Safety awareness has led to a reduction of 74 percent of injuries and accidents since 1995.

Have you turned your safety plan in? Across the United States, leagues have made the commitment to provide the safest environment for players by submitting a qualified safety plan to Little League International. To date, nearly every region in the country has seen a steady performance in plans submitted; but there is still work to be done.

Improve your plan annually
Leagues should look at ways to improve their plan every year. Updating information and implementing new safety strategies are ways to make sure your league is living your plan. Document the updates and include them when you submit your plan for review. It’s important to remember that every board member must receive a copy of your qualified safety plan. Suitable parts of the plan should also be distributed to volunteers like coaches, facilities crews, managers, umpires, and concession workers.

Check your plan’s status online
Leagues can check the status of their ASAP plans online at: http://www.littleleague.org/districtadmin/safetyplanstatus.htm.
The Reality of Concussions
Driving the Messages
and State Laws Tackle Awareness

Between the efforts of physicians and health organizations, the message about the seriousness of concussions is beginning to sink in on a national scale — repeated in a new way that kids can relate to it. The reality of getting off and staying off the field following a concussion is being reinforced with interactive gaming.

The new Madden NFL 12 football video game shows players suffering concussions and being sidelined for the rest of the game — no exceptions. Additionally, the game’s announcers explain that the player was removed because of a head injury.

The game’s developers reinforce a critical message to the audience that needs it most: concussions are dangerous. Coaches and parents, however, need to be prepared to help recognize and make the call to pull an athlete off of the field if a concussion is suspected.

He points out that as recently as 10 years ago; a child with a low-grade concussion may have been allowed to return to action as quickly as 15 minutes after symptoms had subsided. A concussion is a brain injury that can be caused by contact to the head or a blow to the body which causes the brain to strike the surrounding skull. Because it can alter brain function, any concussion should be considered serious, whether mild or severe.

“That’s the trouble with a concussion as opposed to a knee injury,” says Dr. Halstead, who is also the director of Washington University in St. Louis’ Sports Concussion Program. “When a kid hurts a knee, he or she goes limping off the field and can’t put weight on the leg. With a head injury, a lot of times we’re relying on the athlete to tell us that he or she is having problems. We want kids and coaches to know the signs and symptoms. That way, if there’s any question, they can be evaluated,” Halstead said.

Heads Up
According to the Centers for Disease Control, 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 examined by a healthcare 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 healthcare professional confirms s/he is symptom-free and able to return to play.

Protecting Young Brains
According to Mark E. Halstead, MD, pediatric orthopedic surgeon at St. Louis Children’s Hospital and assistant professor of orthopedic surgery and of pediatrics at Washington University School of Medicine, young athletes are especially susceptible to concussions because their brains are still developing.

Signs observed by coaches
As a coach, you’ll likely see concussion injuries when they occur. In a concussed athlete who remains conscious you may observe these symptoms:

- Confusion
- Slow reactions
- Clumsiness
- Personality/behavior changes
- Memory lapse

Symptoms reported by athletes
As a coach, you’ll likely hear these common descriptions of the effects of a hit:

- Headache or head pressure
- Nausea or vomiting
- Balance problems
- Double or blurred vision
- Sensitivity to noise and light
Proper Training Saves the Life of Little Leaguer

Twelve year old Sean Neely set up behind the plate as he had done so many times before while playing catcher for the Rangers in the Freehold Township Little League. He was equipped with the appropriate catchers gear that fit properly when the batter at the plate hit a foul ball straight back into Sean’s chest. We’ve all seen it happen before and initially have a moment of concern that usually goes away after realizing the young athlete behind that plate is okay.

Yet, in this case something was wrong. Sean dropped to the ground and immediately went into cardiac arrest. Sean’s coaches Mike Schlessinger and Steve Crowley, along with two nurses from the crowd, Maureen Gugliotta and Sue Portaleos, immediately came to the aid of the young catcher after sensing something was very wrong. Seeing a child fight for their life after an accident is a parent’s worst nightmare. Sean was laying motionless on the ground, his skin was blue, and his eyes were rolled back in his head. The ball struck Sean on the left side of his chest and caused him to suffer from a rare cardiac condition called commotio cordis, a circumstance that is almost always fatal.

However, the young catcher was not going to lose his life that day because of the quick response from his coaches and volunteers. Schlessinger and Crowley were CPR certified and took quick action to help resuscitate the boy. Without their training and quick response doctors fear that young Sean would not be with his family and teammates today.

The league had an AED on site and it was en route to help Sean, but fortunately wasn’t needed because he had started breathing again. Mike LaCava, who is the president of the Freehold Township Little League, explained that all board members are CPR certified and Coach Crowley is a member of the board. Coach Schlessinger was also CPR trained through his own efforts.

Today a twelve-year-old boy is still alive because of the planning, preparation, and training that provided for a quick and effective response to a near tragedy.

Sean’s case serves as a reminder that it’s crucial to take safety precautions and trainings seriously, because we never know when they might be needed to save a life.
Even with the most diligent care, players are going to get hurt. Injuries to arms and legs, especially ankles, are common among players. Regular reviews of emergency procedures and injury care will help coaches and volunteers to be confident in their reactions. When an injury occurs, follow protocol to determine if emergency help should be called and provide the immediate care needed.

Using the PRICEx system for non-emergency injuries immediately and during the next 2-3 days, will help alleviate pain, control swelling, and protect the area from further injury.

**P – Protect the injured area.** First, stop playing. Remove the player from the field and avoid putting any weight on the injury. The use of padding, slings, braces, splints, elastic wraps, and/or crutches will help prevent additional injury. Protection can include removing rugs at home so the player’s crutches can’t catch on a loose edge.

**R – Rest and allow the injury time to heal.** Don’t let the desire to play again override the need for rest. The player’s body must have time to heal. If they injure the same area again, it can be a more severe injury and recovery time is often longer than the first time.

**I – Ice the area for 20 minutes every 2-3 hours while awake.** Protect the skin with a thin towel or t-shirt. An ice pack with crushed ice or a bag of frozen peas is best; they easily conform to the injury site and are more comfortable for the player. Some people are hypersensitive or allergic to ice. If the skin becomes red, raised, and blotchy – immediately remove the ice and allow the area to warm.

**C – Compression is used to minimize swelling after the ice pack is removed.** Most common compression wraps are the elastic or ace bandage. Use a wrap that is appropriate for the body part affected. A 2-inch wide bandage is ideal for an adult’s wrist or hand, or a child’s ankle.

**E – Elevate the injured area above the heart to help slow and reduce swelling.** Use a pillow or blanket to help with elevation of the injury.

Your player should start the healing process in a day or two. However, if the pain and swelling does not decrease after 48 hours, seek treatment in accordance to the severity of symptoms – either a trip to emergency care or contact your health care provider.

Once the swelling subsides, the player can start some gentle stretching, working up to the full motion of the injured joint or muscle. Use caution when stretching; do not force a stretch and stop immediately if there is pain.

Have your player communicate with their family physician, a physical therapist, or an athletic trainer for direction on recovery time and rehabilitation of the injured area. Look for someone who is familiar with the type of injury suffered and follow their directions. Your player may recover quicker, with less pain and swelling, when you’re following the PRICEx system.

**REMEMBER:**

Keep Using Your LexisNexis Background Checks!

*Chartered leagues receive 125 free annually*

Each chartered Little League receives free criminal background checks from Little League International annually through LexisNexis that must be used by November 1 each year. These background checks completely fulfill the mandatory background review required by Regulation I(c)8 and 9 for all managers, coaches, umpires, board members, and any volunteers or workers in your league who “provide regular service to the league and/or have repetitive access to, or contact with, players or teams.”

Not only is a LexisNexis search conducted on each state’s sex offender registry, but also millions of criminal records that may have important information on a potential volunteer’s past. This background check must be authorized with a signed Little League Volunteer Application form for the current year by the person being screened. Each league must conduct this screening before the person takes on the responsibilities in the league. Now is the perfect time to do checks on new coaches and volunteers prior to the fall ball season.

Go to [http://littleleague.lexisnexis.com](http://littleleague.lexisnexis.com) to learn more about using this powerful tool to help make your league a more safe environment for all participants.
Sweating profusely

- **Heat stroke** – a fever that rapidly rises to dangerous level within minutes and is often fatal. Symptoms include confusion, combativeness, bizarre behavior, feeling faint, staggering, strong rapid pulse, dry flushed skin, and a lack of sweating. Death, delirium or, coma can be the result from heat stroke. Seek medical attention immediately if anyone shows these symptoms.

As a coach, understand the symptoms of heat illness and be prepared to act quickly if one of your players starts to show any heat illness symptoms. You should:

- Get them out of the heat
- Rest in an air-conditioned building or shade if no building is available
- Have them drink plenty of water
- Apply cool water to the skin
- Contact the proper healthcare professional. If you suspect heat stroke contact 911 immediately and then follow the above recommendations while waiting for help to arrive.

Follow these eight tips to help you and your players through the coming months:

1. Keep drinks cold, this will help decrease body temperature quicker.
2. Stay away from carbonated drinks – carbonation can cause stomach distress.
3. Avoid caffeinated drinks. Caffeine is a diuretic and causes a loss of fluids from the body rather than replacing what was lost.
4. Drink either water or a sports drink that provide carbohydrates and electrolytes to help sustain your athlete’s performance.
5. Drink 15 to 20 fluid ounces about 2-3 hours prior to a game or practice.
6. Drink 8-10 fluid ounces 10-20 minutes prior to a game or practice
7. During a game, drink 8-10 fluid ounces of cold fluids every 15 to 30 minutes.
8. During practice consume at least 24 ounces throughout a 2-hour time period

Other things you can do to help prevent heat illness in your athletes is to make sure you take frequent breaks when heat and humidity are high, wear light weight, light-colored, and loose-fitting clothing; use sunscreen; take breaks in the shade, and stay away from hot food, heavy foods, and fried foods.

**Eight Tips for Good Hydration**

Staying hydrated at all times is a good idea, but it is especially important this time of year when heat and humidity combine for a double dehydration punch when at practices or games.

Water makes up more than half of a person’s body weight, helps maintain their temperature, removes wastes, and lubricates their joints. Every cell, tissue, and organ needs water to function properly.

When players or spectators are dehydrated it can lead to real trouble – heat illness. Those who are not well-hydrated may experience an increase in body temperature. When that happens they can suffer from:

- **Heat rash** – a skin inflammation caused by excessive sweating during hot and humid weather.
- **Heat cramps** – painful muscle spasms in the arms, legs, or abdomen
- **Heat syncope** – a sudden onset of dizziness or fainting
- **Heat exhaustion** – a warning that the body is getting too hot and symptoms include thirst, giddiness, weakness, lack of coordination, nausea, or
With ball season in full swing, don't let sunburns spoil the fun. It’s easy to protect yourself and your players from the sun’s harmful UV rays by applying a broad-spectrum SPF 15 (or higher) sunscreen and following other sun-protection measures.

There are two types of UV or ultraviolet rays that cause damage to our skin. UVB primarily cause sunburn; UVA rays also cause sunburns, long-term damage to the skin like premature skin aging (wrinkles), and an increased chance of skin cancer. The American Cancer Society estimates that every hour one American dies from skin cancer. Prevention is the best way to protect from this killer and sunscreen is an important factor.

How Does Sunscreen Work?
Most sunscreens work by absorbing, reflecting, or scattering sunlight. They contain chemicals that interact with the skin to protect it from UV rays. It’s important to give the sunscreen time to activate – that’s why it’s suggested to apply at least 15 minutes before going outside. Choosing a broad-spectrum sun screen will protect you from both UVA and UVB rays.

SPF Ratings
The FDA has new standards for SPF ratings, what they mean and how they protect. Check www.FDA.gov for details. In the meantime, know that an SPF 15 broad spectrum sunscreen will protect your for about 15 times the amount of time it takes your unprotected skin to burn. If you burn in 10 minutes, a SPF 15 lotion will protect for about 150 minutes. HOWEVER, as the sun progresses through the day, its intensity changes; a midday sun is much more intense than a morning sun. Using the example above even though a SPF 15 should protect you for almost 3 hours – it won’t. That’s one of the reasons why the FDA recommends reapplying sunscreen at least every two hours and more often if you’re sweating or in and out of water. As a coach, encourage players to reapply sunscreen in a timely manner.

Good Advice
Follow the advice from the National Council on Skin Cancer Prevention – ‘Slip, Slop, Slap, Wrap’ – and you’ll have good plan for sun protection this season.

- Slip on a shirt. Wear clothes that protect like loose-fitting, long-sleeved shirts and long pants made from tightly woven fabric to provide the best protection. Light colors are better than dark and dry clothing is better than wet.

- Slop on sunscreen of SPF 15 or higher. Reapply as directed or at least every two hours.

- Slap on a wide-brimmed hat. Ball players really don’t have an option for an all-around wide-brimmed cap during games. Take extra care to protect sensitive areas like the nose, neck, lips, and ears. Use sunscreen on these areas or consider the option of a neck-protecting flap that attaches to the cap.

- Wrap on sunglasses. Sunglasses made from shatter-proof plastic or tinted sports goggles will protect during play. Sunglasses can also protect the sensitive skin around the eyes and may reduce the risk of cataracts.

By actively engaging the players and parents in participating with protection, you’ll set a good example for everyone to follow.
Checklist: Top 5 Travel Tips

Whether you’re on the road for tournaments or pleasure, short or long distance, these 5 travel tips will help make your trip safer and more enjoyable.

1. Directions
- Verify the correct address of your destination before starting, especially if you’re counting on your smart phone or GPS to find your way.
- Check out internet mapping and driving direction sites. Print out a detailed map and driving direction details; have a good old-fashioned foldout map on hand, too. If you have any trouble with your smart phone or GPS, you’ll be glad to have the hard copy.
- Look at your state’s Department of Transportation website; you’ll find maps, road conditions, road work, and current weather conditions.

2. Vehicle
- Check your gas, tire pressure and wiper fluid levels.
- When is the next oil change due?
- Is the spare tire in usable condition? Do you know how to access it?
- Do you have fresh supplies in your First Aid kit?
- Is your Road Emergency kit handy and have everything you need?

3. Phone
- Is your phone fully charged and do you have a car charger that works?
- Do you know if cell service is available where you are traveling?
- Program emergency numbers into your contacts, including the coach’s cell, your doctor and dentist after-hours numbers, and if you’re staying overnight – the place where you’ll be staying.

4. Cash
- Stopping at an ATM when you get there can be frustrating and expensive. You may not find one in the area you’re traveling and their charges can be much higher than your own bank’s fees. Get your cash before you leave town.
- Consider taking two different credit cards. Some retailers accept only one type of card. If there is a problem with one card, you have a back-up on hand.

5. Food
- Stock up on a supply of car-friendly snacks and cold drinks.
- Bring a small cooler that is easy to handle and will keep fresh foods and drinks cool.
- For quick cleanups, have some moist wipes and paper towels on hand.
- A small bag for trash will keep the debris out of the way.

Consider this list as a starting point for your team or family’s next trip. Develop your own list and include preferred refreshments, pillows, blankets, chargers for other electronic devices, traveler’s checks, atlas, coats, rain gear, extra sun screen, games and books, etc. Traveling safe and making the trip enjoyable takes a little planning and is well worth it.
Before every WLL game the umpire is required to ensure that both a first aid kit and cell phone are present.

– Woodinville LL, Washington

Coaches should encourage parents/players to bring sunscreen and bug spray to practices and games.

– Berlin LL, Massachusetts

We got permission to close down a road next to the ballpark during games so kids chasing foul balls wouldn’t run into traffic.

– Ingleside LL, Texas

Basic first aid guides are posted in each dugout.

– Cleveland Township LL, Indiana

We have provided each of our teams with a bee-sting kit in addition to their first-aid kits.

– Greater Oneiad LL, New York

Have a five-minute safety meeting with the team each week.

– Kihei LL, Hawaii

FLL encourages the use of chest protectors. Our league had a player suffer from Commotio Cordis last season after being hit in the chest with a pitched ball.

– Fairborn LL, Ohio

The fire company agreed to donate 300 water bottles to combat heat exhaustion.

– Blackwood Kiwanis LL, New Jersey

A member of the safety committee will patrol practices and games to ensure players’ and public safety. This includes the concession stand, spectator, and parking areas.

– Gold Valley, Oregon