

# ASAPnews

January 2000

Volume 7 Number 1

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

## Growing Safety

# Safety Ready to Take Off

## ASAP needs your help to continue growing at grass-roots

It's a new year, and a new season is beginning. Are you preparing to update your 1999 safety plan, or to launch a new safety plan? Either way, you're in good company.

Little League Baseball International has been giving strong support to the ASAP program this fall and winter, with hopes of improving on the number of participants.

### Safety first

In 1999, we had about 25 percent of all leagues submit a safety plan. But of the \$1 million insurance credit on the table, only \$250,000 was taken. In 2000, we hope more leagues get involved.

In support of that goal, Dan Kirby, risk management director, has been hitting meetings around the country, to promote safety awareness and help leagues and districts begin safety programs.

However, we need your help to grow. In 1999, 15 percent of all districts, those with 50 percent or more participation, submitted 44 percent of the qualified safety plans. That's great participation by a few.

But that means the other 56 percent of the plans submitted came from the rest of the 85 percent of the districts. In order to grow, and increase safety for the players across the country, we need leagues in every district to get involved. In other words, we need your help.

Traveling around the country in the off-season, Kirby or other Little League staff have attended or will attend 13 meetings in large group settings, primarily over weekends. Each region has had meetings, including Texas.

## Safety to be a criteria for Internat'l Board of Directors

The Little League Baseball International Board of Directors has added new criteria for District Administrators who want to serve on the board.

Beginning in 2000, one of these criteria is that their district must have an active District Safety Officer, and must demonstrate a commitment to ASAP. This commitment is defined as having district ASAP participation that is at or above the national average.

Last year the national average was 25 percent, and is expected to be higher in 2000.

### Seminars still coming up:

- Texas State HQ to hold a league official seminar;
- South Region HQ to hold DA conference;
- Eastern Region HQ has league official seminar;
- Southern Region HQ has league official seminar;
- Central Region HQ league official seminar and Central Region HQ DA workshop.

The main topic Kirby has been asked? "How do I get started?"

"The league has to have a safety officer. Safety must be a topic on all agendas. The safety plan must be implemented; it must be a working plan and not a

paper emergency plan that sits on a shelf," he said.

Many districts are using the safety plan as a criteria for hosting or participating in post season special tournaments or Tournament of Champions games. "That's a trend I think will continue across the country," Kirby noted.

"I have yet, in all my travels, had anyone come to me and say that their safety program is a waste of time," Kirby concluded. "It takes a little bit of effort and determination, but the results are well worth it."



# Getting safety plan up and going

## Now is the time to get your plan ready for May 1 deadline

Ready for a new year?

If your's is like hundreds of other leagues, you are also getting ready to implement a safety plan for the first time.

### What you should know

First, if you did not receive a 2000 Safety Officer Manual on CD, you need one. Call the ASAP Hotline (800-811-7443) and give your name, league name and a mailing address to which you'd like the information to go. We'll get the Safety Officer Manual right out to you.

### Requirements

To implement a safety plan to qualify for the 20 percent player accident insurance credit, you will need to address 12 basic requirements. Those were outlined in the Safety Officer Manual, but let's review.

**1. Have an active safety officer.** If you are the league president, you need to appoint a safety officer who can devote a fair amount of time to safety.

**2 & 3. Publish and distribute a safety manual including:**

- A policy statement and safety code;
- Emergency procedures/phone numbers;
- The phone numbers of key league officials.

A good example of a safety plan was sent in your package from Fairfax, Va., Little League, national winner for the best safety plan in 1999.

**4. Complete the Facility Survey for all your fields.**

**5. Require coaches/umpires to walk fields looking for hazards before a field is used for any purpose.**

**6. Inspect all equipment before use.**

**7. Hold mandatory pre-season coaches training on first-aid and coaches training on proper mechanics/fundamentals.**

- Call Little League Headquarters (570-326-1921) to request the free Emergency Management Training Program for first-aid training

specific to baseball and softball injuries.

- Local coaches, high school and college, are great resources for training coaches on fundamentals. Many will gladly help to improve the quality of players who will later play for them.

**8. Require a first aid kit at each game and practice.**

- Local hospitals, clinics or medical supply companies may donate supplies to help.

**9. Enforce the rules, including wearing proper equipment.**

- Most Little League rules have some basis in safety — follow them;
- Make sure players have required equipment at all times, including catchers warming up.

**10. Concession managers trained in safe food handling/ preparation and safety procedures.**

- Local restaurant owners are a good resource for training assistance;
- Training should cover safe use of equipment.

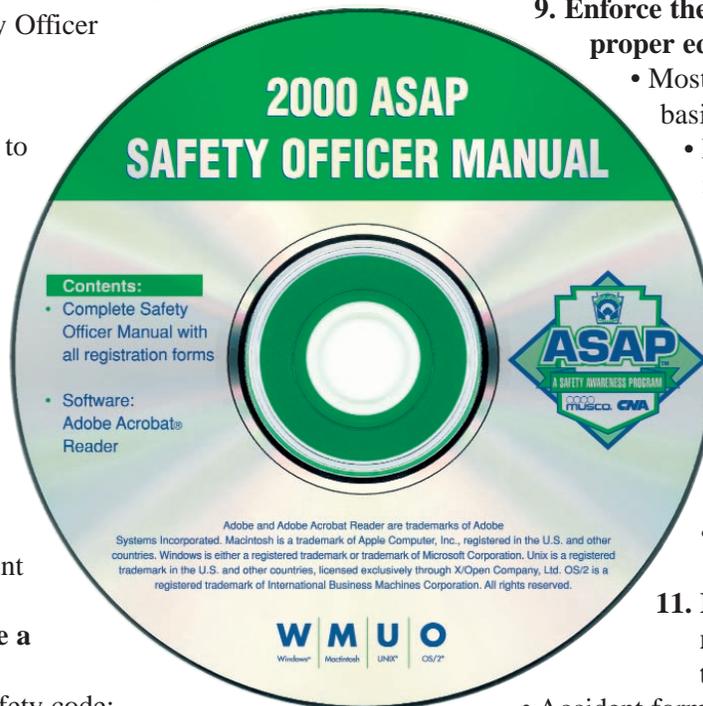
**11. Implement prompt accident reporting and accident tracking procedure.**

- Accident forms sent to safety officer within 24-48 hours of incident is common;
- Forms are available through Little League.

**\*12. Have telephone access at all activities, including practices.**

- Have emergency access to a phone anytime kids are in practices or games — on-site, neighbors, cell, etc.
- \* Highly recommended, not required.*

**When you fill out your registration form, make sure you list on the back page where each of the requirements can be found in your submitted paperwork.** Blanks for this information are included beside the checklist. This saves time and unnecessary delays in getting your plan approved for the player accident insurance credit, as well as getting it forwarded to the awards judges.



**Note:** Instructions for the 2000 Safety Officer Manual give the 1999 PDF file name of "LSOPKit.pdf". The 2000 manual's correct file name is: "SOManual.pdf". Look for this file on the CD.

## AAP: HIV not a bar to being in sports

Young athletes infected with HIV or the hepatitis B or C viruses pose a very small risk to other competitors, and should not be restricted from participating in any sport, according to new guidelines published by the American Academy of Pediatrics (AAP). However, the experts also list safety precautions to protect young athletes and sports program participants from infection.

“Pediatricians are encouraged to counsel athletes who are infected with HIV, hepatitis B, or hepatitis C that they have a very small risk of infecting other competitors,” the authors of the report state. The guidelines were published in the December issue of the journal *Pediatrics*.

No cases of HIV transmission during participation in sports have so far been documented, according to members of the AAP’s Committee on Sports Medicine and Fitness. The risk of hepatitis B transmission via blood is somewhat greater, and two cases of hepatitis B transmission during sports participation have been documented. Risk of infection with hepatitis C is believed to be less likely than with hepatitis B, but more than HIV.

The HIV status of young athletes should be kept confidential and athletes should not be tested for blood-borne pathogens simply because they participate in sports, committee members recommend. Also, athletic

programs should inform athletes and their parents that the program is adhering to this policy.

Although the risk of infection with HIV, hepatitis B or hepatitis C through blood exposure to athletes and athletic staff during sports activities is very small, the experts believe that certain precautions must be taken.

“Strict safety precautions are particularly important for those persons in athletic programs who provide first aid and have repeated exposure to blood or other bodily fluids visibly contaminated with blood,” they write.

These individuals should receive training in prevention of blood-borne pathogen transmission, and they should be vaccinated against hepatitis B.

Bleeding athletes should be removed from competition as soon as possible and the wound should be treated and covered before the athlete is allowed to return to competition.

Young athletes also need to be educated about the potential exposure to blood from sharing razors and other personal items. Education on the even greater risk of HIV and other blood-borne infections from sexual intercourse and needle sharing is also important for all young athletes, the authors conclude.

SOURCE: *Pediatrics* 1999;104:1400-1403.

## District 2: Improving on safety planning

“Hi,

“I just received your latest newsletter and I didn’t know I had been replaced as the new district administrator of Florida District 2. You had the statement right, in that, it is my policy for the leagues to host a tournament that they have an approved safety plan on file at Little League Headquarters. Last year our district had 52% participation in the program, given that I feel the district has enough leagues eligible to host tournaments. My goal is to try to give the presidents of the local leagues a reason to get involved. Sometimes tournaments mean more than lower insurance costs to some members of a league.

“My district has monthly meetings with the presidents and I have stated my policy at every meeting and also in the monthly newsletter the district sends out. I have met with the league safety officers and told them of my policy. Not one president or safety officer has questioned it. I believe safety is at the beginning of a good Little League

program. If the youths playing are safe then they are happy, and having happy children means having happier parents.

“At all my meeting the first thing on my agenda after the normal preliminaries is safety. In my monthly newsletter the first article on the front page is always about the safety program. I believe that the local leagues should adopt the same agenda, putting safety first. Also at the clinics that Little League puts on, safety should be the first thing discussed, that way people will start thinking ‘Safety First.’ Our slogan for the District is as follows: ‘*District 2 — The launch pad for Safety and Sportsmanship of our youth into the future.*’ The launch pad tie-in is because Kennedy Space Center is in District 2.”

**Ron Jernick, district administrator,  
Florida District 2**

*(Editor’s Note: Sorry for getting the wrong name for your district as DA. We’ll try to keep that straight in the future.)*

# Properly stocked first aid kit helps ensure players' health

Many recommendations are available for a well-stocked first aid kit. Here are three:

## **LL's Emergency Management and Training Program**

The EMTP manual recommends your first aid kit include:

### **Ice bags:**

Plastic bags of crushed ice

### **Elastic bandages:**

- 3-, 4- and 6-inch widths

### **Sterile dressings:**

- 3- by 3-inch individual gauze
- 2-3, 5- by 9-inch pads
- Telfa or non-stick dressings
- Eye patches

### **Adhesive bandages:**

- <sup>3</sup>/<sub>4</sub>-, 1- and 2-inch widths

### **Bandages:**

- Triangular shape and in rolls

### **Adhesive tape:**

- <sup>1</sup>/<sub>2</sub>-, 1- and 1 <sup>1</sup>/<sub>2</sub>-inch widths

### **Eye shields**

### **Small flashlight**

### **Scissors**

### **Antiseptic soap**

### **Splints:**

- Inflatable, cardboard or wooden, for arm and leg (large enough for your largest player)

### **Petroleum jelly**

### **Safety pins**

### **First aid manual**

### **Towels**

### **Blanket**

### **Small pocket notebooks and pencils**

**Water** for drinking and plenty of paper cups. (Water and paper cups can also do double duty in some first aid applications.)

**A well-stocked ice chest, ice bags, ice packs.** There is almost no time on a Little League field when you won't reach for ice for an injured player.

Keeping well-stocked first aid kits is a requirement for qualified safety programs. Provide a first aid kit with at least the basic items to every team in your league to qualify for the 20 percent Little League CNA player accident insurance premium credit. Here are some examples.

**Keep your first aid kit stocked and replenished!** If you or your colleagues use any first aid supplies, replace them before the next time the team meets.



## **Little League First Aid Kit**

The first aid kit produced by Johnson & Johnson, is available through the equipment and supplies catalog. It contains:

**Bandages** — sheer and flexible

**Non-stick pads** — assorted sizes

**Soft-Gauze bandages**

**Oval eye pads**

**Triangular bandage**

**Hypo-allergenic first aid tape** in dispenser

**2-inch elastic bandage**

**Antiseptic wipes**

**First aid cream**

## **Instant cold pack**

**Tylenol®** extra-strength caplets

**Scissors**

**Tweezers**

**First aid guide**

**Contents card**

**Disposable gloves**

**Other items:** a good supply of ice, drinking water, and personal items or medications; an original inventory list to restock; emergency phone numbers; coins for pay phones; directions to/from emergency medical facilities.

## **Fyrst USA Sport Medical Kits**

A new first aid kit, available both in a team size and a league size, is offered by Fyrst USA. It is also available through the 2000 Little League Equipment Catalog. It was developed specifically for sports injuries. A unique feature: resupplies can be ordered by phone and to you in 5-7 days. Call 800-782-1355 to order.

1 — **Reusable ice bag:** 9 inches

4 — **Instant cold packs:** 6- by 10-inches

1 — **Blister Kit**

20 — **Bandages:** 1- by 3-inches

6 — **Large bandages:** 2- by 4.5-inches

1 — **Elastic wrap**

1 — **Scissors**

20 — **Antimicrobial skin wipes**

10 — **Blood-off cloth towelettes**

20 — **Latex gloves**

1 — **Antiseptic hand cleaner:** 4 ounces

2 — **Rolls of athletic tape**

1 — **Roll of pre-wrap**

3 — **Sport wound care kits**

*While individual leagues can decide what they need in a first aid kit, these give a good idea of what a fully-stocked kit should contain.*



# 'Do leagues need to re-register?'



*"Everyone in my district last year turned in safety plans. If they do everything which qualified them last year, will they qualify for the insurance credit again this year?"*

*What should I tell people who don't want to put any additional effort into their plans this year?"*

**Gary Blood, district safety officer  
Michigan District 9**

*"Our goal is to reach 100 percent of the ASAP safety program. Last year I think we were about 50 percent. The question I have though, is, I have a few leagues that do not take the Little League insurance; they take their own insurance under an umbrella. If they do submit a safety plan, they don't have any option of getting a 20 percent credit; what advantage do I get for them, besides just safety, for submitting a plan?"*

**Tony Mara, district administrator  
Pennsylvania District 23**



All leagues who have turned in a safety plan last year and qualified for the 20 percent player accident insurance credit will qualify again this year, as long as they implement the same plan and turn in all registration paperwork. The requirements have not changed, so leagues will again qualify with the same plan. They do need to submit the same supporting material they sent in last year to show how they implemented it. The intent is for all leagues to continually improve their plans, and the district needs to work with and encourage the leagues, whether they receive an insurance credit or not. But how do you get people to improve their plans? Remind them: It's for the kids. The purpose of having a safety plan is to keep kids from getting hurt. Those who use the national insurance program do receive the added incentive of an

insurance credit, but the ongoing value of this program is in the improved safety of the participants. Also, they still would be eligible for the national award program for the best safety plan, with regional first and second place prizes as well as the national first place award of a free lighting system. All your leagues need to qualify for you to win an award. The incentive shouldn't be the main reason for them to participate. The children's safety and well being are. The incentives just show the commitment Little League and its sponsors have to this program and to the safety of all participants.



*"We're in the process of putting up a permanent chain-link fence in the outfield for our Junior/Senior League field. The question I've been asked is if there is a recommended height for the outfield fence to be?"*

**Angela Hester, safety officer  
Palm Dale, Calif., Little League**



The 2000 Official Regulations and Playing Rules for the Junior-Senior League Baseball contains the specifications for the regulation distances for the playing field and surrounding areas. On Page 19 it shows a recommended four-foot-high fence around the outfield.



*"Can children with braces wear mouth guards attached to their collars? The rules say 'no jewelry', so we weren't sure."*

**Joseph McCain, safety officer  
Lincoln, Alabama**



Mouth guards are intended to be worn in the mouth for protection of the teeth. If a player wants to take the mouth guard out, it shouldn't be attached to the uniform.

Have a question or tip to share?

Call the ASAP Hotline:

**800-811-7443,**

or e-mail: [asap@musco.com](mailto:asap@musco.com)



Or write to us at:

**ASAP**

**100 1st Ave. West  
Oskaloosa, IA 52577**



Little League Baseball, Inc.  
P.O. Box 3485  
Williamsport, PA 17701

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## HOTLINE IDEAS

## FROM READERS

*"I have created an Excel spreadsheet that replicates the Little League National Facility Survey form. Recording our leagues' fields on this form has not only allowed us to more reliably retain previous year's surveys, it also makes it easier to record any changes to the fields' status and allows us to prepare the Facility Survey (required as part of the Safety Plan) more quickly. If any other leagues are interested in receiving a copy of this spreadsheet, they can email their request to me at: michael\_j\_dec@nbc.gov."*

**Mike Dec, safety officer  
Fairfax Little League, Virginia District 10**

*"I have a suggestion: Set up a district email system and have the District Safety Officer's email set up as follows: (example) SafetyMa4@aol.com (start with the word safety then next two characters the state abbreviation then next would be the District number)."*

**John Crowley, district safety officer  
Massachusetts District 4**

**These safety officers will receive ASAP caps for calling in safety ideas. What is your league doing to become safer for the kids? Call the ASAP Hotline!**

**ASAP HOTLINE**  
24 HOUR TOLL-FREE  
**800-811-7443**

**The 2000 Safety Officer Manual**  
should have arrived! Didn't get it?  
**Call the ASAP Hotline!**

### ASAP News

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Baseball and Musco Lighting  
**Hotline: 800/811-7443**  
Fax: 515/673-4852  
E-mail address: asap@musco.com