about assignment or position	Nausea or vomiting
Forgets sports plays	Balance problems or dizziness
Is unsure of game, score, or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness (even briefly)	Feeling sluggish, hazy, foggy, or groggy
Shows behavior or personality changes	Concentration or memory problems
Can't recall events prior to hit or fall	Confusion
Can't recall events after hit or fall	Does not "feel right"

## ACTION PLAN

If you suspect that a player has a concussion, you should take the following steps:

1. Remove athlete from play.
2. Ensure athlete is evaluated by an appropriate health care professional. Do not try to judge the seriousness of the injury yourself.
3. Inform athlete's parents or guardians about the known or possible concussion and give them the fact sheet on concussion.
4. Allow athlete to return to play **only** with permission from an appropriate health care professional.

## IMPORTANT PHONE NUMBERS

FILL IN THE NAME AND NUMBER OF YOUR LOCAL HOSPITAL(S) BELOW:

Hospital Name: \_\_\_\_\_

Hospital Phone: \_\_\_\_\_

Hospital Name: \_\_\_\_\_

Hospital Phone: \_\_\_\_\_

**For immediate attention, CALL 911**

*If you think your athlete has sustained a concussion... take him/her out of play, and seek the advice of a health care professional experienced in evaluating for concussion.*

For more information and to order additional materials **free-of-charge**, visit:  
[www.cdc.gov/ConcussionInYouthSports](http://www.cdc.gov/ConcussionInYouthSports)

# Bright Ideas: From and For the Field

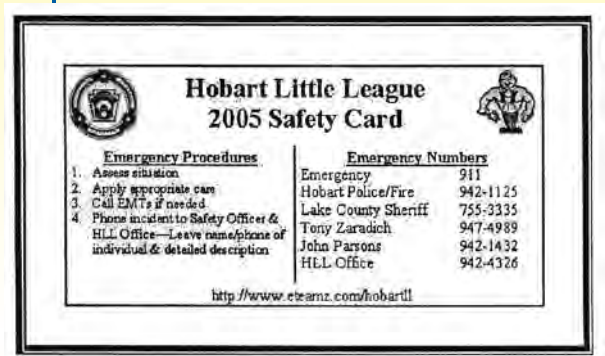
## Make Sure Batters Wait to Swing!

It was a June day in Arma, Kan., like any other, except that day Tracey Bogina's daughter, then 9, was struck in the face by a swung bat. It could happen to anyone if the wrong circumstances happen. "My daughter was pitching and ran to cover a passed ball at home plate. As my daughter was returning to the pitcher's mound, the batter stepped into the batters box to take a practice swing and struck my daughter in the left temporal bone," explained Tracey. After being med-flighted to two hospitals for evaluation and observation, it was determined her cheekbone was fractured, but nothing worse. "This was an unfortunate accident I can only hope will not happen again," Tracey said. Whether waiting to bat in the dugout or to step into the batters box, players should not swing their bats. Make sure your coaches and umpires instruct players not to swing until told by the plate umpire it is safe to do so. The "no on-deck position" rule is supposed to protect all players from being hit by a swung bat; but it is only as effective as the instruction that takes place about it. "My daughter is doing fine, but she is very fortunate the bat struck her on the cheek and not higher," Tracey said. "The situation she was involved in goes on numerous times throughout any game, so I wanted coaches and umpires to know the danger involved."

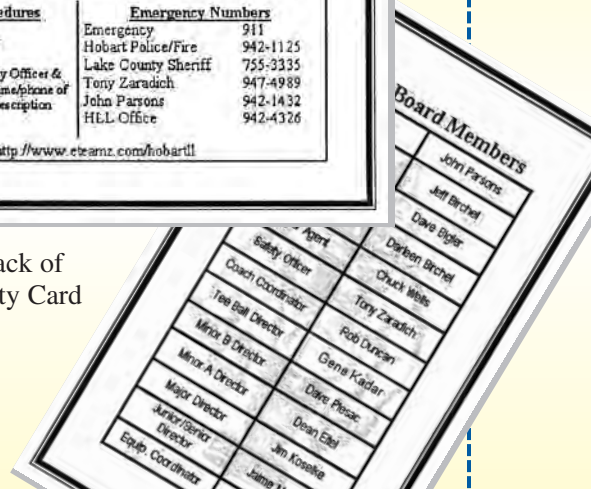


## Put the Info In Their Pockets!

"Want to keep your safety message consistent? Provide some reminder cards for coaches to carry on the field, like these two leagues did!"



Front and back of Hobart Safety Card



Wallet Card provided to each umpire coordinator in the league

*Idea from Woodinville Little League, District 8 Washington and Hobart Little League, District 1 Indiana.*

## Facility Survey Online: Check Them and Go!

A requirement people annually struggle to complete is back online to make your updates easier and quicker. The Little League Facility Survey helps leagues track their fields' needs, and plan for future growth and safety enhancements.

Virginia Buckalew, DA, Texas District 19, called in recently with praise for the site: "It's great; I love it! This really helps the leagues keep track of their information, so they don't have to go back and re-measure fields," she said.

This is the second year for the Facility Survey Online, at: <http://facilitysurvey.musco.com>. Made available by Little League® corporate sponsor and ASAP co-founder Musco Lighting, the league ID and password to the online website were emailed to all leagues in early February.

If you did not receive your league's email notice, please call the ASAP Hotline, 800-811-7443, to request the information.

## Thank Your Safety Volunteers



Whether you're a District Administrator or a league official, remember that no one is paid for enhancing safety. So consider finding a way to thank the people helping you make it "safer for the kids."

DA Terry Kenny presented plaques to the league safety officers making a difference for safety in Illinois District 8.

It's something he feels is important for the district to recognize:

The safety officers go "to the fields to look for items: in the concession stands, bleachers, fields, parking lots where foul balls are hit, all to stop someone from getting hurt. This is done not just once, but numerous times... The plaques that were given to the safety officers from the District were the least we could have done for them. Each safety officer was proud of what they did for their leagues, and they should have been. They went the extra mile!"

Thanks, Terry, for sharing your idea!



## Throwing Can Be Good for Shoulders

A study by the American Orthopaedic Society for Sports Medicine reports the throwing motion in young ball players develops some protection to shoulder injuries. The study found youngsters that threw overhand regularly adapted to the motion and had physical changes to the upper arm bone and soft tissue in the shoulder.

These changes help players throw harder with less possibility of injury as they mature; they also counter the natural reduction in range of motion as the body ages. However, the researchers warned that over-use, through either single game stress like too high pitch counts or prolonged stress from lack of seasonal rest, still poses a risk to shoulder and arm injuries.

The study followed baseball players between 13 and 21 for six years and was released at the annual AOSSM meeting last summer.

## Army Study: Low-Cost Mouthguards Help

If you've ever wondered if the old "boil and bite" mouthguards would help your ball players, take a cue from the US Army. A new study just released in the journal *Dental Traumatology* found recruits during basic training had fewer dental injuries when wearing the low-cost (about \$10) mouthguards than without the safety device.

Should your league adopt mouthguards for the safety of your players, too?

# Hotline Tips & Safety Plan Ideas

*Here are a few helpful tips and safety plan ideas sent to us by our member leagues.*

## Activities: Reporting

“In addition to reporting injuries, it is also beneficial and proactive to use the same form to report any “near misses” to the Safety Officer. This may allow the league to correct a dangerous situation before someone actually does get injured. Sharing the details of the near miss with the rest of the coaches in East Granby, and with the District staff, may also help in preventing an injury.”

**East Granby LL  
Connecticut District 6**

“No inning nor half-inning may be started after published sunset time of the date of the game or team practice unless the playing field is properly illuminated (to Little League standards) for baseball in which case no inning nor half-inning nor any practice may continue past 9:15 PM when the following day is an ordinary school day. No regular season game nor any practice may continue past 9:45 PM on any other evening without the specific approval of the Board of Directors. The intent of this rule is to suspend play when there is insufficient light to safely continue play. The rule in no way supersedes an umpire’s authority to stop a game before sunset time for any reason that would make continuing play unsafe. Managers, coaches and umpires must consider the player’s safety above their desire to complete a game.”

**Midway, Del., LL  
Delaware District 2**

## Activities: Compliance

“This is very important: if there is an injury on the field, or any situation that requires a coach’s attention, there MUST be another qualified coach present to monitor the others. If you find yourself without a 2<sup>nd</sup> coach, do NOT take the field. We have a list of contacts, please call someone rather than risk a bad situation.”

**Mt. Arlington LL  
New Jersey District 1**

“Driving directions from the field to the nearest hospital are located inside the safety kits at each field.”

**Nashua, NH, LL  
New Hampshire District 1**

“Players and spectator must keep their fingers out of the chain link fencing, as they can easily be broken by a batted or thrown ball.”

**Fairfield American LL  
Connecticut District 2**

PRESORTED  
FIRST-CLASS MAIL  
U.S. POSTAGE PAID  
DES MOINES, IA  
PERMIT NO. 4053

539 US Route 15 Hwy  
P.O. Box 3485  
Williamsport, PA 17701-0485

**ASAP News**  
ASAP News is a service of  
Little League Baseball  
and Softball  
facilitated and published by  
Musco Lighting  
© January/February 2008,  
Little League®  
and Musco Lighting

**24 Hour Hotline:  
800/811-7443**

Fax: 641/672-1996  
E-mail: asap@musco.com  
All materials in the ASAP  
News may be reprinted by  
chartered Little Leagues  
without prior permission.

