

ASAP *news*



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

Try the **Online** Facility Survey



The fast and effective way to track the safety needs of your facilities is ready for 2011.

This year, enter your facility survey information online, like a growing number of leagues. The Little League National Facility Survey is an annual, required part of your safety plan, allowing your league to monitor the conditions of fields, bleachers, restrooms and other physical parts of your league's program.

The facility survey information from ALL 2010 qualified safety plans in the U.S. has been entered, so even if you've never used the online website, your league's past information should be available. This makes it easy to update and

complete your facility survey, and track the needed safety changes and improvements your league wants or needs to implement.

The website is <http://facilitysurvey.musco.com> and uses a form of your league ID which requires dashes. For example, South Little League, #02381209, the league ID would be 238-12-09, dropping the leading zero, and putting dashes between the digits where shown, but keeping all interior zeros.

Incentive Program Returns

If you enter your facility survey information online, you will be entered into a weekly drawing of all leagues completing their survey online. The weekly winner will receive a Musco jacket; all leagues completing their survey online will be entered into a drawing for a \$500 grand prize on May 1, when all safety plans are due.

The online facility survey records and maintains each year's data, so future boards can see what was done to improve safety in your league, and look for trends and needs. Your current board can review the historic data already captured for your league's facilities by reviewing the "History" button for each field's data. Make sure your data is accurate.

Submit Safety Plans Now

Safety Plans are now being accepted at Little League International for approval. The general deadline is May 1, 2011, after which you will **NOT** receive the league cash award for submitting a qualified safety plan. Why not get started now, before the season gets hectic, on building and improving your safety plan so it can be received and approved well before the deadline?

Plans received and approved by April 1 help your district earn a cash award, too, so getting plans in early helps your entire district. Not only will your league help reduce injuries and improve conditions for the children and adults in your league, but your district will be better able to support the activities of all the leagues around you. That's the true prize: creating a league that's "safer for the kids!"

Watch for Password Info

The Facility Survey Online league identification number and password has been emailed to the league president and safety officer. Check your email address in the Little League Data Center, if you did not receive this important information. To access the Data Center, go to Little League's website and click on the League Officers tab to go to "Data Center" <http://datacenter.activeteamsports.com/llb/index.jsp>.

The league ID must be entered as given in the email, with dashes (i.e., 02381210 is entered 238-12-10). The password is generated in a case-sensitive, eight digit code which may then be changed by the league officer to a more easy to remember code. Once changed, the league will be the only one with the password.

While a majority of leagues have current email information, many leagues still do not have that data provided. As a volunteer in Little League, you can filter what information you receive via email, but some important league information needs to be delivered through this time-sensitive delivery system.

If you still cannot enter the Facility Survey Online site, call the ASAP Hotline at 800-811-7443 for assistance, or to have your password re-set to the one on file.



Provide **Quality** FIRST AID Training

Winter is an ideal time to polish plans for a key requirement of a qualified safety plan: first aid training. Retooling a first aid training clinic conducted by medical professionals in your community and geared around the injuries typical to your league will help ensure more effective first aid for your team.

Capital Midwestern Little League in Charleston, WV., was one of four regional ASAP Award winners honored at the 2010 Little League World Series. By design, their safety plan is divided into two parts: prevention and response. The league strives for injury *prevention* by expecting coaches and officials to constantly walk the fields and facilities looking for problems that need to be fixed. The *response* involves mandatory first aid training that centers on communication, common sense and consistency.

“There’s no magic to our plan, it just requires a lot of focus and commitment,” said President David Russo. According to Russo, annual first-aid with a localized approach provides a better learning environment and is especially critical as new coaches enter the league and others graduate

out. “Look to the medical professionals in your league and get them involved in the instruction. Make coaches and volunteers aware of the types of injuries they will typically see on and off your fields. Then, teach people to keep their composure, stabilize the situation and get the proper authorities there as quickly as possible,” Russo advised.

The following are some quick tips to help you jump start or fine tune first aid training for the 2011 season:

Local Connections

Little League has a long history of teamwork with local medical professionals who have children currently or formerly participating. Doctors, nurses, fire and rescue and sports injury professionals often donate their instructional time or provide it at reduced rates. Extend the local connection by supplying emergency phone numbers for hospitals, fire departments, police, poison control, utilities and parks officials.

Injury Awareness

Each ballpark has unique player and spectator safety concerns. Additionally, there are a host of regional factors to consider. Comprehensive first aid plans should include responses to life-threatening situations unique to the area of the country and ballpark, as well as these typical emergencies:

- + Cardiac arrest
- + Choking
- + Allergic reactions/poison ingestion
- + Falls (bleachers, trees, stairs)
- + Burns (concession appliances, lightning strikes)
- + Animal bites
- + Hyperventilation/asthma
- + Heatstroke
- + Cuts/Scrapes (fences, gravel/field limestone)
- + Impacts (bats, balls, player collisions)
- + Dislocations
- + Broken bones
- + Muscle strains
- + Ankle sprains

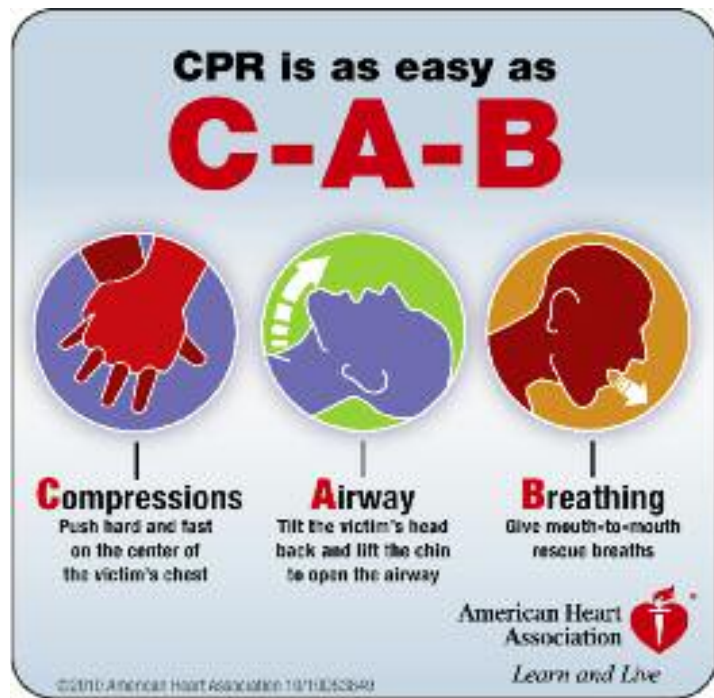
First Aid Updates

Red Cross recommends changes in treatment for the following:

- + **Snakebites**- Apply a pressure immobilization bandage to any venomous snakebite, with pressure applied around the entire length of the bitten extremity.
- + **Shock**- If medical help is delayed yet anaphylactic symptoms persist after a few minutes of giving the patient an epinephrine injection from a prescribed auto-injector, a second epinephrine injection can be administered from a prescribed auto-injector.
- + **Severe Bleeding**- The general public should not routinely use substances used to help stop bleeding to control bleeding because of significant variability in effectiveness and the potential for adverse effects. Tourniquets and such substances should be considered alternatives for professional rescuers when direct pressure is not possible or fails to control bleeding.

Little League provides online resources for ASAP Safety Requirements at: www.littleleague.org/learn/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)*. Resources for first aid training can be found at the American Red Cross at: www.redcross.org.

NEW CPR GUIDELINES EASY TO FOLLOW



The AHA has released a three-minute video on YouTube illustrating the primary changes in the new 2010 Guidelines for CPR at the following link: <http://www.youtube.com/watch?v=O9T25SMyz3A>. For more information visit www.heart.org/cpr.

CPR is not hard if you remember the steps. However, most untrained bystanders are too intimidated to step into a crisis that requires this life-saving measure. The American Heart Association's (AHA) new changes could turn apprehension into action.

In October, the AHA revised its CPR recommendations to not only equip rescuers with a faster response technique, but to also make it easier for *anyone* to administer CPR until professional help or an AED (automatic external defibrillator) arrives. Previously, the AHA recommended that the proper steps for CPR were executing the A-B-Cs (Airway, Breathing, Compressions). The AHA recently announced a reordering of the sequence to C-A-B (Compressions, Airway, Breathing) for more immediate action in the early stages of sudden cardiac arrest in adults, children and infants.

Concentrate On Chest Compressions

The changes reinforce the fact that all victims of cardiac arrest need chest compressions. In the first few minutes of a cardiac arrest, victims have oxygen remaining in their lungs and bloodstream. Initiating CPR with chest compressions can pump that blood to the victim's brain and heart sooner, said Michael Sayre, M.D., co-author of the guidelines and chairman of the AHA's Emergency Cardiovascular Care (ECC) Committee.

"For more than 40 years, training has emphasized the ABCs of CPR, which instructed people to open a victim's airway by tilting their head back, pinching the nose and breathing into the victim's mouth, and only then giving chest compressions," Sayre said. "This approach was causing significant delays in starting chest compressions, which are essential for keeping oxygen-rich blood circulating through the body. Changing the sequence from A-B-C to C-A-B for adults and children allows all rescuers to begin chest compressions right away," he added.

Think "Stayin' Alive"

Highlights of the new CPR recommendations include: Give chest compressions at a rate of at least 100 times a minute - the same rhythm as the beat of the Bee Gee's song, "Stayin' Alive".

Push deeper on the chest, compressing at least 2 inches in adults and children and 1.5 inches in infants.

Between each compression, avoid leaning on the chest to allow it to return to its starting position.

Avoid stopping chest compressions and avoid excessive ventilation.

All 9-1-1 centers should provide phone instructions to get chest compressions started when cardiac arrest is suspected.

Build Bystander Participation

Studies show that a majority of cardiac arrest victims were not provided CPR from bystanders even though they had knowledge of CPR techniques. The AHA reports that less than one-third of out-of-hospital sudden cardiac arrest victims receive bystander CPR. The AHA hopes that trend reverses with the new focus on chest compressions.

Is YOUR Volunteer CPR Training Current?

The best safety plans provide CPR training. While some leagues provide annual training, others do not. To avoid confusion, here are two frequently asked questions of the AHA about recent training:

Q: *If I just took a CPR or ECC course, will I need to take the class again?*

A: No, anyone who took an AHA CPR, first aid or advanced cardiovascular care course prior to the release of new guidelines does not need to take the course again until it is time for retraining.

Q: *If I don't have to take another class until my course completion card expires, should I perform CPR using the "old" sequence of A-B-C versus the new sequence of C-A-B?*

A: You should continue to perform CPR the way you were taught in your CPR class.

Common Little League Injuries and Responses

In the fast-paced world of youth sports, injuries can happen at any time, anywhere. In order to make sure injuries don't strike out your Little League players, be sure to effectively train your volunteers on the best procedures to handle the most common injuries. Here are some big examples to watch for.

Concussion

The brain is surrounded by a layer of fluid, which helps absorb small impacts and allows the brain to function normally. This fluid acts much like the tubes on a tire: when the tires can't absorb a large blow, you tumble off the bike from the shock. When the fluid in the brain can't absorb a blow, the brain can tumble around inside the skull, disrupting the activity inside.

In baseball, concussions can happen when a child's head is hit with a ball, a bat or even when the player trips and falls in a bad way on the head. The use of helmets, and obeying the no on-deck rule, can do wonders to reduce the probability of your players receiving a concussion. Observed symptoms of concussion might include:

- ◆ Dazed or stunned appearance
- ◆ Confused about assignment
- ◆ Forgets instructions
- ◆ Moves clumsily

If you suspect a child has a concussion, have them see a medical professional about it. Generally, the best way to treat this type of injury is with plenty of rest and time, and only gradually being eased back into the game with a doctor's OK. Remember, having healthy players is more important than having them return right away.

Broken Bones

Anything between a chip to a compound fracture, a broken bone can



be extremely painful and remove a child from play for as long as weeks to months.

Bones can be broken when twisted incorrectly, struck by hard objects (balls, bats, helmets, etc.), or softer objects, such as other players. To help prevent broken bones, be sure to have the proper safety equipment for your players, including helmets, chest protectors and protective cups. Double first bases

significantly lower the amount of player-to-player collisions on the field.

Usually a doctor will place a cast or a splint on a broken bone. This will allow the bone to set into its proper place and prevent movement by the victim in day-to-day life. After the binding is removed and the player is given the go-ahead from the doctor, he or she should be gradually eased back into play, instead of being thrust directly into a championship game.

Pitcher's Elbow

A damaged medial epicondyle of the humerus is more commonly known as a damaged growth plate, and most commonly known as "Little League elbow" or "pitcher's elbow." This serious injury has the potential to take young players out of the game, sometimes permanently.

This injury occurs, true to its namesake, in young pitchers due to the repetitive motion of throwing the baseball. Constantly pitching again and again will take its toll on the pitcher if left unchecked. To avoid pitcher's elbow, restrict the number and strength of pitches each designated pitcher throws. The official Little League rules state the maximum number of pitches for each range already, as limiting them is the single best way to avoid this injury.

Medical care should be sought at any of these signs: extreme soreness, exhaustion in the arms or pain, as these are all markers of a pitcher possibly developing this injury. Simply icing the elbow or arm is not a legitimate remedy for the damage.

Minor cases are generally not fatal to the player's career, as long as they receive enough rest and are, again, eased back into the game. Major cases, however, can ultimately ruin a pitching arm, even with expensive surgery to recover any use.



IMMEDIATE MORATORIUM IMPOSED ON COMPOSITE BATS IN ALL BASEBALL DIVISIONS

Little League (Majors) and younger divisions of baseball now included; research shows composite bats can exceed Bat Performance Factor limit after break-in period.

Little League International has placed a moratorium on the use of composite bats in the Little League (Majors) Division and all other baseball divisions of Little League, effective immediately.

“Today’s decision of the Little League International Board of Directors Executive Committee is based on scientific research data from the University of Massachusetts (Lowell), which was contracted by Little League Baseball,” Stephen D. Keener, President and Chief Executive Officer of Little League Baseball and Softball, said. “The maximum performance standard for non-wood bats in the divisions for 12-year-olds and below is a Bat Performance Factor (BPF) of 1.15. The research found that composite bats, while they may meet the standard when new, can exceed that standard after a break-in process.”

Local Little Leagues were first informed of the research last September.

“From the beginning, and throughout this process, we wanted to keep everyone informed,” Patrick W. Wilson, Vice President of Operations at Little League International, said. “Our intent was to provide local league constituents clear direction regarding composite bats. There is a process through which manufacturers can submit individual models for a possible waiver if they wish to seek it. Going forward, we will let our leagues know which ones meet the standards for the Little League Baseball (Majors) 12-and-under divisions, if any.”

On Sept. 1, Little League International placed a moratorium on composite bats in the Junior, Senior, and Big League Baseball Divisions of Little League. Subsequent to that moratorium, some composite bat models have received a waiver and may be used in those

Approved Composite Bats List Junior, Senior, and Big League BB Divisions

Composite bats that meet the Ball Exit Speed Ratio (BESR) and the Accelerated Break In (ABI) procedure are listed below. These bats are approved for Junior, Senior, and Big League Baseball play 2011.

Product Name	Model Number	Length(s)
DeMarini CF4 (-3)	CFB10	31", 32", 33", 34"
DeMarini CF4 (-3)	CFB11	31", 32", 33", 34"
DeMarini Vendetta C6 (-3)	VCB10	31", 32", 33", 34"
DeMarini Vendetta C6 (-3)	VCB11	31", 32", 33", 34"
Combat	BACK AB1	31", 32", 33", 34"
Combat	B2AB1	31", 32", 33", 34"
Combat	B1AB2	31", 32", 33", 34"
Combat	B1AB2-R	31", 32", 33", 34"
Louisville Slugger TPX Dynasty 7C (-3)	CBXD	31", 32", 33", 34"
Louisville Slugger TPX Triton (-3)	CBXT	31", 32", 33", 34"

There is a moratorium on the use of all composite bats in the Little League (Major) Baseball Division and younger divisions. If any composite bats receive a waiver to be used in the Little League (Major) Baseball Division and below, those models will be posted online at: www.littleleague.org/learn/equipment/approvedcompbats.htm

divisions. Information on the composite bats that have received waivers for the Junior, Senior, and Big League Baseball Divisions of Little League may be found here: www.littleleague.org/learn/equipment/approvedcompbats.htm

At present, no composite bats for the Little League (Majors) Division and below have received a waiver. If and when any models do receive a waiver, Little League International will inform its leagues of that decision.

The moratorium on composite bats, which now applies to all baseball divisions of Little League, *does not* apply to any softball divisions of Little League.

Walk Your Facility – Then Fill Out Form

Facility survey only helps identify needs if you review your facility first.

If you are a new safety officer, you may be asking yourself “What is the National Facility Survey, and how does it help my league?” It is an annual review of your league’s facilities – fields and buildings – that helps you identify where you may have safety needs. But don’t make the mistake of thinking it just should be filled it out one time. It needs to be done every year, and not a review from last year’s memories.

View and Review

The truth is, you won’t know what has changed at your facility if you don’t look.

Use the survey to look for concerns and ways to improve, even if facilities haven’t deteriorated. If an area has gotten worse, this is the perfect reminder to work on it now. It can’t help your league if you fix a hole in a field or a broken bench in your bleachers after a child or parent is injured.

You can print out last year’s survey from the website:

<http://facilitysurvey.musco.com>

and carry it with you to make changes as you walk around looking at your facilities.

Make Improvements, Too

Some questions suggest changes to avoid injuries that have not and need not happen.

Here are a few to consider:

If your concession stand is near home plate, do you have overhead protection for people waiting to buy your food? People standing with their backs to the field can’t respond quickly. The same is true for fields that share a common foul line and spectator area. Overhead netting or taller fences at those points can provide needed protection.

Dark screening at backstop and center field is a major league upgrade at minor league prices. An inexpensive pitcher’s eye, the wood or fabric dark screening behind the catcher on the backstop, helps pitchers more quickly pick up a ball off the bat, and react to it. The batter’s eye, behind the pitcher in center field, allows the batter to see the ball

right out of the pitcher’s hand and react faster to avoid injuries from wild or inside pitches.

Do ALL your fields have disengageable bases? It is required for all fields that are used for Little League play, both games and practices since 2008. And leg, ankle and foot injuries – the majority of base runners’ injuries – can largely be avoided with these safety devices.

Review Injury Reports

Grade your fields’ infields and basepaths. While that could be an A or an F, depending on the field, in this case “grade” is literal. Check the kinds of injuries you’ve seen at your fields. Too many infield injuries occur from uneven and rough surfaces that cause a bad bounce for a fielder or a runner’s fall. A re-grading of the surface or leveling of the grass can eliminate many of the irregular spots that cause injuries.

Check Equipment Indoors and Outside

Your concession stand can be a landmine if you don’t inspect the equipment before use and regularly during the season. If your league is like many, a large number of volunteers will be in the stand, and not understand what should be looked at to keep themselves and those around them more safe. Whether a mower or a deep fryer, regular inspections are needed along with regular maintenance. Make sure a knowledgeable person is making periodic inspections and performing needed maintenance of all your equipment to help keep it, and your volunteers, safer.

These are all part of the Facility Survey. Taking a fresh look each year at your fields can help your league avoid accidents and injuries that you didn’t even know could happen. If you adopt these changes, you need never know.

Quick Hitters: Do You . . .

- ✓ use double first bases?
- ✓ ground metal bleachers?
- ✓ inspect wooden bleachers annually?
- ✓ have hand and back guard rails on bleacher sif required (see local codes)?
- ✓ install warning tracks for all fields?
- ✓ have fenced, limited access bullpens?
- ✓ provide fence caps to protect fielders from injury on wire fence edges?
- ✓ test light levels before each season?
- ✓ have an electrician check lights’ electrical system for safety annually?
- ✓ clearly separate parking areas from spectator areas?
- ✓ have telephone access at all fields?
- ✓ provide first aid kits to all teams?

Driving & Parking Lot Safety

Create a safer atmosphere for people going to and from your facilities.

Automobiles are an important part of our daily lives. But due to their size and power, they are also one of the most potentially dangerous aspects of it. Car crashes are the leading cause of death in the United States for children 2-14 according to the U.S. Centers for Disease Control (CDC).

Teach your league volunteers and players the fundamentals of vehicle safety while on the road, and enhance the safety of your facility's design for parking, walking and roadways.

The Three B's

A few good measures to take while in an automobile can be remembered as the three B's: Belts, Beds, and Be (aware). Remind your volunteers of these three B's for safety while driving.

Belts: In *any* vehicle, regardless if you are riding in the back seat, **seatbelts** should be worn. Seatbelts save lives, so even if you are in a state where they aren't required in every seat, there is still no reason not to wear one.

Beds: Second, the **beds** of trucks are *not* extra passenger space. In many states, it is illegal for children of Little League age to ride in truck beds. It can be dangerous and irresponsible to allow passengers to ride in truck beds that don't have restraints, especially when driving on highways.

Be Aware: Possibly the best safety technique to practice while driving is to **be aware** of your surroundings. Simply knowing what is happening on the road while you are on it can be the difference between a car wreck and a peaceful drive to the baseball field.

Don't be distracted by the kids in the back, or the call or text arriving on your phone. Several states have outlawed cell phone use while driving, and it's just good sense to pay attention to and be aware of the road and all the people around your vehicle while driving in and around Little League parks.

Separate Walkways, Parking Areas and Roadways

To avoid incidents on your park's roads, the walkways, roads and parking lots around your fields

ideally should be fluid and flowing, with separation between each area. This allows vehicles to park without congesting roads or dropping pedestrians (players) onto roads.

To help drivers, mark all roadway and parking lot lines clearly. Make clear crosswalks for pedestrians, and ask players to follow these. When drivers can easily see road markings, doubt and hesitation on where to go is reduced. Having parking spots obviously marked also helps drivers park their vehicles where appropriate. Put up "no parking" signs at locations around your field which block or obscure the view for other drivers of intersections or crosswalks/walkways.

If traffic becomes very hectic on game days, asking a member of the local law enforcement or a designated volunteer to direct traffic at key points can both increase security and reduce the chance of accidents.

As cars are so common in our lives, learning to have proper conduct with them will help "make it safer for the kids."

Important Bicycle Safety Reminders

All bicyclists should wear properly fitted bicycle helmets every time they ride. A helmet is the single most effective way to prevent head injury resulting from a bicycle crash. Bicyclists are considered vehicle operators; they are required to obey the same rules of the road as other vehicle operators, including obeying traffic signs, signals and lane markings. When cycling in the street, cyclists must ride in the same direction as traffic.

Drivers of motor vehicles need to share the road with bicyclists. Be courteous – allow at least three feet clearance when passing a bicyclist on the road, look for cyclists before opening a car door or pulling out from a parking space, and yield to cyclists at intersections and as directed by signs and signals. Be especially watchful for cyclists when making turns, either left or right.

Bicyclists should increase their visibility to drivers by wearing fluorescent or brightly colored clothing during the day, dawn and dusk. To be noticed when riding at night, use a front light and a red reflector or flashing rear light, and use retro-reflective tape or markings on equipment or clothing.

From NHTSA Traffic Safety Facts for
Bicyclists and Other Cyclists

Common Sense Suggestions from the Field – Ball Safety

Coach-pitch players are not to throw a ball unless they have made eye contact with their target.

Delaney Park LL, Florida

We use tennis rackets and tennis balls during practices to allow kids to learn proper fundamentals without the fear of injury from a hard baseball.

Gilroy National LL, California

Reduced impact balls are used in Tee Ball divisions to prevent injury from being hit by the ball.

Several Leagues

Coaches are encouraged to use RIF balls at the first few practices, especially in minor league, to allow players to learn proper fielding fundamentals and increase player's confidence before using hard balls.

Marion LL, Virginia

Do not put the ball into play unless all players are in their set position, and masks are on appropriate players and umpires.

East Greenwich LL, New Jersey

Most ball handling accidents occur from inattention due to inaction or boredom. Idle fielders are encouraged to "talk it up." Plenty of chatter encourages hustle and enthusiasm.

Morgan County LL, Kentucky

Do not allow any climbing on the sides or top of the cage. A long PVC pipe is available for use as a "punch" pole to retrieve balls from the top of the cage...

Willow Glen LL, California

Ball returns have been installed on all fields to prevent balls from being thrown onto field during the game.

ATYAA LL, Michigan

*Have a tip to share?
Call the ASAP Hotline
at 800-811-7443 today!*



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