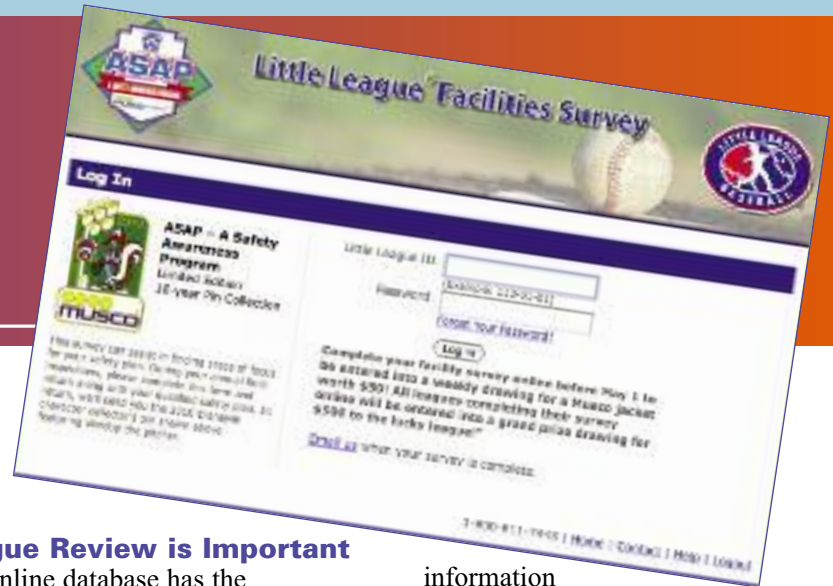


# ASAP *news*



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

## Enter Facility Survey Data Online!



*The 2010 Facility Survey Online is ready for your input. And leagues that enter their field surveys online will be entered in a drawing for weekly prizes, and a grand prize to be awarded in May!*

The online database of facilities has been updated with the data from written surveys, ready for you to improve your 2010 season. It contains a history of field surveys for each league that has turned in completed forms, making it possible to keep track of your facilities' improvements.

### Prizes for Entering Online

New this year, every league that goes online to enter their surveys will be entered into a weekly drawing for a jacket, and all leagues completing their surveys online will be entered into a drawing for the grand prize of \$500. Only leagues completing their surveys online will be eligible, and the week your league completes its survey, your league will be entered into a drawing for a Musco jacket, valued over \$50.

Periodic email messages will go out, reminding your league of its ID number and password. The password is different from the Data Center password, and your League ID needs to be entered in the form of XXX-XX-XX (ex.: 113-11-09 for an Illinois league in District 11).

The website is:  
<http://facilitiesurvey.musco.com>

### League Review is Important

The online database has the information that was supplied by your league last year for each field, with the question blanks automatically filling with last year's answers. Need to add a new field? Just add the field dimensions in step 3, and a new questionnaire will appear in step 4.

Why is this important? Every year, leagues turn in surveys that are incomplete, vary from prior years' data or cannot be read. By having a league officer review and update the

information annually online, your league can be sure the information captured for your league is correct. This makes future updates easier for your league, and the information is accurate for your league's future planning needs.

It's a simple concept: We can't make it better if we don't know what needs to be done. With your help, we can work together to make improvements at all facilities that WILL "make it safer for the kids."

## Why Complete the Facility Survey?

First, this is a requirement for your qualified safety plan for entry in the safety plan contest. Your league also receives a cash award, if you carry Little League insurance. By reviewing your facilities to identify and improve any issues before injuries can occur, you are helping to make your league "safer for the kids" and everyone else at your facilities.

### It's Just 5 Easy Steps!

1. Log-on to <http://facilitiesurvey.musco.com> to access the Facility Survey Online database:  
Enter your league ID: Custom Field 1 (include dashes)  
Enter your password: Custom Field 2 (lower case letters only)
2. Print off your 2009 information (hit "Generate Printable PDF" for --last year's info)
3. Go physically inspect your fields
4. Enter the updated data for 2010 into the online survey (see above)
5. Send an email, including your league name, to [asap@musco.com](mailto:asap@musco.com) to enter the drawing.

*It's easy, faster than paper, and keeps your information at your fingertips any time you need to find it!*

# Concussions: No Matter the Age, Major League Concern

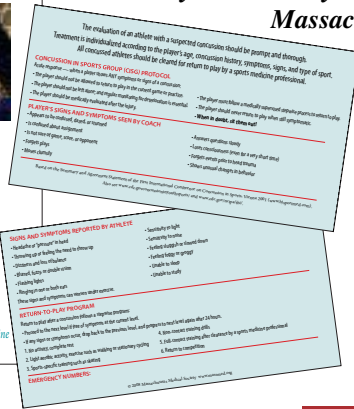


## CONCUSSION

A COACHES' GUIDE FOR SIDELINE EVALUATION

Massachusetts Medical Society Committee on Student Health and Sports Medicine

Several online resources offer quality information on concussions that you may share with your coaches. This is an example of one from the Massachusetts Medical Society.



immune to concussions. Head trauma has long been a difficult injury to evaluate, as many players don't tell of pain or other concerns, feeling their position on the team is in jeopardy if they speak up about an injury that might sideline them from play. So an evaluation needs to be done that goes beyond asking, "Are you OK to keep playing?"

While major leaguers have their salary and name on the line, Little Leaguers can feel the same push to "stay in the game," despite an injury that no one but the player can see or feel. Implement procedures to stop a game to check a player's

Add steps to evaluate players after any head injury, no matter what the player tells the coach

A foul-tip careens off the catcher's helmet; he stands slowly, shaking his head from the impact. If you were an observer of this game, what would you do? A growing number of authorities warn that you should immediately stop the game to evaluate the player for signs of concussion.

A concussion is a mild traumatic brain injury, when the brain is injured from a hard blow. It can be from a collision with another player or fixed equipment, a thrown or hit ball, or other impact to the head, with or without a helmet's protection. It doesn't have to cause a blackout. The almost modest signs of concussion are what make it difficult to identify. The player may feel "just a little woozy" or be "out of it" mentally, or the signs may not materialize immediately.

The good news is if allowed to rest and heal, the brain normally mends itself from concussion. But rest is the key, and identifying the injury quickly is the only way to provide that rest. Make sure your players and coaches know they should be encouraged to speak up when they suspect a concussion.

Recently, groups in all three major helmet-wearing sports – baseball, football and hockey – have raised alarms that concussions can have serious and long-term effects on the mental health of players and former players. Several high-profile players in recent years have retired from lucrative professional sport careers due to head trauma, and the worse possibility of future injuries. Almost all these examples resulted from injuries sustained during normal play in games/practices.

**Evaluate Players' Mental State**  
Just because your players are young does not make them

### Observed signs of a concussion include:

- Unconscious for any time
- Acts dazed or stunned
- Shows confusion in actions or words
- Can't remember details
- Answers slowly
- Moves clumsily
- Has changes in mood or personality
- Loss of memory of event or time before/after event

### Symptoms from the athlete:

- Headache or "pressure" in head/eyes
- Nausea or vomiting
- Loss of balance/dizziness
- Blurry or double-vision
- Sensitivity to light/noise
- Concentration or memory problems
- Confusion
- Doesn't "feel right"

ability to think and remember simple facts. Then have the player see a doctor!

New research suggests concussions occur at a rate of 3%-5% of all sports injuries, and far too many are not properly diagnosed, opening the door for the possibility of an even more severe injury known as "second impact syndrome." In this situation, if a player's already injured head is hit again, it can cause an even moderate blow to have severe consequences, as bleeding begins in the brain. This creates pressure that – unless relieved – can cause death in as little as

minutes. That is why it is so important to see a doctor soon!

It is crucial that players not play if a concussion is suspected, and they be given enough time – days or weeks in some cases – for the injury to heal and symptoms to disappear. Institute a local league policy of evaluation at the time of the injury to protect your players' health now and in the future and get clearance before returning to play.

The January/February 2008 ASAP News has additional information on concussions. To download this article, go to: [http://www.littleleague.org/Learn\\_More/Newsletters/ASAP\\_Newsletter.htm](http://www.littleleague.org/Learn_More/Newsletters/ASAP_Newsletter.htm)



### SIGNS AND SYMPTOMS

These signs and symptoms may indicate that a concussion has occurred.

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 sports plays	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 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"

### ACTION PLAN

If you suspect that a player has a concussion, you should take the following steps:

1. Remove athlete from play.
2. Ensure athlete is evaluated by an appropriate health care professional. Do not try to judge the seriousness of the injury yourself.
3. Inform athlete's parents or guardians about the known or possible concussion and give them the fact sheet on concussion.
4. Allow athlete to return to play **only** with permission from an appropriate health care professional.

### IMPORTANT PHONE NUMBERS

FILL IN THE NAME AND NUMBER OF YOUR LOCAL HOSPITAL(S) BELOW:

Hospital Name: \_\_\_\_\_

Hospital Phone: \_\_\_\_\_

Hospital Name: \_\_\_\_\_

Hospital Phone: \_\_\_\_\_

**For immediate attention, CALL 911**

*If you think your athlete has sustained a concussion... take him/her out of play, and seek the advice of a health care professional experienced in evaluating for concussion.*

For more information and to order additional materials **free-of-charge**, visit:  
[www.cdc.gov/ConcussionInYouthSports](http://www.cdc.gov/ConcussionInYouthSports)

# Eye Safety: What's your League's Vision?

## *Protect Players' Vision with Increased Education on Proper Materials, Candidates for Protective Eyewear*

Good vision is critical in baseball and softball. A player with poor vision can't see the ball, and an eye injury on the field can impair a child for life. Over 600,000 recreational eye injuries occur in the United States each year, leading to over 45,000 emergency eye care visits.

**Baseball is the leading cause of eye injuries in athletes under the age of 14 in the USA.** Blunt trauma from a ball or bat can cause orbital bone fractures, rupture of the eye, or internal damage with bleeding, cataract, glaucoma, double vision or retinal detachment. Grit from the field can cause a scratched cornea or conjunctivitis. **The good news is that protective eye gear can prevent at least 90% of injuries!**

While all players are at risk, 2/3 of eye injuries occur in defensive players, especially from bad hops and misplayed balls. Batting and running bases carry lower risk: a batted ball is 361% more likely to injure an eye than a pitched ball.

While Little League International does not mandate eye protection, it recognizes situations that require increased eye safety. President and CEO Stephen Keener states, "We recommend protection for any player who is already visually impaired. Some leagues have mandated the use of helmets with facial protection, but all leagues are required to have them for any player needing one.

"Today when players purchase their own personal equipment, many also choose to expand from just the fielding glove, batting glove, bat, ball or sweatbands to include a helmet. The type of helmet chosen would depend upon the individual need of the player with parental input that could include concerns about eye issues, mouth, facial protection, concern about hygiene such as to restrict the transmission of head lice, new to the sport or just personal

preference. As a result of some of these concerns many parents are deciding to purchase for their children helmets with added facial protection," Keener says.

Position papers from Prevent Blindness America, and the American Academies of Pediatrics, Ophthalmology and Optometry each:

- **Mandate eye protection** for athletes with vision worse than 20/40 in either eye at increased risk due to previous eye injury/surgery
- **Strongly recommend** protective eyewear for **all** children participating in baseball.

**Standards on Materials, Fit** Certified protective eyewear for baseball must meet American Society for Testing and Materials (ASTM) and American National Standards Institute (ANSI) standards. Every sport has a specific ASTM code:

- **ASTM F803:** for baseball/softball fielders.
- **ASTM F910: eyewear/faceguard attached to a helmet** for youth baseball/softball batters and base runners.
- **Polycarbonate lenses:** most shatterproof; can manufacture as prescription lenses for the 24% of



**Resources:** Joint Policy Statement: American Academy of Pediatrics and American Academy of Ophthalmology: Protective Eyewear for Young Athletes [http://one.aao.org/CE/PracticeGuidelines/ClinicalStatements\\_Content.aspx?cid=1fda605b-97b9-47e3-90d1-11b7a9607797#relatedLinks](http://one.aao.org/CE/PracticeGuidelines/ClinicalStatements_Content.aspx?cid=1fda605b-97b9-47e3-90d1-11b7a9607797#relatedLinks)

Prevent Blindness America: Sports Eye Protectors: [http://www.preventblindness.org/resources/NonCustomizable/NC\\_MK09\\_08-125\\_Eye.pdf](http://www.preventblindness.org/resources/NonCustomizable/NC_MK09_08-125_Eye.pdf)

Prevent Blindness America: Sports Safety Tips: [http://www.preventblindness.org/resources/NonCustomizable/NC\\_MK01\\_08-085\\_Tips\\_sports.Pdf](http://www.preventblindness.org/resources/NonCustomizable/NC_MK01_08-085_Tips_sports.Pdf)

American Optometric Association: A Little Prevention Goes a Long Way <http://www.aoa.org/x7679.xml>

Ohio Ophthalmological Society: "Don't Blink" <http://www.playhardgear.com/intro.asp>

players requiring glasses to see well. Streetwear glasses (ANSI Z80.3) and OSHA-certified industrial/educational eyewear are **not** satisfactory for baseball.

- **Proper fit** is essential!

- **Contact lenses** should be supplemented with protective eye gear.



The Protective Eyewear Certification Council (PECC) certifies protectors that comply with ASTM F803 (fielders) and ASTM F910 (youth batters and runners). The National Operating Committee on Standards in

Athletic Equipment (NOCSAE) certifies baseball helmets. Look for the NOCSAE or PECC seals when available.

Protective eye gear, good field lighting and adult supervision decrease the risk of eye injury in developing athletes. As a safety leader, you can assist parents with the resources that allow them to make informed decisions for their children.

*Special thanks to Amy Coburn, MD, for her contributions to this article. Coburn is the State Program Director, Prevent Blindness Texas, and Community Outreach Director, Houston Ophthalmological Society. She is a Clinical Associate Professor of Ophthalmology, Baylor College of Medicine.*

## 'Chew On This...Tobacco Steals Your Health' is a Winner

*Oral Health America's NSTEP promotes tobacco education at Little League Baseball World Series with player's winning slogan; does your league involve players in safety education?*

This year, if you find a way to involve your players in safety activities, you might be pleasantly surprised at what they come up with. Katie Reynolds, a 12-year-old softball player in Pawling, N.Y., Little League, won the annual National Spit Tobacco Education Program's national slogan contest with the apt phrase: "Chew on this... tobacco steals your health."

Katie and her parents were guests of Oral Health America at the Little League World Series this past August, where Katie handed out the NSTEP limited edition pins using her slogan. Oral Health America encourages young baseball and softball players to talk to their coaches and parents about tobacco addiction and the health risks of using tobacco products, including spit and smokeless tobacco.

"In addition to being thrilled and proud of Katie's slogan, we are equally delighted that the contest provided us an opportunity for our family to discuss the harms of tobacco," said Katie's parents, William and Gina Reynolds, in a statement from OHA.

According to the Centers for Disease Control and Prevention's Youth Risk Behavior Surveillance System, about eight percent of high school students (13% of high school males) used smokeless tobacco in the past 30 days. The 2008 Monitoring the Future study from the University of Michigan found that over 80% of 8th and 10th graders disapprove of people using spit tobacco regularly.

OHA's NSTEP works with Little League International to educate families about the risks of spit tobacco use, including oral cancer, gum disease, tooth decay and nicotine addiction. During the 10-day Little League Baseball World Series, OHA provides tobacco and health education to tens of thousands of young baseball



and softball players and their families. To find out more, visit [www.oralhealthamerica.org](http://www.oralhealthamerica.org) and [www.nstep.org](http://www.nstep.org).

In addition to the pin using her slogan, Katie won a monetary award, a trip to the Series and on-field recognition of her honor. Does your league benefit from the creative thinking of players like Katie?

# Jump Start A Heart

*All 50 states have enacted laws or adopted regulations for Automated External Defibrillators. Their use in public places is growing. Does your league have access to one? Do you offer training for volunteers?*

The Monroe-Woodbury Little League is entering its 60th anniversary season with a goal to make a critical equipment purchase - not helmets or balls. If the budget allows, it will buy its 11th Automated External Defibrillator (AED) in two years.

## **AEDs Answer Call To Public Safety Trend**

The New York league is a life-safety trendsetter with mandatory annual CPR and AED training to operate the portable devices designed to administer an electric shock through the chest wall to restore a normal heart rhythm in sudden cardiac arrest victims. With more than 900 players between the ages of 6 and 18 spread between 19 fields in 8 parks, not to mention spectators, league officials are committed to preparing for chest trauma before it strikes.

“At first our league thought ‘it’s baseball and nothing’s ever happened

here,’ but in our research there were cases where a ball could hit a player in the chest and basically stop the heart from beating,” said Monroe-Woodbury Little League President Mike Cordero. New York already has several laws in place mandating AEDs in public schools, health clubs and places of public assembly. The organization Parent Heart Watch notes most occurrences of cardiac arrest in young people happen in public places. “We wanted parents to feel safer that we had machines on-site in case anything happened,” Cordero added.

## **On-Site Tools When Minutes Count**

AED’s are designed to assist a non-medical rescuer with responding to potentially heart-stopping conditions such as arrhythmias, tachycardia and the less known but fatal condition of commotio cordis. Commotio cordis causes cardiac arrest if a blunt force blow to the chest occurs at a critical point in heartbeats. In baseball this type of condition is typically the result of a batted or thrown ball, or a running collision.

Having AEDs deployed at easily accessible locations allows on-site trained individuals to deliver potentially life-saving defibrillation

quickly and effectively. According to the American Heart Association, in out-of-hospital settings when defibrillation with an AED is administered within the first 3 to 5 minutes of a victim’s collapse, an average survival rate of 74% can be achieved.

## **Overcoming Obstacles**

“The biggest obstacle for any league is the cost of AEDs, so having a dedicated person helps,” Cordero said. The lightweight and simple three-buttoned devices range from \$1,500 to \$3,000. Monroe-Woodbury conducted a comprehensive year-long fundraising campaign that included cash donations, raffles, sales and grants to make its initial purchase of eight units. Long-term plans are to furnish every team a unit - 70 total. Additionally, Good Samaritan laws in all 50 states now protect non-medical rescuers who volunteer to help.

Although state laws differ, paramedics, EMTs, and ER personnel may not be covered by the same protection afforded to volunteer rescuers.

The National Conference of State Legislatures provides a list of all AED legislation to date by state. For information on establishing an AED program, contact MWLL’s Michael Cordero by phone: 845-928-4270, e-mail: [mwlittleleague@hotmail.com](mailto:mwlittleleague@hotmail.com), or visit [www.mwlittleleague.com](http://www.mwlittleleague.com). For more information on AEDs, see the Spring 2009 ASAP News, the Jan./Feb. 2008 ASAP News, and the April 2007 ASAP News.

## **TRAINING TIPS:**

- AEDs provide voice and text messages prompting rescuers through the CPR and defibrillator process.
- The latest model AEDs won’t deliver a shock unless there is no heartbeat.
- Most leagues equipped with AEDs require mandatory annual CPR and AED certification for team managers.
- Qualified medical personnel can administer classes.

# Train at a Regional Center, or Road Show Near You!

Winter is the perfect time to break out a new approach for an old problem. But where do you find ideas to implement? For many leagues, attending a regional center training session or a statewide 'Road Show' with Little League International staff is just the ticket!

Check out the upcoming opportunities for league administrator training, umpire clinics and coach/manager training sessions near you.

For more, go to:  
<http://www.littleleague.org/leagueofficers/clinics.htm>  
 and on Road Shows here:  
<http://www.littleleague.org/districtadmins/roadshows.htm>

## Central Region

TBD	Michele Smith Softball Clinic	TBD
2/26-27	Baseball/Softball Rules Clinic	Central Region HQ
3/27	Coach / Manager Clinic	TBD
4/18-23	Umpire School	Central Region HQ
6/12-13	Challenger Jamboree	Central Region HQ

## East Region

3/6	Coach / Manager Clinic	East Region HQ
3/7	Michele Smith Clinic	East Region HQ
3/24-28	Umpire School 1	East Region HQ
4/28-5/2	Umpire School 2	East Region HQ
TBD	DA / ADA and TD Tourn. Meeting	East Region HQ
9/15-19	Umpire School 3	East Region HQ

## Southeast Region

2/20	Manager & Coaches Clinic	Southeast Region HQ
2/26-28	Umpire Clinic	Southeast Region HQ
3/26-28	Umpire Clinic	Southeast Region HQ

## Southwest Region

2/26	Baseball Rules Seminar	Southwest Region HQ
2/27	Coach / Manager Clinic	
TBD	Michele Smith Softball Clinic	
3/5	Softball Rules Seminar	Southwest Region HQ
3/6	Softball Coach and Manager Clinic	Southwest Region HQ

## West Region

TBD	Manager Coach Seminar	Western Region HQ
2/16-17	Weekend Mechanics Clinic	Western Region HQ
2/23-24	Weekend Rules Clinic #1	Western Region HQ
2/30-31	Weekend Rules Clinic #2	Western Region HQ
3/6	Scorekeepers Clinic	Western Region HQ
TBD	Michele Smith Softball Clinic	TBD
6/19-25	Jr. Umpire School	Western Region HQ

# Common Sense Solutions from the Field

## Activities: Compliance

“This is very important: if there is an injury on the field, or any situation that requires a coach’s attention, there **MUST** be another qualified coach present to monitor the others. If you find yourself without a 2<sup>nd</sup> coach, do **NOT** take the field. We have a list of approved coaches; please call someone on the list rather than risking a bad situation.”

**Mt. Arlington LL**  
**New Jersey District 1**

“Driving directions from the field to the nearest hospital are located inside the safety kits at each field.”

**Nashua, NH, LL**  
**New Hampshire District 1**

“Players and spectators must keep their fingers out of the chain link fencing, as fingers can easily be broken by a batted or thrown ball.”

**Fairfield American LL**  
**Connecticut District 2**

“No inning nor half-inning may be started after the published sunset time of the date of game or team practice unless the playing field is properly illuminated to Little League standards. If properly lighted, no inning nor half-inning nor any practice may continue past 9:15 PM when the following day is an ordinary school day. No regular season game nor any practice may continue past 9:45 PM on any other evening without the specific approval of the Board of Directors. The intent of this rule is to suspend play when there is insufficient light to safely continue play. The rule in no way supersedes an umpire’s authority to stop a game before sunset time for any reason that would make continuing play unsafe. Managers, coaches and umpires must consider the players’ safety above their desire to complete a game.”

**Midway, Del., LL**  
**Delaware District 2**

## Activities: Reporting

“In addition to reporting injuries, it is also beneficial and proactive to use the same form to report any “near misses” to the Safety Officer. This may allow the league to correct a dangerous situation before someone actually does get injured. Sharing the details of the near miss with the rest of the coaches in East Granby, and with the District staff, may also help in preventing an injury.”

**East Granby LL**  
**Connecticut District 6**

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



All materials in the ASAP  
E-mail: asap@musco.com  
Fax: 641/672-1996

**24 Hour Hotline:**  
**800/811-7443**

Little League®  
and Musco Lighting

© Jan./Feb. 2010,

Musco Lighting  
facilitated and published by  
Little League Baseball®  
and Softball

**ASAP News**

ASAP News is a service of  
539 US Route 15 Hwy  
PO Box 3485  
Williamsport, PA 17701-0485



PRESORTED  
FIRST-CLASS MAIL  
U.S. POSTAGE PAID  
DES MOINES, IA  
PERMIT NO. 4053