

ASAP news



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

FACILITY REVIEW IMPORTANT

Safety Can't be Based on Recollection; Survey Requires Eyes-On Check

If you haven't gotten out to look at your fields and facilities, the time is soon approaching when you will need to do so. An annual inspection of the conditions around your fields is a necessary part of ensuring that your players, volunteers and spectators will be as safe as possible during the coming season.

The Little League National Facility Survey is an annual requirement of a qualified safety program, and helps your league identify areas that need attention, either immediately or in the future. The intention of the survey is for the league's facility and safety people to walk the fields, inspect the facilities, determine where work is needed and get the repairs made.

It is not sufficient to go from memory to answer the survey's questions, as field conditions change from season to season. You might be putting players and others at risk if you don't physically inspect your facilities for changes.

Dugout in the Stretch?

Dugouts see a lot of use, with teams in and out every half inning. Kids climbing, kicking and hanging on the fence game after game can cause it to stretch in bad ways. Make sure the fencing is tall enough and not sagging, to protect those behind it from looping foul balls, and is not curling up at the bottom to allow grounders under it. Walk the entire fence line for these problems. A few aluminum wire ties or a shovel to re-bury the bottom edge, can bring a fence back to its protective best.

Equipment Thawed, Not Flawed

Make sure your equipment director and team managers inspect all equipment before player use. Helmets must not be cracked, bats must not be dented, everything should be in good condition and nothing should be frozen when used. One warm day may not be sufficient to prepare your bats and balls for spring play, and a frozen ball can cause an aluminum bat to dent or worse when hitting it, and potential injury to a player trying to field it.

Remind new and returning players that helmets must not have stickers unless the sticker came with the helmet from the manufacturer. After-sale additions to helmets, such as

paint or decals with unauthorized stickers, should be removed from team supplies and must not be allowed in play even if the personal property of individual players.

Netting is Whole, Not Hole?

Is the batting cage mechanical equipment ready for use? Is a tune up or check needed prior to the pitching machines being used? Are nets still strong and sound or have holes developed that should be repaired, or sections replaced? Tryouts are often the first use of these pieces of equipment, and they need to be ready for use, not marked for repair after an injury.

Concessions Conceding?

Have a qualified person review the food-preparation equipment in your concession stand, the same way you review your bats, helmets and other equipment. After all the hot dogs, French fries, and hamburgers your concession stand turns out, don't be surprised if you need to clean and clear some accumulated build-up from the parts to bring it all back to ship-shape. A thorough cleaning is likely the least of the needs for these machines.

Have an electrician check any frayed or exposed wiring, especially if rodents may have gnawed on it in the off-season. Look for bulging supply lines for water, gas and LP, as a weakened pipe can erupt at a weak point and cause damage and injuries. Fires, burns and electric shocks can be caused by damage done while the snack stand was idle, when you start back up.

This is also a good time of year to look at improving the work surfaces, reduce the chance for slippery floors and

Continued next page.

Make Updates Online

The Facility Survey Online is available to easily update your 2010 information to 2011. Located at <http://facilitysurvey.musco.com>, the website stores your last approved facility survey, even if you turned it in on paper last year. All your field dimensions, survey answers, and prior year's plans for future needs are ready for review and update.

If you can't log in, call the ASAP Hotline at 800-811-7443 or email asap@musco.com to request your league ID and password.

Facility Review, continued from page 1.

improve on proper storage. Work surfaces should not be wood, which holds germs and contaminants; metal and hard laminates are better. Floors can be repainted with slip-resistant material added to it. Shelves should at a minimum keep foods off the floor, and would be better with completely enclosed cabinets.

Lippy Infield Popping Off at Players?

As infields are dragged, the natural circular action can push surface material into the grassline. This can build up over time, creating a tripping or bad-hop hazard for infielders and outfielders. Annually inspect your infields for holes, dips and rises caused by rain, player action or dragging. If caught early, raking or power-spraying the material out of the grass can help reduce this "lip", or cut out the tall edge and re-sod at a level even with the infield and outfield.

Hidden Animal/Insect Holes?

The early pre-season is a great time to check the level of fields, to look for high spots, holes in the grass and other hidden dangers. Filling holes, leveling grass and re-sodding or seeding stripped areas will keep the grass ready and safer for the running and sliding that naturally happens during all games.

Bases All Covered?

All fields used in Little League should now have disengage-able bases. Even practice diamonds must use these safety bases if used by your league's teams. Now is the time to make this change for any fields that may not have them. And make sure if your field has standard bases for other leagues or school play that your coaches don't pull these un-approved pieces of equipment out of the shed.

Also, look at the pitching rubbers and mounds on your fields for wear and problems. The edges should be smooth and level with the playing field. Check home plate for holes and lifted edges. Remind facility crews and umpires that the black edge on "bury-all" home plates should be under the dirt, not exposed. Only the white surface is the "plate". The black lip can catch on runners' cleats sliding into home, the one base on the field that does not disengage.

Eye for Problems?

Are your fields' pitchers eyes behind home plate and batters' eyes in center field in good condition? If the material is worn and getting holes, it may not be serving the purpose of keeping distractions from interfering with the view of the players. Replace or mend worn material to keep it effective at helping players keep an eye on the ball.

Finally, you should discuss any needed improvements at the fields and facilities with your board to plan for future improvements that your league can't afford this year. Planning a budget with the board's approval for these expenses moves them from "wishful thinking" to "future plans." And note these on your facility survey.

This is the perfect time to make improvements, or plans for improvements. Go beyond the minimum safety requirements to make your league a truly great experience for your players, as they play the great American pastime.

Get the Facts About AEDs

Want to institute an AED program in your league, but not sure where to start? Here are some frequently asked questions from the American Red Cross on Automatic External Defibrillators and sudden cardiac arrest.

What is sudden cardiac arrest?

Sudden cardiac arrest (SCA), one of the leading causes of death in the United States, strikes over 300,000 victims each year, of which about five percent survive.

Sudden cardiac arrest cases are usually due to abnormal heart rhythms called arrhythmias, the vast majority of which are ventricular fibrillation. Ventricular fibrillation is a condition in which the heart's electrical impulses suddenly become chaotic, causing the heart's pumping action to stop abruptly. Victims collapse and quickly lose consciousness, often without warning. Unless a normal heart rhythm is restored, death follows within a matter of minutes. The cause of sudden cardiac arrest is not well understood. Unlike a heart attack, which is the death of muscle tissue from loss of blood supply, many victims of SCA have no prior symptoms. SCA can strike anyone, at any time, anywhere.

What is the current treatment for SCA?

A series of four critical steps, called the "Cardiac Chain of Survival," have been identified for the treatment of SCA:

- Early access to care (i.e., calling 911 or another emergency number);
- Early cardiopulmonary resuscitation (CPR);
- Early defibrillation (AED); and
- Early institution of advanced cardiac life support.

A break in any of the four links in the chain can compromise the victim's chance for survival; however, early defibrillation is recognized as the most critical step in restoring cardiac rhythm and resuscitating a victim of SCA.

What is defibrillation?

Defibrillation is the treatment of irregular, sporadic or absent heart rhythms by an electrical current to the heart. It is the only definitive treatment for SCA. Defibrillation administered within four minutes after collapse is most successful. Every minute a victim is unconscious translates to approximately a ten percent decrease in the likelihood of resuscitation. After ten minutes, very few resuscitation attempts are successful. Thus, the most important element in the treatment of SCA is providing rapid defibrillation therapy. CPR may help prolong the window of survival, but it cannot reverse SCA.

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Proper Off-Season Equipment Storage with Michele Smith



As winter slowly comes to an end, teams from across the country are beginning to head to storage sheds to dust off team equipment for the new season. Yet with each new season, coaches and players find that equipment that wasn't stored properly can have serious performance and safety problems.

So one may ask, what is the proper way to store vital baseball and softball equipment during the off-season? To answer that question we asked two-time Olympic Gold Medalist and Musco Lighting team member Michele Smith to help us out.

Question: What is the proper way to store baseballs and softballs in the off-season?

Michele: First of all, you want to clean all the dirt off of them with a moist towel and then put them in buckets or bins. Also, make sure that the buckets and bins have a top on them to keep out rodents or bugs. Overall, the most important part is keeping them stored at room temperature. The reason why this is so important is because it takes an extended period of time for a frozen or cold ball to thaw out or warm up. The colder a ball is, the harder it is. If a ball is used before it warms up, it could dent bats and is more dangerous for players.



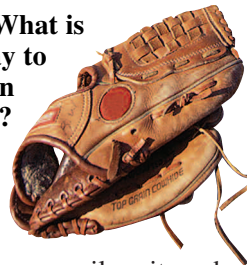
Question: What is the proper way to store bats in the off-season?

Michele: Again, like with softballs, you want to make sure that they are cleaned up by removing any dirt and wiping down grips.

Storing them in a bat bag or a bat sleeve and keeping them in a closet or an area that is going to be a consistent room-like temperature is essential. If stored in the cold the metal bats' tinsel or properties of the metal become less malleable and therefore could dent the bat. A composite bat is more likely to fracture or snap because the materials are less flexible when stored in conditions that are not room temperature.

Question: What is the proper way to store a glove in the off-season?

Michele: The first thing you want to do is clean it up, put some oil on it, and a ball in it. One thing you don't want to do is tie the glove because you don't want the glove to become so rounded that it is hard to open. Nowadays gloves are constructed to leave the pinky and the thumb open to increase the pocket and increase the ability for ball to go into the glove. So simply putting a ball in the pocket and storing the glove in a helmet helps keep its overall shape.



Question: What is the proper way to store sliders, batting gloves, and catchers gear during the off-season?

Michele: With sliders you want to store them in a bin that keeps in the moisture so they don't dry out while making sure they are washed and cleaned up. Sliders can lose their flexibility or the padding will begin to slide therefore not protecting the



athlete adequately. Batting gloves should be stored in a plastic bag keeping the humidity and moisture in them. If not properly stored, even the newest pair of gloves can become dry and brittle by the time the season rolls around. Catchers gear must be washed down thoroughly and should be checked for any damage. After being washed, all gear should be dried thoroughly for at least two to three days. Then the knee guards should be placed on top of one another, roll up the chest protector and then place it in the knee guard. All catchers gear should be stored in an equipment bag and zipped all the way up.

One of the top costs for organizations and players is the cost of equipment and taking the necessary time to store it correctly in the off-season can save a lot of time and money. Not to mention proper care will keep performance at a higher level and will diminish preventable safety concerns.

Keep Your Head!

Learn to Identify and React to Concussions

Sports concussion injuries have made headlines at all levels in recent years. Concussions are most alarming for young athletes who don't yet understand their limitations of speed, strength and endurance. That's why coaches need to be prepared to help recognize and make the call to pull an athlete off of the field if a concussion is suspected.

Educate Your Stakeholders

The management of concussions begins with educational efforts to broaden the understanding of identification and proper response. According to the Centers for Disease Control and Prevention (CDC) there may be as many as 3.8 million sports and recreation related concussions in the U.S. each year. Among people ages 15 to 24, sports are now second only to motor vehicle accidents as a leading cause of traumatic brain injury.

According to Jeffrey Kutcher, MD, chair of the American Academy of Neurology's (AAN) Sports Neurology Section, head injuries should not have just a shake-it-off treatment. "While the majority of concussions are self-limited injuries, catastrophic results can occur and we do not yet know the long-term effects of multiple concussions," said Kutcher, author of AAN's position statement on concussions. "We need to make sure coaches, athletes and parents are properly educated on this issue, and that the right steps have been taken before an athlete returns to the field," said Kutcher, who is also director of the University of Michigan's Neurosport program.

Identify A Concussion

A concussion is a brain injury that can be caused by contact to the head which can alter brain function. A concussion injury can also be sustained by a blow to the body that causes the head to move rapidly allowing the brain to strike the surrounding skull. For these reasons, any concussion should be considered serious, whether mild or severe. Despite often violent triggers, only 10 percent of concussions involve loss of consciousness.

In a concussed athlete who remains conscious you may observe symptoms such as confusion, slow reactions, clumsiness, personality changes and/or memory lapse before or after a hit/fall.

Develop A Response Plan

To help properly identify and respond to a concussion, CDC, in partnership with leading experts and organizations, developed the *Heads Up: Concussion in High School Sports* initiative and materials. These materials illustrate the importance of awareness for signs and symptoms of concussions, injury response protocol and concussion prevention.

Other organizations have also provided concussion guidance. Based on the clinical experience of its neurological experts, the AAN has issued a position statement with the following recommendations:

- Any athlete who is suspected to have suffered a concussion should be removed from participation until he or she is evaluated by a physician with training in the evaluation and management of sports concussions
- No athlete should be allowed to participate in sports if he or she is still experiencing symptoms from a concussion.
- Following a concussion, a neurologist or physician with proper training should be consulted prior to clearing the athlete for return to participation.
- A certified athletic trainer should be present at all sporting events, including practices, where athletes are at risk for concussion.
- Education efforts should be maximized to improve the understanding of concussion by all athletes, parents, and coaches.

Additional guidelines can be found in the recently-released Consensus Statement on Concussion in Sport by the 3rd International Conference on Concussion in Sport. This group recommends that a player with a diagnosed or suspected concussion should not be left alone following the injury in order to monitor for deterioration and should never be released to participate in physical activities without a signed statement from a medical physician.

To order the free CDC's free "Heads Up" materials, visit www.cdc.gov/pubs/ncipc/asp#tbi4. To download these and more "Heads Up" videos, PSAs, and web banners or other promotional materials, visit www.cdc.gov/concussion/sports/resources.html.

HEADS*UP CONCUSSION IN BASEBALL



OUR PASTIME'S FUTURE.

SIGNS AND SYMPTOMS

Athletes who experience any of the signs and symptoms listed below after a bump, blow, or jolt to the head or body may have a concussion.

Signs Observed by Coaching Staff	Symptoms Reported by Athlete
Appears dazed or stunned	Headache or "pressure" in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balance problems or dizziness
Is unsure of game, score, or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness (even briefly)	Feeling sluggish, hazy, foggy, or groggy
Shows mood, behavior, or personality changes	Concentration or memory problems
Can't recall events prior to hit or fall	Confusion
Can't recall events after hit or fall	Does not "feel right" or is "feeling down"

For more information and safety resources, visit: www.cdc.gov/Concussion.

ACTION PLAN

If you suspect that an athlete has a concussion, you should take the following four steps:

1. Remove the athlete from play.
2. Ensure that the athlete is evaluated by a health care professional experienced in evaluating for concussion. Do not try to judge the seriousness of the injury yourself.
3. Inform the athlete's parents or guardians about the possible concussion and give them the fact sheet on concussion.
4. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says they are symptom-free and it's OK to return to play.

IMPORTANT PHONE NUMBERS

Emergency Medical Services

Name: _____
Phone: _____

Health Care Professional

Name: _____
Phone: _____

League/School Staff Available During Practices

Name: _____
Phone: _____

League/School Staff Available During Games

Name: _____
Phone: _____

IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.

July 2010

Implement a Heads Up Plan

As a coach, you'll likely see concussion injuries when they occur. Even if you miss the contact, be a vigilant observer watching for concussion symptoms in an athlete.

If you suspect that an athlete has a concussion, implement a 4-step "Heads Up" action plan:

1. Remove the athlete from play.
2. Ensure that the athlete is evaluated by a health care professional experienced in evaluating for concussion.
3. Inform the athlete's parents or guardians and give them a concussion fact sheet.
4. Keep the athlete out of play the day of the injury and until an experienced health care professional confirms she/he is symptom-free and able to return to play.

Source: *Centers for Disease Control*



Youth Pitching Study: Overuse = Injury

Elbow and shoulder injuries, or retirement resulting from high volumes of youth baseball pitching, have been a sports medicine concern for decades. While experts have theorized that overuse is a leading contributor to young pitcher injuries, a new study conducted at the American Sports Medicine Institute (ASMI), has quantified the association.

Published in *The American Journal of Sports Medicine*, the research report, “Risk of Serious Injury for Young Baseball Pitchers: A 10-Year Prospective Study”, established clinical relevance for the risks young athletes encounter if they spend too much time on the mound in a calendar year.

In recent years, Little League International used the study’s preliminary findings as a basis for a number of significant pitching and catching rule changes designed to increase the safety of pitchers. These modifications are reconfirmed with ASMI’s decade-long analysis.

Injuries Spike In New Generation

Previous generations of youth baseball players played organized baseball in programs such as Little League and local high school programs. That trend shifted away from community-based teams in the 1990s with the growth of independent baseball and elite travel teams which provide opportunities to play more frequently for more months.

As these teams flourished, some sports physicians witnessed a rise in pitching injuries and a simultaneous increase in youths undergoing “Tommy John surgery” for ulnar collateral ligament reconstruction.

Pitching 100+ Innings Increases Injury Risk

In 1999, the ASMI research project tracked the game-by-game pitch counts and fatigue or pain experienced by 481 youth (9 to 14 years) baseball pitchers during one spring baseball season. This initial study, funded by USA Baseball, showed significant links between the number of pitches thrown and elbow and shoulder pain.

The early results reverberated throughout the baseball community, leading to overuse prevention guidelines and rules, and prompting the researchers to conduct a 10-year follow-up study seeking long-term conclusions.

The same 481 participants were interviewed annually comparing the risk of injury between participants who pitched at least four years during the study and those who

pitched less. The project investigated the risks of injury for pitching more than 100 innings in a year, starting curveballs before age 13, and simultaneously playing catcher and pitcher for at least three years.

10-Year Conclusions

During the 10-year span, there were 24 serious injuries. Three participants had elbow surgery and seven had shoulder surgery. There were 14 other participants who had no surgery but retired because of throwing injuries.

The study’s conclusions showed:

- Participants who pitched more than 100 innings in at least one calendar year had approximately 3.5 times more risk of serious injury than those who pitched less.
- Pitchers who also played catcher appeared to double or triple the risk of injury, but this trend was not significant with the number of injured players in the study.
- There may be a slight increased risk associated with starting curveballs at a young age, but there were too few participants to determine an association.

Little League Embraces Change

Aware of the research as it was being conducted, and concerned about the safety of its players, Little League replaced its previous inning limits with specific pitch count rules in 2007 (III-Teams, VI-Pitchers, c). To further reduce the risk of overuse, Little League implemented rules in 2009 (III-Teams, VI-Pitchers, c-Note 1) that prohibit playing the positions of pitcher and catcher in the same game.

ASMI Research Director Glenn Fleisig, PhD., commends Little League for taking cautionary measures based upon the initial study. He, along with his colleagues, encourages parents and players to help reinforce safe pitching limits.

“Little League really embraced the initial study because the research showed that more pitches in a game correlates to more shoulder and elbow pain. However, the burden for these new results falls not on Little League, but on the parents and the kids to understand their risk of injury,” said Fleisig, a member of the USA Baseball Medical & Safety Committee and a safety consultant for Little League.

Concluded Fleisig, “It’s important to remember that it’s the same kid with the same arm no matter what uniform he puts on. Leagues can make rules for their organization, but it’s up to the parents to see the big picture and monitor what happens to their child.”

The online version of “Risks of Serious Injury for Young Baseball Pitchers: A 10-Year Prospective Study” can be found at: <http://ajs.sagepub.com/content/39/2/253>.

Local Training: Providing Valuable Information to Your Volunteers

Every year local Little Leagues are required to conduct local training as a critical step in fulfilling safety plans. Yet, in many cases volunteers may say “I’m already trained.” Here are some important topics to discuss that provide value beyond the initial training.

Provide Updated League Information

As each new season begins individuals serving as safety officer, league president or in other leadership positions may change. With these changes it’s important to inform all

volunteers of the correct contact information for persons responsible for safety, facilities and equipment.

In addition, providing updates on fields and facilities is vital. This information may include areas that are off-limits due to construction, locations of new restrooms or places that children should be kept clear of such as a pile of rocks.

How to Handle Injury Situations

Review what to do when a player is injured. Volunteers should understand that the first step in an injury situation is to stop the game, assess the injury and avoid moving the player unless they are able to move on their own.

Moreover, volunteers should check Medical Release Forms for pre-existing conditions or medication allergies.

If the injury is severe enough for professional assistance, call 9-1-1 and notify the parents. It may be a good idea to have someone go to the road to direct emergency responders to the correct parking lot and field location. Someone should stay with the injured player until medical personnel arrives or until the player is no longer in need of care.

After the injured player has been removed from the field, call the president or league safety officer to report the incident and fill out an Accident Notification Form.

Important Do’s and Don’ts

DO:

- Provide reassurance and aid to children who are injured, frightened or lost.
- Carry your first-aid kit to all games and practices.
- Have a copy of the “Prevention and Emergency Management of Little League Baseball and Softball Injuries” booklet in your first-aid kit.
- Assist those who require medical attention – and when administering aid, remember:

LOOK for signs of injury

LISTEN to the injured person and remain calm.

FEEL softly around the injured area for signs swelling, or broken bones

DON’T:

- Administer medications
- Hesitate in giving aid
- Be afraid to ask for help about proper medical procedures like CPR.
- Provide any food or drink with the exception of water.
- Transport individuals except in extreme emergencies.
- Leave a child unattended at a practice or game.
- Hesitate in reporting a safety hazard to the Safety Officer.

Emergency Procedures

Documenting evacuation procedures for when games should be stopped are essential in situations involving weather, especially lightning. Identifying where players and fans should go and how the evacuation will be announced can sustain calm.

Providing a process that will keep clear lines of communication open once a delay has taken place will allow for coaches, players and league officials to remain on the same page. This could be as simple as providing coaches with updates every 15 minutes to eliminate confusion.

Also, communicating to volunteers about how to handle a situation involving a missing child could save precious time. Who is to be contacted? What does the league do? How do you provide notification to those at the complex of the details about the missing child? Where do you organize volunteers?

These are just a few questions that should be answered and discussed before the season begins.

AED Facts, continued from page 2.

What are some things to consider when developing an AED program?

Assessment. Determine the needs for your environment. How many devices are necessary? How long will it take EMS to arrive at your location? How long will it take EMS to arrive at the site of the emergency; are there obstacles such as stairs, secured doors, etc.?

Funding. Determine the budget necessary to purchase the equipment, train employees, volunteers or other staff and provide program maintenance.

Legislation. Understand the current laws concerning AED use in your state. Please consult with your legal advisor or local state EMS department for further information on the most current AED legislation in your state:
www.early-defib.org/03_05.html.

Implementation. Determine if your organization needs an internal implementation team to manage the program or needs to purchase a solution package to provide management oversight. The management of the program could include a program point of contact, medical direction, program maintenance, data management, development of protocols and response plans.

If treatment for SCA exists, why are survival rates low?

Time. Only one out of every 20 SCA victims survives - though many of these lives effective treatment, it is vital that responders reach the victim and defibrillate within the first ten minutes of SCA.

Because of other outside influences, response times and survival rates vary from one location to another. Metropolitan and rural areas are the hardest hit.

What is the relationship between the American Red Cross and AED manufacturers?

To help the Red Cross meet its mission of saving lives, agreements have been established with AED manufacturers to allow Red Cross chapters the opportunity to facilitate the purchase of AED units and provide CPR and AED training to customers. If a chapter is not eligible to coordinate the purchase of AEDs, it can provide the customer with information on how to obtain a device.

How much does an AED cost?

A defibrillator costs approximately \$3,000 in the United States.

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