

ASAP news



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

Could YOU Save a Life?

CPR training is a growing part of the annual training that leagues provide to their volunteers, for everyone's protection. Does your league?

This year, ask your board a simple question: If called on, could they save a player or spectator's life? With proper CPR training, more leagues' volunteers are able to answer "yes."

According to the American Heart Association, cardiovascular disease is the number one killer in the U.S., accounting for 1 of every 2.8 deaths in 2005. Almost 2,400 people die of CVD every day, or one American every 37 seconds. Is your league ready for a sudden cardiac emergency?

Winning Program

In 2008, Unicoi County Little League in Erwin, Tenn., took a solid safety plan and took it to the next level to win the national award for having the best league safety plan. Part of that plan included providing cardio pulmonary resuscitation (CPR) and automatic external defibrillator (AED) training for their volunteers.

"This year we offered CPR training to our coaches for the second year," explained Pam Banks, league president. "Last year we had a coach who had a heart attack right after leaving the fields, so everyone



The Unicoi County Little League provided CPR training to its volunteers to enhance their safety preparation last year and this spring; some are shown here learning CPR in 2008.

understands how important this is." Unicoi used an all-day American Red Cross CPR/AED training program.

Volunteers Being Trained

Other leagues are looking at developing similar corps of trained volunteers to be prepared for any emergency. In Destin, Florida, first-year safety officer Shawn Phillips had the complete support of her board when she proposed providing CPR training in conjunction with a new automatic external defibrillator. Destin Little League soon had a great response from those wanting to take the all-day class. "Through our annual safety budget, we were able to fund buying the AED and holding the training," Phillips said. "If I had not had the support of the board, this could not have happened."

Phillips said even though the CPR certification is good for two years, the league will offer the training again next year to increase the number of certified league volunteers.

Encourage By-Stander Action

Studies have found that a majority of heart attack victims were not given CPR from bystanders while the ambulance was en route to the accident site, even though people around the victim had knowledge of CPR techniques. It is important that leagues train their volunteers to be able to perform CPR and give them the confidence to do so if needed.

With the advent of AEDs, more tools are available to leagues to help cardiac victims, young or old. But training is needed to build the skills to successfully perform the steps required and to encourage the volunteers to use the training.

CPR should begin as soon as a cardiac event is recognized, whether to a player or a spectator. And AEDs should be located close enough to have minimum delay in their use, too. Time is crucial in these situations, and every minute does count. Would your volunteers be able to save a life?

- FIRST AID -

Get Your Coaches Ready!

Annual first aid training is a requirement for local Little Leagues' safety plans and a critical step in improving safety for your league. Here are some tips to help you get started for this year:

1. Know the requirements

In addition to covering basic Little League clinic guidelines, many states have passed legislation that provides civil immunity to volunteer coaches that have attended a safety orientation and training skills program. You should determine if your state has any specific requirements that could be incorporated into your first aid training program. Medi-Smart provides an outline of the requirements by state at <http://www.medi-smart.com/gslaw-volunteer.htm>.

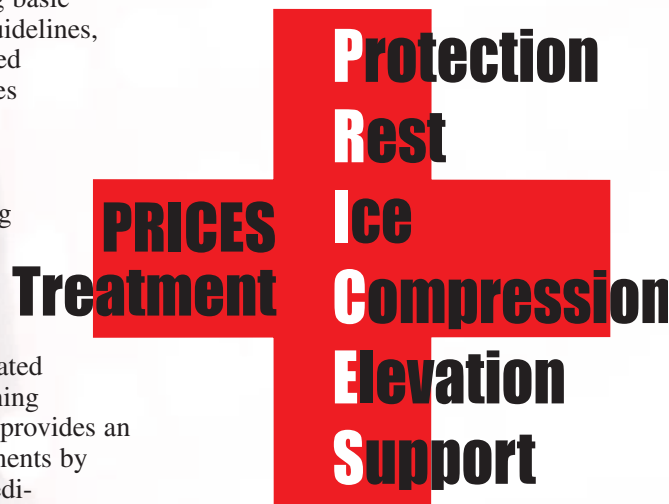
2. Enlist local experts

Leagues have creatively partnered with local organizations and experts to provide low or no-cost training for their coaches. Sports injury professionals, firefighters, EMTs, colleges / universities, hospitals, doctors, nurses, and even community parks and recreation organizations may already have programs available that your coaches could attend. Or you may be able to encourage them to volunteer to conduct a specific clinic for your league, which would help promote safety and their services as well.

3. Cover the basics

Little League suggests covering these minimum basic items in your clinic:

- **Prevention:** Provide an overview of prevention efforts already in place such as preseason medical exam requirements, proper equipment, site maintenance, weather condition awareness, and following rules for safe play.



- **Assessment of injuries:** Teach coaches to look for signs and symptoms to differentiate between mild, moderate, and severe injuries. Make sure they understand their limits in knowledge and training as first aid providers, and never go beyond prudent limits.
- **First-aid techniques:** Conduct hands-on practice of appropriate treatment for the common types of injuries that coaches may encounter including contusions; muscle pulls and strains; over-use injuries; sprains; fractures;

injuries to small joints, face, teeth or eyes; insect bites and stings; heat illness; plus triage and emergency management. Use the PRICES general guideline for treatment of basic mild injuries. Review what to include in a well-stocked team first aid kit.

- **Emergency plan:** Provide written copies of your league's emergency plan for severe injuries, including emergency numbers.
- **Player recovery:** Review how to determine when a player is ready to practice or play again. If the player sees a medical professional, get a release back to play.

4. Check out online resources

Little League provides online resources for the ASAP Safety Requirements at:

http://www.littleleague.org/Learn_More/programs/asap/SafetyRequirementsExplained.htm

This page provides links to an example *Emergency Plan (Requirement 3)*, more detailed information for a *First Aid Clinic (Requirement 6)*, and suggestions for well-stocked team *First Aid Kits (Requirement 12)*.

Once you've completed your annual clinic, your coaches will be better equipped to handle injuries if they occur. Let's make Little League a healthy and enjoyable experience for players and volunteers.

IMPORTANT:

Safety Plan Deadline is Almost Here!

All safety plans MUST be postmarked by May 1.

Please send yours to: Little League International
539 US Route 15 Hwy.
PO Box 3485
Williamsport, PA 17701



AEDs Becoming a Low-Cost, Peace-of-Mind Safety Initiative

Destin Little League Safety Officer Shawn Phillips called local agencies in her town to find a grant to help underwrite the cost of the new AED that the league's board purchased this year.

Automatic External Defibrillators are the new safety equipment in public places; take a tip from Destin Little League and ask locally for programs that might help make this a reality for your league.

“What I did was start making a lot of phone calls,” said first-year Safety Officer Shawn Phillips. She was describing her efforts to find funding for an automatic external defibrillator in her small Florida town, and suggesting a way for others to follow in her league’s path.

A major issue with the publicity surrounding chest trauma causes in the last year, AEDs are a growing trend in public spaces. Little Leagues around the country are coming to terms with their responsibility to be good stewards of the safety of the young people entrusted in their care, as well as the older spectators for whom heart disease is the number one killer.

Players AND Parents May Benefit from AED

“There are parents and grandparents and players out there, and this makes us feel more prepared if something were to happen,” Phillips explained. “At a Pee Wee football game, two local fire fighters told me about an AED program they have. Through the grant program, we were able to buy a Philips AED. This is the same model used by our county’s emergency response units. We’re really thrilled.”

With support from its local board of directors, the Destin Little League purchased the AED, and provided training on its proper use. The League also provided the general CPR training that can be used on its own to save a life. Having an AED that integrates well with the rest of the community is important, as different brands do function slightly differently. Check with your local hospital, fire department, and schools to see if they have AEDs and which brands they use.

Liability Concern Shouldn’t Stop Leagues

Other leagues have called with concerns over liability if they have an AED. Dan Kirby, risk management director

at Little League International, cautions that AEDs have the same requirement for proper use and training of volunteers as other equipment. “People should be trained on AEDs just like they need to be trained on proper use of a pitching machine, a riding lawn mower, or any other piece of equipment the league uses.”

Kirby noted for properly trained volunteers, if they act appropriately, the Good Samaritan Law (which is in place in some form in every state in the country) will generally apply. The four main points of the Good Samaritan Law are as follows: the care was rendered as the result of an emergency, the initial emergency was not caused by the person rendering care, the emergency care was not given in a grossly negligent or reckless manner, and aid was given with permission whenever possible to obtain it.

Kirby pointed out that in our litigious society there is liability in not having one, just as there is for having an AED.

“Leagues need to have good practices in place for any equipment, including an AED. The league needs to ask if they have an appropriate location for storage and access of the unit, if the people are trained appropriately, and assess what is going on locally if they need this piece of equipment,” he noted. “The cost has come down a lot on AEDs, and they are more readily available now.”

AED ‘Very Do-able, Even for Smaller Leagues’

“It is out there. It’s very do-able, even for smaller leagues like ours,” Phillips stated. “If I hadn’t made the phone calls, I wouldn’t have known this was out there.” She credits her board with funding the AED and the training, and she sees this as something other leagues can do, too.

“Any move that enhances their equipment to render help is a good thing,” Kirby summarized. “The more extensive the first aid kit and the training preparing volunteers to use the equipment, the better for the league. These are all good things.”

For more information on AEDs, see the January/February 2008 ASAP News, page 3; and the April 2007 ASAP News, page 2-3; or go to www.robbylevinefoundation.org.

Low-Impact Balls Help Reduce Injuries By 30%

New USA Baseball Medical/Safety Advisory Committee report suggests leagues could reduce injuries especially in lower divisions by using reduced impact balls.

While there is no way to prevent players from being hit by a ball, using a reduced impact ball would substantially reduce their risk of injury when ball impacts do occur. According to a new report, your league could reduce ball-related injuries by almost one-third in your Minor Divisions by using a reduced impact ball. The report, recently released by the USA Baseball Medical/Safety Advisory Committee, suggests that you should strongly consider adopting reduced impact balls for your Tee-Ball and other Minor League divisions that are focused on skill development.

Study Shows Injuries Largely Caused by Ball Impacts

The committee conducted two national research studies. The first study assessed the injury rate in youth baseball during the years 1987-1996. The second study assessed how effective reduced-impact balls were in preventing injuries during the 1997 to 1999 seasons.

The results of the injury rate study showed a low 1.69 injuries per 1,000 participants. Confirming the results of other studies that have shown ball impact as the number one cause of injury for all levels of Little League play, this study found ball impacts accounted for 52.6% of all injuries.

Breaking down the ball injury numbers, the batted ball accounted for 20% of all injuries, the pitched ball 19%, and the thrown ball 13%. The body parts most injured were the face, teeth, head, knee / ankle, and chest, respectively. These results show that reducing ball impact injuries can provide the most potential benefit in reducing overall injury rates and making your players safer.

Injury Data Shows Reduced Impact Balls Reduce Injuries

For the second study, the committee relied on three sources of national data from Little League: insurance injury reports, participation numbers, and a survey of equipment. The equipment survey was sent as a questionnaire to the safety officer for each of the leagues nationwide and also included telephone follow-ups for the final two years. The participation rate in the survey averaged 97%, making the study one of the most significant sources on injuries in organized youth baseball.

The study concluded that the reduced impact ball decreased ball-related injury risk by 29% for all of the reduced impact balls. The protective effect of the reduced impact balls was statistically significant for the Tee-Ball (5-8) and Minor (7-12) divisions but not in the leagues with the more skilled players.

USA Baseball Medical/Safety Recommends Low-Impact Ball

The USA Baseball Medical/Safety Advisory Committee recommends your league adopt for Tee-Ball and other Minor League divisions reduced impact balls that meet National Operating Committee on Standards for Athletic Equipment standards levels 1 and 2. USA Baseball is the governing body for all baseball in the U.S.

In its conclusion, the committee stressed that switching to a reduced impact ball does not reduce the importance of teaching your players fundamental baseball skills and ball-avoidance techniques for batters. Skill enhancement remains the best and most effective way to prevent ball-related injuries.

Balls Perform Similarly

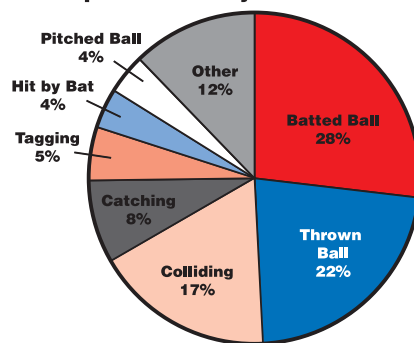
According to a study published by *The Journal of the American Medical Association*, when labels were removed from traditional and reduced impact balls, as both children and adults threw, pitched, and batted the balls, they were unable to detect a difference.

These findings are not surprising, since the reduced impact balls are designed to look and play like a traditional ball, with the same size, weight, liveliness, and surface characteristics. Neither you nor your players should be able to feel a change, and your league's performance will not be altered. You can even switch balls when tournaments begin or when teams move into an older age group with no detriment to the player's skill in using a traditional ball.

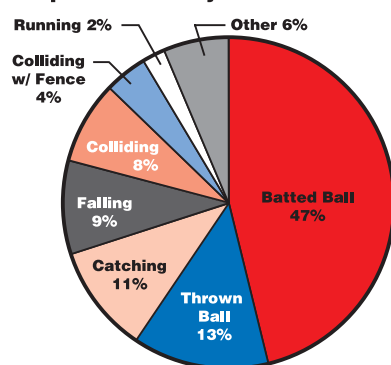
With ball-impact continuing to be the most prevalent cause of injury in Little League, it makes sense to take the advice of USA Baseball and adopt the reduced impact ball for your Tee-Ball and Minor League divisions.

The charts at left show the top causes of injuries to infielders and outfielders in Little League continue to be due to ball impacts.

Top Causes of Injuries to Infielders



Top Causes of Injuries to Outfielders



Little League®, 2004-2006

Equipment Checklist

Keep Your Players Safer

Do you know what equipment is required for player safety on the field? Do you know which optional items can help keep players safer? Check out the following list for ideas and reminders.

REQUIRED PLAYER EQUIPMENT

Defense

- Athletic supporter** – all male players
- Metal, fiber, or plastic type cup** – all male catchers
- Catcher's helmet and mask**, with “dangling” throat guard; NO skull caps – all catchers; must be worn during pitcher warm-up, infield practice, while batter is in box
- Catcher's mitt** – all baseball catchers
- Chest protector and leg protectors** – all catchers; must be worn while batter is in box; long model chest protector required for Little League (Majors) and younger catchers

Offense

- Helmet meeting NOCSAE standards** – all batters, base runners, and players in coaches boxes
- Helmet chinstrap** – all helmets made to have chinstrap (with snap buttons, etc.)
- Regulation-sized ball** for the game and division being played; marked RS for regular season or RS-T for regular season and tournament in baseball
- Regulation-sized bat** – all batters; Little League (Majors) and younger baseball divisions must have bat marked with BPF 1.15 beginning in 2009
- Non-wood bats must have a grip of cork, tape, or composite material**, and must extend a minimum of 10 inches from the small end. Slippery tape is prohibited.

REQUIRED FIELD EQUIPMENT

- 1st, 2nd and 3rd bases that disengage from their anchors
- Pitcher's plate and home plate
- Players' benches behind protective fences
- Protective backstop and sideline fences

OPTIONAL PLAYER EQUIPMENT

Defense

- Metal, fiber, or plastic type cup – any player, esp. infielders
- Pelvic protector – any female, esp. catchers
- Heart Guard/XO Heart Shield/Female Rib Guard – any defensive player, esp. pitchers, infielders
- Game-Face Safety Mask – any player, esp. infielders
- Goggles/shatterproof glasses – any player, esp. infielders or those with vision limitations

Offense

- Helmet** – adults in coaches boxes
- Helmet with Face Guards or C-Flap** meeting NOCSAE standards – all batters, esp. in younger divisions
- Mouth guard** – batters, defensive players
- Goggles/Shatterproof glasses** – any player, esp. those with vision limitations
- Batters vest/Heart Guard/Heart Shield/Female Rib Guard** – any batter
- Regulation-sized reduced impact ball**

OPTIONAL FIELD EQUIPMENT

- Double 1st base that disengages from its anchor
- Baseball mound for pitcher's plate
- Portable pitchers baseball mound with pitcher's plate
- Protective/padded cover for fence tops
- Foul ball return in backstop fencing

IMPORTANT:

BPF RULE GOES INTO EFFECT FOR BASEBALL DIVISIONS

Buying bats for your league's baseball divisions? If it is composite metal, make sure it has the BPF 1.15 label. Bats in use in Little League Baseball (Majors Division and younger) must have the new bat performance factor listed on the bat.

Unless this marking is present, the bat will be removed from games.

Little League officials are aware some bats do not have the required markings but are Little League approved. And some of the bats on the approved bat list may not carry the required BPF 1.15 marking, depending on when they were manufactured and licensed.

Little League is building a list of bats that are approved but do not have the BPF marking due to special circumstances. For these bats, the eligibility for play will be extended until December 31, 2009. As Little League is made aware of bats that meet the BPF rule for this extension, the bats will be added to the list.

ONLY bats with a BPF 1.15 marking or that are listed below will be allowed for use in the Little League (Majors) Baseball and younger divisions in 2009.

Non-BPF-marked bats approved until Dec. 31, 2009:

Adidas – Vanquish (blue design) A newer model of this bat, also named Vanquish with copper and black markings, has the proper labeling, so is therefore not subject to the one-year rule.

DeMarini – Black Coyote, Rogue, Distance, Rumble, Tengu, Mach 10, Patriot

Easton – LZ-810, LZ-800, Stealth Optiflex LST 1,

Louisville Slugger – YB31

NIKE – Areo



Short Hitters: Answers to Your Safety Questions

Feel like your concerns are like no one else's? Like you are out there alone in left field without a glove? Most leagues will experience many of the same issues; here are some common questions and their answers.

ONLINE SUBMISSIONS

Q: I was told by someone that I could upload and submit our ASAP plan online. Is that true and where do I go to do that?

*Michelle Welliver
CVLL*

A: One requirement for having a qualified safety program is to distribute your safety manual; Little League requests a copy of that distributed safety manual in written (hardcopy) form, along with the qualified safety plan registration form and facility survey. All plans must be postmarked no later than May 1 to be eligible for the League Cash Award.

Please mail your printed plan to:
Little League International
PO Box 3485
539 US Route 15 Hwy.
Williamsport, PA 17701

The Facility Survey portion of the safety plan may be completed online: <http://facilitysurvey.musco.com>. First complete each field's physical review, then check the information entered from last year and update appropriately for the new season.

BASE COACH HELMETS?

Q: Is it required for 1st and 3rd base coaches to have helmets on? And if so, to what division does that apply?

Anne Caric

A: Any player must wear a helmet when at either the 1st base or 3rd base coaching boxes, regardless of the division of play. Adult helmet use is recommended. This is according to **Rule 1.16** - "... Use of the helmet by the batter, all base runners and base coaches is mandatory. Use of a helmet by an adult base coach is optional. . ."

REQUIREMENT 13

Q: On the ASAP safety book that leagues have to send in, can you please tell me what #13 is (why we were not approved)? It used to state at the bottom of the data page but that is no longer there.

*Staci Boward, President
Halfway Little League*

A: Requirement 13 is to enforce the rules. In your safety plan you should have specific references indicating that the Little League International rules will be enforced, and are the final authority in deciding any questions. There are several posters available on the Little League website that help reinforce this for your coaches (http://www.littleleague.org/Learn_More/programs/asap/Safety_RequirementsExplained.htm). It must be clearly stated in your plan that the official rules, a main under pin of safety, will be followed.

FACE MASKS REQUIRED?

Q: Are there any plans to require boys' batting helmets to have a facemask? We are purchasing some helmets and are trying to decide if we should get the helmets that have an option to place a mask on. Is the pitcher required to wear a helmet and/or mask?

*Brian Kendall, President
Knoxville Little League*

A: At the local level leagues CAN mandate that batting helmets have facemasks and even require certain aged pitchers to wear a helmet with or without a face mask (i.e. the younger divisions that may have slower reflexes to avoid hit-backs). At the national level this has not been required in either case.



NEW SAFETY OFFICER

Q: I'm the new Safety Officer for Frontier Little League in Tucson, AZ. Please email me any relevant information as I'd like to get my league up to speed as quickly as possible.

*David Edgar, Safety Officer
Frontier Little League*

A: All of the ASAP material is available online at the Little League website at: http://www.littleleague.org/Learn_More/programs/asap.htm. You should have received this same information through the mail in late 2008. If you didn't, please contact Little League International (570-326-1921) and request the 2009 Safety Officer Manual on CD packet.

LIGHTNING SAFETY

Q: As I prepare this year's Safety Plan, I have a question about "lightning safety." On the Little League web page I found the following:

"The bottom line is that if you hear thunder, you need to get inside immediately," said retired Air Force Brig. Gen. David L. Johnson, director of the NOAA National Weather Service. "Lightning can strike up to 10 miles from a thunderstorm, which is about the distance that the sound of thunder can travel and be heard. All thunderstorms produce lightning, and each lightning strike is a potential killer."

In my experience, I have not seen this recommendation followed. Does Little League have a standing rule or recommendation regarding lightning? I checked a number of Little League programs via the Internet and there was considerable variation regarding what to do when thunder or lightning was detected. Recommendations ranged from halting play for 30 minutes at the sound of thunder to only halting play for 15 minutes when lightning was seen.

*Dennis Timberlake, Safety Officer
Anderson Township Little League*

A: While it seems that lightning safety should be a "one-sizes-fits-all" answer, it is not. Due to topographical differences, it is necessary for each local Little League to determine the risk factors they face and choose the safest course. In some cases, where a storm system is moving quickly, 15 minutes may be suitable to allow the threat to pass from when first seen, especially if the storm is moving parallel to the field and not moving directly overhead. In others, a 30-minute delay will only be sufficient to recheck the situation and then to continue to delay as necessary. That would be the recommendation for any league, to re-check the weather (either by local radar, visual sightings, weather alarms, etc.) before re-taking the field. The general guideline is for a 30-minute delay from the LAST lightning strike, to allow weather to clear and games to resume as possible. A flyer on this that talks about the 30-minute recommendation from NOAA is available online. Lightning detectors are also a good option to alert the league volunteers to lightning emergencies. But finishing (or starting) a game should never take priority over the safety of the spectators, volunteers, and players, even if the delay is longer than 30 minutes.

SAFETY AWARENESS

Q: I could not obtain the Coaches Emergency Card I would like to put out to all 95 plus coaches in our league. Is there any notice I could email to each parent concerning the importance of individual safety for our young athletes? Plus, is there any reduced price that I could pay for a 170-piece Johnson & Johnson Field First Aid Kit, to issue to each Coach for 2009?

*Jerry Garcia, Safety Officer,
Spokane North Little League*

A: Here is the link to the page where you can then download the PDF file of the Coach Emergency Action Card: <http://www.nata.org/youthsports/index.htm> then you can

click the link to the card (as given in the ASAP News article).

For a general safety comment to your players and parents, remind everyone that safety is the first priority, and that starts with proper safety equipment: a cup for all boys, especially those playing infield (required for catchers); helmet – with face mask for added safety – when batting; and all required equipment for playing catcher – like wearing the helmet with dangling throat guard during infield practice and pitcher warm-ups. (*See article on page 5 for more safety equipment.*) Then, safety needs to be a consideration for all activities, with proper training to perform the skills a player needs to hit, throw and catch. The first lesson on this is to pay attention at all times and keep your eye on the ball, whether on defense or batting.

Finally, we don't have any arrangements for low-cost or volume discounts on first aid kits. We do recommend, if the cost is an issue in putting together a first aid kit for each team, that you discuss this with a local medical services facility (hospital, etc.) and see if they could provide the items for putting together your own kits. See the recommendations for first aid kits in the January, 2004 ASAP News available on Little League's website.



**Coach
Emergency Action Card**

National Athletic
Trainers' Association

Hotline Ideas



Perforated pipe is perfect

In the late summer of 2007, we built two new fields at our complex. In the Spring of 2008, we were busy putting on the finishing touches to make the fields “kid proof” and play ready. Part of the project was to install corrugated drainage pipe over the top of the fence. When we went to buy the material, the supplier was out of the solid pipe, so we settled on the perforated type. As it turns out, by accident we may have found a significant safety upgrade. We did not have any problems with bees nesting in the pipes. Due to the perforations - that let in light and rainwater - the bees, and birds for that matter, did not nest as they do in the solid pipes. We are looking at replacing the pipe on our two existing fields with perforated.

*Steve Taglauer,
Facilities General Manager
Northeast Little League, Midland, Mich.*

Are your fields ready for 2009?

With new officers in many leagues, now is a great time to take a look around your facility and make sure you are ready for the new season.

Many leagues had back orders last year on the new requirement of bases that disengage from their anchors. Make sure all bases on all your fields meet the 2008 requirement of disengaging bases, 1st through 3rd. Some leagues received waivers on their fields’ bases, since manufacturers were not able to keep up with the demand for the new bases. This should not be the case in 2009, and all leagues should check now that their bases meet Rule 1.06.

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