

ASAP *news*



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

IS SAFETY A PRIORITY?

Leagues need to submit a safety plan annually, and provide updates on the plan to keep players and others safe in your league.

Has your league submitted its 2010 ASAP safety plan?

As of the end of May, just over 81% of leagues have submitted their safety plans, slightly off the pace set by last year's record safety plan submissions. But it's not too late! Send in your plan today to have a qualified safety plan for 2010.

In the United States, there are approximately 2.1 million children participating in the Little League program. In 2009, 85% of all Little Leagues in the U.S. submitted active ASAP plans. That means last year only 15% of those players weren't protected by an implemented safety plan. Is your league one of these few? Submit your plan today!

Make Updates a Part of Your Process

Every year, your plan needs to be updated with the new clinics you hold, the changes in key personnel's contact information, and any other processes that have been changed or improved since the prior year.

As an example, in too many leagues, accident notices are being turned in well after the season, resulting in delays in

processing claims. Is your league getting these turned in right after they occur? Make this a part of your safety plan, and follow-up on accidents with the board.

Keep Copies for 2011

Leagues annually see turnover in their safety officer position, which makes it even more important to keep the files and hardcopies in more than one set of hands. Keeping multiple electronic copies of your plan makes this process easier.

Having a qualified safety plan requires that your league distribute the safety manual, so every board member should have a full copy, and the appropriate parts of the manual should be distributed to coaches, concession workers, facilities crews, equipment manager(s), and others.

All Star Sites Require a Safety Plan

The Little League International Tournament Rules and Guidelines for 2010 have been amended in regards to field selection. Local leagues selected to host a section, state, division, region, or world series tournament MUST have an approved ASAP (A Safety Awareness Program) safety plan.

Beginning with the 2010 International Tournament, the host leagues for the tournament levels noted must have a ASAP plan approved and on file at Little League International in South Williamsport, Pa. This requirement does not apply to district tournaments.

SUBMIT NOW! Go Online to Check Status

For leagues interested in consideration for the ASAP Awards program the deadline for ASAP plan submission was May 1. Leagues are strongly encouraged to submit their 2010 ASAP plans immediately. Local leagues can check the status their ASAP plans here: <http://www.littleleague.org/districtadmins/safetyplanstatus.htm>.

Take a Tip: Implement Equipment Changes to Protect Players

Injuries cannot be eliminated from organized sports, but with planning and proper equipment, you can minimize the number and severity of those injuries.

Pitchers continue to be watched carefully in both baseball and softball for injuries that can potentially be life-threatening. The baseball pitcher up to the Little League (Majors) division stands 46 feet from the batter, not accounting for forward motion toward the batter in delivering the pitch. Softball pitchers stand just 35, 40, or 43 feet from the batter, depending on division.

Fast Pitches, Fast Hits

At 46 feet, a 12-year-old batter seeing a fast 76-mph pitch has the same reaction time to make a decision as a Major League Baseball hitter does on a 100-mph fastball. It equates to about 0.40 seconds. Not much time to decide to swing or get out of the way.

The same is true once the ball is in play: the pitcher has split seconds to make a decision about where a hit ball is going and take action to avoid an injury. And the difference in speed to the pitcher is not much different whether it is a wood or non-wood bat. Studies of the bat exit speed put the difference between wood and non-wood bats at about 0.02 seconds, or about one-fifth the time it takes to blink.

Players do not have the years of experience and honed reflexes to react at a Major Leaguer's level; nor do they have the thicker, stronger bone development in their skulls. What to do? Local leagues CAN take action to help these players. The two main concern areas of the body for catastrophic injury are the head and the heart.

Protect Their Heads, Faces

Minor League Baseball players will be wearing new batting helmets this year to protect these players from devastating pitches to their heads; why not implement equipment changes to protect your pitchers' heads?

In softball, a growing number of pitchers use devices that protect the face from hit backs. The GameFace™ protective mask straps a clear polycarbonate mask similar to older catcher's masks to the face.

Several high schools in the Marin County, California-area mandated fielding helmets – similar to ear-less batting helmets – for their pitchers following a 16-year-old baseball pitcher's devastating injury to the head by a hit ball.

Make Changes Before Injuries

It doesn't require a tragedy to implement changes that augment safety in your league. Many local Little Leagues already use common batting helmets – with and without face shields – for pitchers in younger divisions, where the trained response of getting the glove in front of the ball, or even just ducking, isn't developed. In Ira Township, Michigan, Little League, all Tee Ball pitchers wear a helmet with full faceguard while on the mound. In Mahaska County, Iowa, Little League, all players in the Minors and younger divisions wear batting helmets with faceguards.

Protect Their Hearts, Too

Comotio cordis, Latin for commotion of the heart, is an under-appreciated risk for players, caused by blunt force trauma to the chest wall above the heart. Studies have been inconclusive as to what type of chest protection may be most beneficial, or whether increases in technology are needed for catchers and others who risk being hit in the chest.



However, a new study published in the April, 2010, *The Physician and Sportsmedicine* journal reports a clinical review of all studies on comotio cordis that found safety balls and chest protection did offer a reduced chance of players suffering this potentially life-threatening injury.

The younger divisions of baseball and softball can use a softer core ball to reduce the chance of the impact to a youngster's heart. The league may adopt this type of ball for regular season play.

Some examples of chest protection are the XO Athletic HeartShield, the Markwort Heart-Gard Chest Protector, Rawlings' Heart Guard Sternum Protector, the All-Star Batters/Fielders Heart Shield, and the Safe-Heart Heart Guard.

Adopt Local Rules on Equipment

Don't just recommend improvements in equipment to protect your players. Your league has the authority to set standards of equipment above the minimum requirement. Set a local rule for your players for what your board feels will improve their overall safety.

Adopting a local rule just requires board approval, and that it be submitted annually to Little League. Having a rule that all pitchers will wear a helmet instead of a cap, or some form of chest protection, will better protect players from those line-drive hits up the middle.

Take a Tip from the Majors:

Implement Changes at Lower Levels Over Time

The 2010 Minor League Baseball schedule is getting started with a slightly new look: the S100 batting helmets designed to protect heads against 100 mph fastballs will now be standard gear in MiLB. This change is one that can be a model for your league in implementing changes for the good of your players, when the players themselves may resist change.

Minor League Baseball is implementing the new helmets for all MiLB teams this year, with an eye to the future. It is expected that players coming up through the Minors will be more receptive of the new helmets, which should help protect players from season and potentially career-ending concussions and other serious head injuries, then be more willing to wear the helmets if the helmets are later adopted at the MLB level.

Sound familiar? Callers to the ASAP Hotline frequently express concern that members of the league are resistant to changes. However, even though a local league doesn't mandate specific safety equipment, parents can purchase face masks

or other personal protective equipment to provide added protection for their child: batting helmet with face mask, shin or elbow guards, mouth guard, HeartGuard, sliding shorts, or protective cup.

Many leagues have been successful in adopting changes in the Tee Ball division or younger Minors levels, and – over time – moving the changes to the older players as the younger divisions “age up” to those divisions. “We implemented a rule mandating helmets with faceguards for our Tee Ball pitchers, and then after a few years added the Coach-Pitch division pitchers and finally the Minors divisions’ pitchers. People were fine with the gradual approach we took,” said David Bruce, past president of Mahaska County, IA, Little League.

Baseball is a sport that requires training and development over time to prepare players for increasingly difficult plays. South Shore Little League in New York requires batting helmets with faceguards for 9-year-olds during try-outs, to ensure the players aren't injured by missing flyballs.

Providing your players with training and skills building is an important part of providing a safer environment for your players. Adding in safety equipment like the leagues above is another.

College Players Return to Mound with Head Protection


Two college baseball players share a distinction as they re-took the mound this spring: both had been injured by hits to the head, and both were returning to pitch with head protection.

Pacific University baseball pitcher Tyler Fransen and University of San Francisco baseball pitcher Matt Hiserman were both reportedly knocked out of games in early 2010. In Hiserman's case, it was an intra-squad game in early February; Fransen was taken off the field on a stretcher during a game March 20.

Hiserman – who had also been hit in high school in the head by a line drive – spent four days in intensive care with bleeding on the brain and displayed concussion symptoms for several weeks after leaving the hospital. Fransen spent three days in the hospital and experienced some facial paralysis when the brain swelling apparently squeezed off a nerve.

But both battled back to return to pitching this spring, with one change: both doctors ordered head protection for their patients to reduce the risk if another hit were to come back up the middle.

Fransen returned with a traditional batting helmet on his head, while Hiserman chose a hard plastic protective insert inside his cap by Evoshield. Both also reportedly had successful outings in their returns, with the head protection in place.



All Mahaska County Little League pitchers in the Minors and younger divisions wear helmets with facemasks for added protection on the mound.



FIRST AID KIT: Don't Make It a 2nd Priority

Whether playing a game on the road or practicing on your home field, it is always important to have first aid supplies readily available. Not only do first aid kits give the ability to patch up scraped skin and soothe sore limbs, they also provide the children a sense of security after an emotional and painful experience.

While the specifics of first aid kit compositions are ultimately the decision of your league, here are some good first aid ideas:

- **Ice**
Generally traditional frozen water or chemical cooling packs, ice packs are phenomenally important, as they are used to control swelling, soreness, and help deal with hot days. For instance the volunteers at Garden City South Little League, New York, fill latex gloves with ice in place of ice packs, which relieve sore limbs and entertain the kids as well!
- **Bandages**
Even the smallest of adhesive bandages can be a huge psychological boost to a player, and preventing the flow of blood from minor scrapes to major lacerations is always a priority. Adhesive bandages, elastic bandages, and gauze and tape are all suggested inventory for a

good first aid kit. Latex gloves for first aid providers are also important to prevent blood contact.

- **Water**
Perhaps the most valuable substance on the planet, water can be used for a variety of situations from quenching thirst to cleaning wounds.
- **Information**
Knowing how to get to a medical facility or the number of an emergency contact can save a life during an emergency. Simple laminated pieces of paper with directions to the hospital, emergency numbers, and a checklist of the objects in the first aid kit (a good idea in any case), are all potential lifesavers.
- **Other**
Tweezers, antiseptic cloths, towels, paper cups, scissors, antiseptic tape, and hand sanitizer are all excellent additions to a first aid kit, but by no means the limit. If an item can feasibly help a wounded player, it is up for consideration for the first aid kit. For example, while tweezers are good for removing splinters, a plastic card or edge of a laminated paper are better for taking a bee sting out, so they both can be useful for a first aid kit.

Keep in mind, first aid kits need to be easily accessible. The best advantage of first aid is the fact that it can be administered quickly. A useful idea would be to have a first aid kit capable of treating a wide range of injuries in a secure location on the premises while a coach or umpire carries a smaller kit for immediate response on the field.

If you have trouble finding supplies, hospitals are good places to ask for donations to first aid kits, like the Robbinsdale Youth Little League in Minnesota, who received 90% of their first aid supplies from a local hospital.

Make Sure Players Don't Play Out of Division

13-Year-Old Pitcher Killed by Line Drive Reportedly Practicing Against Varsity

Tragedy struck in northern New York state in early May, when an eighth-grade baseball pitcher for a school team in a small community was killed by a line drive hit back.

According to initial news about the accident, a 13-year-old, eighth-grade player was reportedly pitching to varsity players during a joint practice between the varsity team and "modified" team of seventh, eighth and ninth graders he played on.

The player was hit in the head by a line drive and hospitalized for five days, before succumbing to his injuries. The accident is under investigation to determine if the school broke state athletic association rules prohibiting mixed practices between varsity and modified teams.

Are you protecting your players? Little League rules prohibit teams from different divisions, like Minors against Majors, either playing or practicing against each other.

Make Sure Emergency Care Is Ready

A catastrophic event could happen anywhere in the country on any given night; is your league ready if it happens in your league?

Equipment and awareness can only do so much. On any given night, injuries across the country can and do occur. Is your league ready for them?

Whether from collisions between players or players and equipment, to being hit by a thrown or batted ball, players fall to the turf in pain. It can't be completely avoided, but it can be prepared for.

Go Beyond '911' Preparedness

Many safety plans have "911" listed as their primary response in case of a true emergency. That is a good back-up plan for ambulance services and advanced care personnel, but in many situations, minutes count. What does your league plan to do for critical care?

Put plans in place for on-site emergency care. First-responders, EMTs, doctors, and nurses are all usual parents in a league, and potential volunteers. Ask these skilled people to come to watch games when their child ISN'T playing. Create a rotation that will have some highly-trained volunteers at your facilities nightly, as well as the first-aid trained coaches and managers.



Provide CPR/AED Training

Another measure more leagues are taking to provide critical care is to provide volunteers with advanced training, going beyond the basics required in a qualified safety plan. CPR training can be life-saving training for more than your players.

Heart disease is the leading cause of death in the US, with over 630,000 deaths attributed to it annually in the latest 2010 CDC statistics. Having volunteers trained in life-saving CPR techniques can provide the needed minutes to keep someone alive while the ambulance is racing to your field.

Provide AED for Emergencies

A growing number of leagues are also buying Automatic External Defibrillators as a standard piece of emergency equipment for their facilities. As awareness grows of the possibility of sudden cardiac death in the general public – and through commotio cordis for young athletes – public places are increasingly being supplied with these devices. Does your league have one?

And training is needed for proper use. If you expand your training to parents as well as just coaches and board members, you increase the chance of a trained person being at the game and ready to assist. Offer this training every year, so a pool of trained people builds in your league.

Prepare an Emergency Plan

Finally, make sure your volunteers know what to do when an emergency happens. People don't want to believe a life and death situation can happen in their league, but the truth is it could. Prepare a response plan that explains in simple language how the league wishes volunteers to react, and then explain it to them in a meeting.

A simple, easy-to-follow plan will streamline the response for critical care and reduce the time people waste in trying to figure out what to do.

Skills & Drills:

Train, Retrain Annually

Don't take for granted that your players have – or will remember – all the skills they need to play safely.

Each year when the new season opens, a disproportionate number of injuries occur that could be prevented, if only the players had received fundamentals training on ALL aspects of the game. Make sure your coaches are passing on their knowledge from your fundamentals clinic to the players, or these injuries may stalk your league.

Resource Center Available

Coaches also have access to the Coaches Resource Center, a free online training guide through Little League (www.littleleaguecoach.org). If you aren't sure of a technique's proper fundamentals, you don't have to wait until next year's coaches training to ask. Get the password from your league president or Little League International to go online and start using this free resource to up your game, and your players' safety!

Do your players know how to slide properly? A recent caller to the ASAP Hotline noted her 13-year-old son broke his wrist while sliding, because he tried to “catch” his weight on his trailing arm when he kicked his legs out in front. The resulting impact on his wrist broke the bone and will require a fairly large lump of his season to heal.

The caller noted when she and her husband spoke to their younger, 11-year-old son and asked him to show them how he slides, he also put his left arm behind himself to stop his fall. The parent stated both boys said they hadn't done any sliding training this pre-season.

While hitting, throwing, catching, and pitching are obvious training

opportunities, make sure your coaches are also discussing:

- Proper way to slide to avoid injuring the upper body or arms, or catching cleats in the ground prematurely;
- How to field grounders safely with throwing hand over glove to protect the face;
- How to call for fly balls to avoid player collisions;

- How to “feel” the warning track to avoid hitting the fence at speed;
- Tucking jaw into shoulder and curling leading shoulder back from inside pitches, to protect their face and heart area.

Skills require practice and repetition. Make sure your coaches are giving time annually to protecting their players' safety in the drills they do.



Make sure your fences will stop foul balls from entering dugout.

Everyone has seen dugouts that allow a clear and un-restricted view of the field for players on the bench. Major League and Minor League fields alike have a short fence with sunken bench area to keep direct flight balls from hitting players. And many high schools and colleges have followed that lead.

But baseballs and softballs don't always fly straight.

A Tennessee high school standout was severely injured when a foul ball looped into the dugout and hit him in the head. Ooltewah Owls pitcher Garrett Baugh was reportedly trying to avoid the ball when it hit him in the temple, ending his high school career.

The late April incident could have happened in any dugout across the country without full protection from foul balls. Good fences make good neighbors, the saying goes, but they also protect your players. The injury in Tennessee happened to an alert senior who saw it coming and couldn't avoid the hit.

At the younger divisions, a full fence that reaches at least eight feet in height is just plain necessary. Distracted players on the bench are almost a norm.

Make sure the fence reaches all the way to the roof, if there is one, or if no roof high enough that a looping foul will hit the rear wall before it hits a player. Place open doorways at the end away from the plate, so hit balls can't enter the dugout without at least one deflection.

Early reports on Baugh are he will make a full recovery, but hits to the head are always risky. Make sure your fences are enclosing your dugouts as completely as possible, for the safety of all your players, young and old.



Hydration: Help Your Players Take the Heat

After a long winter and rainy spring, nobody can wait to get outside and enjoy the warmer temperatures. However, warmer days come equipped with subtle dangers. Because the Earth tilts toward the sun during summer, the sun's rays beat more directly onto the baseball fields during the traditional Little League season.

Heat, Humidity a Huge Risk

Humidity also rises during the summer months. When the thermometer reads 80 degrees, humidity can make the temperature feel much higher because it reduces the amount of sweat evaporated from the body, impairing the body's ability to "sweat out" heat. Reduced body function equals higher internal temperatures and more risk.

Youngsters Especially Vulnerable

Heat can strike young players very quickly, as their high skin-to-body mass ratio prevents them from enduring heat as well as adults. Or, more simply, they have too much skin accepting the high temperatures around them, for the amount of body mass they have to spread that heat coming in. And when high humidity reduces their sweat's effectiveness, it makes the situation even more dangerous.

Because they are so susceptible to heat illness, coaches need to be on the watch for the signs of the different stages of heat illness. Many leagues, such as Palos Hills Little League in Illinois, take breaks between multiple innings to allow players to cool down out of the sun and get something to drink.

Hydration is the Key

The best way to treat heat illness is to never let it happen. And what is the best way to prevent heat illness? Hydration, hydration, hydration.

Heat illness results from the body being unable to dissipate heat, and sweating is the most effective method of cooling the body has. When players are not properly hydrated, their bodies cannot produce as much sweat, increasing the amount of heat they retain. Cool water also immediately reduces the body's core temperature, without having to sweat.

Don't Drink Pop, Caffeinated Drinks

But what should the players drink? Players should *not* drink carbonated or caffeinated beverages. Carbonated drinks cause gastrointestinal distress and increase fluid volume, while caffeine has a diuretic effect, causing loss of fluids.

Choose Water or Sports Drinks

Cool water is always a good idea. It is natural, cheap, and refreshing. Sports

drinks that contain 6% to 8% of carbohydrate (sugars) can be absorbed by the body as quickly as water and can provide energy to working muscles that water does not.

It is best to drink 10 to 16 ounces of beneficial drinks about half an hour before a workout, and around 4 to 8 ounces of cold fluids at 10 to 15 minute intervals during the practice or game.

It is important to stay hydrated early because you only start to feel thirsty when you are already dehydrated.



Common Sense Suggestions from the Field

“3 to 5 bags of ice will be prepared and kept ready in freezer for potential injury use.”

**Roberto Clemente Little League
Jersey City, NJ**

“Umpires shall not wear shoes with metal spikes or cleats.”

**Haverford Township Little League
Havertown, PA**

“No honking horns or use of artificial noise makers during the games.”

**Belen Little League
Belen, NM**

“An emergency alarm system has been added to the Public Address systems in the score booths. If an emergency should arise that would require evacuation, the alarm will sound.”

**Elgin National Little League
Elgin, IL**

“In concession stands, all floors are covered with mats and no-slip grids.”

**Audubon Little League
Audubon, NJ**

“All items are to be air dried on metal shelving above the sinks. Nothing is towel dried.”

**Bolingbrook Associated
Little League
Bolingbrook, IL**

“No bare feet are allowed on any complex.”

**South Shore American/National
Little League
Staten Island, NY**

“Have your child eat a snack before practices or games; hungry ball players don’t concentrate well.”

**South Central Little League
South Central, OR**

“The inter-league rules committee has adopted a rule for the minor leagues that prohibits the batter from “fake bunting” to draw the infielder in and then swing away. This is an attempt to prevent lesser developed and lesser skilled kids from getting injured from a batted ball.”

**Washington Township
Little League
Apollo, PA**

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



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