

Safety Code for Little League

- Arrangements should be made in advance of all games and practices for emergency medical services.
- Managers, coaches and umpires should have some training in first aid. First Aid Kits should be available at the field (not in the trunk of your vehicle).
- No games or practices should be held when weather or field conditions are not good *, particularly when lighting is inadequate.
- Play area should be inspected frequently for holes, damage, stones, glass and other foreign objects.
- Dugouts and bat racks should be positioned behind screens.
- Only players, managers, coaches and umpires are permitted on the playing field during play and practice sessions.
- Responsibility for keeping bats and loose equipment off the field of play should be that of a player assigned for this purpose.
- Procedure should be established for retrieving foul balls batted out of the playing area.
- During practice and games, all players should be alert and watching the batter on each pitch. During warm-up drills players should be evenly spaced so that no one is endangered by wild throws or missed catches.
- Equipment should be inspected regularly. Make sure it fits properly.
- Batters must wear approved protective helmets during batting practice, as well as during games.
- Catcher must wear catcher's helmet, mask, throat protector, long model chest protector; * shin guards and male catchers must wear a hard plastic protective supporter at all times.
- Except when runner is returning to a base, head first slides should be avoided.
- During sliding practice, bases should not be strapped down and should be located away from the base anchoring system.

- At no time should "horse play", food gum or sunflower seeds be permitted on the playing field. (Food items are choking hazards.)
- Parents (of players who wear glasses) are encouraged to provide "safety glasses.
- Players should not wear watches rings, earrings, pins or other metallic items.

Catchers must wear catcher's helmet and mask with throat protector in warming up pitchers. This applies between innings and in the bull-pen.

A manager or coach must remain at the game or practice **until** the last player has a means of getting home

Managers must have medical release forms with them at any practice or game.

HEY COACH HAVE YOU:

- **Walked the fields to check for debris/foreign objects?**
- **Inspected helmets, bats, and catcher's gear?**
- **Made sure a First Aid Kit is available?**
- **Checked condition of fences, backstops, bases, and warning track?**
- **Made sure a working telephone is available**
- **Held a Warm up drill?**
- **Made sure the Parent Medical Release forms are at every team activity?**
- **Reported and accident to the Safety Officer within 24 hours?**

YOUTH COACHES CODE OF CONDUCT

- I will keep in mind at all times that "the game" is for the kids and that "the game" is supposed to fun.
- I will remember that each player is an individual and that there is a wide range of emotional and physical development in any age group that I am coaching.
- I will keep my expectations reasonable and not beyond the skill level of my players.
- I will endeavor to gain the knowledge and skills necessary to teach effectively up to the potential skill level of my team.

- I will use only those coaching techniques and drills that are safe and appropriate for the skill level that I am coaching.
- I will do my best to organize my practices so that they are fun, challenging, and include all of my players.
- I will insure that I know that playing rules and that I teach them to all of my players.
- I will, at all times, be cognizant of the significant role that I am playing in the development of my young players.
- I will be sure that team rules are fair and reasonable, and applied equally to all members of my team.
- I will demonstrate, by my personal conduct, the principles of fair play and good sportsmanship expected of me, and expect the same from my players, their parents and my peers.
- I will always be aware that the public judges me, my players, and our league by what they see and what they hear.
- I will not, at any time, place my personal desire to win above the emotional and physical well being of my players.
- I will always do my best to provide a safe playing situation for my players.
- I will use the appropriate channels to seek redress of any grievance or conflict that may arise, and I will refrain from airing any such problem publicly.
- I will do my best to support the league in its efforts to provide the highest quality program possible for all of the league's participants.

ASSISTANT SAFETY OFFICER MANAGER OR COACH

There shall be one Coach or Manager from each team to act as Assistant Safety Officer.

The Assistant Safety Officer's name, address, and phone number shall be turned in to the League Safety Officer before the first scheduled game (or practice) for that team begins.

Duties

- Fill out accident investigation forms, and turn them in to the League Safety Officer no later than 48 hours after the accident.
- Check the playing field for unsafe conditions before practice or scheduled games. Reports unsafe conditions to the League Officer in charge.
- Stop all unsafe acts and horse play by his team or inform the Safety Officer before allowing a player to return to practice or game for safe conditions.
- Be sure a Doctor's release has been burned to the Chief Safety Officer before allowing a player to return to practice or game.
- Check players and players ' equipment before each practice or game for safe conditions.
- Have Parent Medical Release cards at every team activity
- Instruct all players on safety rules and safety program throughout the season.

THE LITTLE CHAP

A careful man I want to be.

A little fellow follows me.

I do not dare to go astray

For fear he'll go the self-same way.

I cannot once escape his eye.

What're he sees me do, he tries.

Like me, he says he's going to be, that little chap who follows me.

He thinks that I am big and fine,

Believes in every word of mine. The base in me he must not see that little chap who follows me

I must remember as I go,

Through summer suns and winters snows, I'm building for the years to be,

That little chap who follows me.

LEGAL ASPECTS OF FIRST AID

California Law on First Aid:

Activities of emergency first aid squads have advanced considerably in the past few years. Questions of their legal privileges and liabilities are continually being asked by those interested in the welfare of the injured.

The Functions of emergency first aid squads have been established in our social and economic life by the desire to aid those in distress. There are very few laws or court decisions that have a direct bearing upon the subject of emergency rescue.

It is not the purpose or intent of the following statements to define all laws that affect first aid emergency squads.

- A traveler is under no legal obligation to assist an injured or sick stranger whom he meets on the way.
- But, if he proceeds to render assistance, he must do so with reasonable care and skill, so as to prevent the causing of further injury or aggravation of the already existent sickness, taking into account the knowledge and skill which he possesses at the time.
- That reasonable care means that amount of care which would be exercised by the average prudent man under the same circumstances and in possession of the same Information and skill.
- That person receiving treatment are not obliged to pay for emergency service rendered by physicians and hospitals in the absence of an agreement to do so.
- That, the law throws about those receiving treatment, a mantle of protection and permits compensation when they are injured through another's carelessness.
- An individual may call hospital, physician, or ambulance, private or otherwise, and not be liable for the cost
- A private hospital can refuse to give first aid, but a physician or nurse within the hospital and on duty must give first aid treatment if you so demand.
- But law does not compel you to stop and give first aid, but you must stop if hailed by an officer at scene of an accident or you may be prosecuted.
- A person can volunteer first aid, but no one can compel or order another person to render first aid.
- You are liable if you allow a simple fracture to become compounded through carelessness or willful misconduct if you have furnished treatment to the injured person.
- A first aider must remain in charge of a patient until turned over to properly trained or qualified person, physician, or ambulance crew, or until the person treated is capable of caring for himself.
- Under no condition, permit patient to sign papers unless fully conscious.
- No patient is liable if he enters into any contracts before being fully conscious, or having complete use of all his normal faculties unless he willfully placed himself in the condition of loss of his normal faculties.
- You are not liable if you use Standard First Aid Treatments which you have been taught, and which under the circumstances, appear reasonable necessary, Use no self-made or self-planned treatments.
- A first aider may never charge for services. Physicians may charge if patient is conscious and will to be treated.
- Never force treatment on anyone except in cases of hemorrhage, gas filled room, attempted suicide, or poison cases.
- Give physician all information and obey his orders. He assumes all responsibility.
- Use of narcotics or hypodermic is forbidden. These can be administered only by a registered physician or at his direction.

- You must summon medical aid or make sure it is summoned unless the injured person is capable.
- No liability in transportation of patient, providing precautions are taken to protect patient from further injury through handling or care, and no negligence can be shown on the part of person furnishing the transportation
- Violation of the sacredness of confidence of the patient does not apply to the lay persons.
- In the event you are transporting an injured person in your automobile, you are responsible for additional injury if an accident should occur due to your negligence or failure to obey a traffic law.

First Aid Quick Reference

Injury	Action
Bleeding	Gloves, gauze, direct pressure, clean wound and consult MD if bleeding continues or stitches possibly requires
Nosebleed	Sit forward, pressure pinch midway up the nose for at least 5 minutes
Insect sting/bite	Remove stinger (do not squeeze), cold compress, meat tenderizer if available, watch for possible reaction.
Bruises	Ice, elevate if possible, rest
Sprain/possible fracture	Ice, elevate, immobilize before moving, seek medical attention
Foreign Object ie Glass,metal,wood	Do not remove Object , Stabilize, seek immediate medical attention
Snakebite	Do not apply ice wash wound, keep it still and lower than the heart, seek medical attention
Electric Shock	Make sure electricity is off. If no breathing or pulse call 911 and start CPR, seek medical attention immediately.
Burns	With both types seek medical attention immediately.
Thermal (Heat)	Cool wet cloth, NO ICE . Clean dry dressing.
Chemical	Wash eye/skin 10-15 minutes, apply clean dressing.
Fainting	Lay on back, elevate the feet, keep warm
Heat Exhaustion	Lie down, message leg/limbs toward the heart, cool water, seek medical attention.
Seizure	Clear the area so the person does not hurt themselves, turn on their side to keep airway open, do not put anything in their mouth, call 911 if person has repeated seizure last longer than 5 minutes

Do Not Apply Ice Directly onto Skin

COMMUNICABLE DISEASE PREVENTION

- Bleeding must be stopped, the open wound covered, and the uniform changed if there is blood on it before the athlete may continue
- Routinely use gloves to prevent mucous membrane exposure when contact with blood or other body fluids is anticipated (provided in the first aid kit).
- Immediately wash hands and other skin surface if contaminated with blood.
- Clean all blood contaminated surfaces and equipment.
- Managers, coaches, and volunteers with open wounds should refrain from all direct contact until the condition is resolved.
- Follow accepted guidelines in the intermediate control of bleeding and disposal when handling bloody dressings, mouth guards, and other articles containing body fluids.

BEFORE THE GAME

Umpire and Coach meet at the Plate:

- .Introduce plate umpire, base umpires, managers, and coaches
- Receive official lineup cards from each team.
- Discuss unsportsmanlike conduct by the players
- Discuss the innings pitched by a pitcher rule
- Clarify calling the game due to darkness or weather (rain, lightning, etc.)
- Inspect playing field for unsafe conditions
- Discuss legal pitching motions or balks
- Be sure players are in full uniform with shirts tucked in and hats on
- Umpires inspect equipment for damage and to meet regulations.
- Ensure games start promptly (on time). Note when game started.

DURING THE GAME

Umpires and Coaches:

- Encourage coaches to help speed play by having catchers and players on the bench prepared and ready to take field with two outs.
- Make sure catchers are wearing the proper equipment.
- Encourage everyone to think Safety First
- Continue to monitor field for safety and playability

- Pitchers warming up in foul territory must have a spotter and catcher with a helmet, chest protector and glove.
- Keep game moving- 8 pitches or one minute to warm up the pitcher between innings.
- No arguing of any call made by the umpire, especially judgment calls.
- Managers are responsible for keeping their fans on their best behavior.

CODE OF CONDUCT

- Speed limit 5 mph in roadways and parking lots while attending any Little League function. Watch for small children around parked cars.
- No alcohol allowed in any parking lot, field, or common areas within a Little League Complex.
- No playing in parking lots at any time
- Use cross walks when crossing road ways. Always be alert for traffic.
- No profanity please.
- No swinging bats or throwing baseballs at any time within the walkways and common areas of the Little League Complex.
- No throwing balls against dugouts or against backstops. Catchers must be used for all batting practice sessions.
- No throwing rocks.
- No horse play in walkways at any time
- No climbing fences.
- Only a player at bat, may swing a bat (age 5-12). Seniors (age 13-16) at bat or on deck may swing a bat. Be alert of area around you when swinging bat while in the on deck position.
- Observe all posted signs. Players and spectators should be alert at all times for foul balls and errant throws
- During the game, players must remain in the dugout area in an orderly fashion at all times.
- All gates to the field must remain closed at all times.
- After each game, each team must clean up trash in dugout and around stands.
- No children under the age of 16 are to be permitted in the Concession Stand.

CHILD SEXUAL ABUSE

Every child is vulnerable to sexual abuse. Today's parents must face the possibility that someone may hurt or take advantage of their child. Research indicates that as many as one out of every four children will be the victim of sexual abuse Very young children as well as older teenagers are victimized. Almost all of these children will be abused by someone they know and trust: a

relative, family friend or caretaker. Sexual abuse can be physical, verbal or emotional and includes:

- Sexual touching and fondling.
- Exposing children to adult sexual activity or pornographic movies and photographs.
- Having children pose, undress or perform in a sexual fashion on film or in person.
- "peeping" into bathrooms or bedrooms to spy on a child.
- rape or attempted rape

Sexual abuse involves forcing, tricking, bribing, threatening or pressuring a child into sexual awareness or activity. Sexual abuse occurs when an older or more knowledgeable child or an adult uses a child for sexual pleasure. The abuse often begins gradually and increases over time.

The use of physical force is rarely necessary to engage a child in sexual activity because children are trusting and dependent. They want to please others and gain love and approval. Children are taught not to question authority and they believe that adults are always right. Perpetrators of child sexual abuse know this and take advantage of these vulnerabilities in children. Sexual abuse is an abuse of power over a child and a violation of a child's right to normal, healthy, trusting relationships.

Signs of Sexual Abuse

Because most children cannot or do not tell about being sexually abused, it is up to concerned adults to recognize signs of abuse. Physical evidence of abuse is rare. Therefore, we must look for behavior signs. Unfortunately, there is no one behavior alone that definitely determines a child has been sexually abused.

The following are general behavior changes that may occur in children who have been sexually abused:

- Physical complaints
- Fear or dislike of certain people or places
- Sleep disturbances
- Headaches
- School problems
- Withdrawal from family , friends, or usual activities
- Excessive bathing or poor hygiene
- Return to younger, more babyish behavior Depression
- Anxiety
- Discipline problems
- Running away
- Eating disorders
- Passive or overly pleasing behavior
- Delinquent acts
- Low self –esteem
- Self-destructive behavior
- Hostility or aggression

- Drug or alcohol problems
- Sexual activity or pregnancy at an early age
- Suicide attempts

Additional Symptoms:

Children who have been sexually abused frequently have more specific symptoms:

- Copying adult sexual behavior
- Persistent sexual play with other children, themselves, toys or pets
- Displaying sexual knowledge, through language or behavior, that is beyond what is normal for their age
- Unexplained pain, swelling, bleeding or irritation of the mouth, genital or anal area; urinary infections; sexually transmitted diseases.
- Hints, indirect comments or statements about the abuse

The Silent Problem:

Often children do not tell anyone about sexual abuse because they:

- Are too young to put what has happened into words
- Were threatened or bribed by the abuser to keep the abuse a secret
- Feel confused by the attention and feelings accompanying the abuse
- Are afraid no one will believe them
- Blame themselves or believe the abuse is punishment for being "bad"
- Feel too ashamed or embarrassed to tell
- Worry about getting into trouble or getting a loved one into trouble.

Silence enables sexual abuse to continue. Silence protects sexual offenders and hurt children who are being abused. Sexual abuse is an extremely difficult and damaging experience. Today there are many resources to help victims and their families. Children no longer need to suffer in silence.

Feelings

Children who have been sexually abused feel many different (and often overwhelming) emotions, including:

FEAR

- of the abuser
- of causing trouble
- of losing adults important to them or being taken away from home
- of being "different"

ANGER

- at the abuser

- at other adults around them who did not protect them
- at themselves (feeling as if they caused trouble)

ISOLATION

- because "something is wrong with me" because they feel alone in their experience because they have trouble talking about the abuse

SADNESS

- about having something taken from them about losing a part of themselves
- about growing up too fast
- about being betrayed by someone they trusted

GUILT

- for not being able to stop the abuse
- for believing they "consented" to abuse for "telling" -if they told
- for keeping the secret -if they did not tell

SHAME

- about being involved in the experience about their bodies ' response to the abuse

CONFUSION

- because they may still love the abuser because their feelings change all the time

Protecting Children:

As concerned adults, we want to protect children from sexual abuse, but we can't always be there to do that. We can, however, teach children about sexual abuse in order to increase their awareness and coping skills. Without frightening children, we can provide them with appropriate safety information and support at every stage of their development.

We can provide personal safety information to children in a matter-of-fact way, with other routine safety discussions about fire, water, healthy, etc. Although even the best educated child cannot always avoid sexual abuse, children who are well prepared will be more likely to tell you if abuse has occurred. This is a child's best defense. In order to protect children, teach them:

- To feel good about themselves and know they are valued and deserve to be safe
- The difference between safe and unsafe touches The proper names for all body parts, so they will be able to communicate clearly
- That safety rules apply to all adults, not just strangers
- That their bodies belong to them and nobody has the right to touch them or hurt them
- That they can say "no" to requests that make them feel uncomfortable - even from a close relative or family friend
- To report to you if any adult asks them to keep a secret
- That some adults have problems

- That they can rely on you to believe and protect them if they tell you about abuse
- That they are not bad or to blame for sexual abuse
- To tell a trusted adult about abuse even if they are afraid of what may happen

Listening to Children:

If a child trusts you enough to tell you about an incident of sexual abuse, you are in an important position to help that child recover. The following suggestions can help you provide positive support:

Do

- Keep calm. It is important to remember that you are not angry with the child, but at what happened. Children can mistakenly interpret anger or disgust as directed towards them.
- Believe the child In most circumstances children do not lie about sexual abuse. Give positive messages such as "I know you couldn't help it," or "I'm proud of you for telling."
- Explain to the child that he or she is not to blame for what happened.
- Listen to and answer the child's questions honestly.
- Respect the child's privacy. Be careful not to discuss the abuse in front of people who do not need to know what happened.
- Be Responsible. Report the incident to the Department of Human Services. They can help protect the child's safety and provide resources for further help.

Don't:

- Panic or overreact when the child talks about the experience. Children need help and support to make it through this difficult time.
- Pressure the child to talk or avoid talking about the abuse. Allow the child to talk at her or his own pace. Forcing information can be harmful. Silencing the child will not help her or him forget.
- Confront the offender in the child's presence. The stress may be harmful. This job is for the authorities.
- Blame the Child

SEXUAL ABUSE IS NEVER THE CHILD'S FAULT!!!!!!

Manager's Safety Reminder

Remember, safety is everyone's job. Prevention is the key to reducing accidents to a minimum. Report all hazardous conditions to the Director of Safety or another Board member immediately. Don't play on a field that is not safe or with

unsafe playing equipment. Be sure your players are fully equipped at all times, especially catchers and batters. And, inspect your team's equipment often. , *Have your players' Medical Clearance Forms with you at all games and practices. Make arrangements to have a cellular phone available at games and practices in case of an emergency.*

Batting or Catching Helmets Do not Paint Them!

(Editor s Note: At tournament time, teams like to "dress up" their uniforms to better represent their leagues. But remember that nothing can be added to a helmets surface; not paint, decals or other adhesive-backed or solvent-based material. Here is how one District got the message out to its leagues to help avoid potential conflict at tournament time.)

Original Message:

To: League Presidents
From: R.J. Shingleton,
District Administrator,
Texas District 28
Date: June 25, 2002

Subject: Batting or Catcher Helmets

I checked with Little League and received the following information:

"The batting and catcher helmets must be used as issued by the company that manufactured them. The exterior of the helmets may not/must not be altered by the addition of paint, decals or any letters/numbers attached with any glue or adhesive."

I hope this clears up any questions.

Please share this information with your All-Star team managers, players and parents so that we do not encounter any problems during tournaments.

Thanks for your help.
Bob

League Reply:

Ben,

Little League should post these rules as there is nothing written that states this. Also, I wasn't aware that we encountered any problems during the tournament.

Craig D. Wernecke
President-Elect
Magnolia LL

District Safety Officer Reply:

Hi Craig,

Your suggestion that Little League add a line or two to the rule book about helmet stickers/paint is a good one. You may submit the request to LL HQ in Williamsport for their consideration if you wish. I plan to do so also.

Back copies of the ASAP Newsletter are available online and on the CD sent to each League Safety Officer. The rules regarding helmet stickers! paint etc. were discussed in the "Safety Chatter" sections in the October 2000 and January/February 2001 issues. They cover the reasons for the rule extensively. When you originally asked about this issue, I remembered the ruling, but not where I had read it. I hope this helps answer the questions posed by you and your parents.

In the 6/26102 email to the leagues, we stated the ruling and that we hoped each league would "share the information to prevent problems from occurring at our tournaments." We hoped that each league would have helmets in compliance with the rule at tournament time so that our umpires or officials would not have to eliminate any from use. If we have to remove a piece of equipment, this usually is upsetting to a team, manager, player or parent; we'd like to avoid that. That was the nature of the "problem" that we hope to avoid.

Thanks again for your input and concern, and please feel free to call with any questions.

Ben Hunt
District Safety Officer
Texas District 28

Eye Injuries

Look Out for Eye Injuries

You can treat many minor eye irritations by flushing the eye, but more serious injuries require medical attention. Injuries to the eye are the most common preventable cause of blindness; so when in doubt, err on the side of caution and call for help.

Routine Irritations

(sand, dirt, and other "foreign bodies" on the eye surface)

- Do not try to remove any "foreign body" except by flushing.

Wash your hands thoroughly before touching the eyelids to examine or flush the eye.

- Do not touch, press, or rub the eye, and do whatever you can to keep the child from touching it.
- Tilt the child's head over a basin with the affected eye down and gently pull down the lower lid, encouraging the child to open her eyes as wide as possible.
- Gently pour a steady stream of lukewarm water from a pitcher across the eye.
- Flush for up to fifteen minutes, checking the eye every five minutes to see if the foreign body has been flushed out.
- Since a particle can scratch the cornea and cause an infection, the eye should be examined by a doctor if there continues to be any irritation afterwards.
- If a foreign body is not dislodged by flushing, it will probably be necessary for a trained medical practitioner to flush the eye.

Embedded Foreign Body

(an object penetrates the globe of the eye)

- Call for emergency medical help.
- Cover both eyes (the unaffected eye must be covered to prevent movement of the affected eye).
If the object is small, use eye patches or sterile dressing for both. If the object is large, cover the injured eye with a small cup taped in place and the other eye with an eye patch
or sterile dressing. The point is to keep all pressure off the globe of the eye.
- Keep your child (and yourself) as calm and comfortable as possible until help arrives.

"Black Eye"

(blunt injury or contusion)

A black eye is often a minor injury, but it can also appear when there is significant eye injury or head trauma. A visit to your doctor or an eye specialist may be required to rule out serious injury, particularly if you're not certain of the cause of the black eye.

For a "simple" black eye:

- Apply cold compresses intermittently: five minutes to 10 minutes on, 10 minutes to 15 minutes off. If you are not at home when the injury occurs and there is no ice available, a cold soda will do to start. If you use ice, make sure it is covered with a towel or sock to protect the delicate skin on the eyelid.
- Use cold compresses for 24 to 48 hours, then switch to applying warm compresses intermittently. This will help the body reabsorb the leakage of blood and may help reduce discoloration.

Heat Illness: What You Need to Know

Don't Treat Heat Illness Lightly

Most coaches understand they need to take breaks between innings of games when the temperatures soar, giving their players a chance to rehydrate and dissipate their extra body heat. But be careful with practices, too.

High school, college and professional athletes have died of heat illness in the last several years during practices in hot, humid weather. Cory Stringer of the Minnesota Vikings NFL team is the most famous case, but the combination of high heat and humidity can create an atmosphere where the athletes' bodies cannot properly dissipate the heat they generate in even normal activities.

More recently, in late June an umpire in St. Louis had to be assisted from the field at Busch Stadium when he collapsed behind the plate after four innings during a game being 96 degree weather with high humidity.

Take breaks every 20 minutes for water and rest in the shade or with cool, wet clothes to drape over necks and promote evaporation to help the skin cool the body's interior.

Take a cooler with ice and water for players to use throughout practice and games. In severely hot areas like southern California, Arizona and New Mexico leagues have set up misters in the dugouts to spray a light water mist over the players to help cool them each inning.

Umpires need special attention, too, since they, like the catcher, wear extra protection which can keep their body's heat from being evaporated. But unlike catchers, the plate umpire doesn't take off the equipment. So make sure umpires drink plenty of water and take breaks for 10-15 minutes every couple of innings on especially hot days. A game's playing time is less important than a person's health, and heat injury can cause a prolonged susceptibility to heat.

Heat cramps may be felt in the legs or abdomen, while heat exhaustion may include dizziness, nausea, headaches and rapid heartbeat. This condition requires immediate medical attention, but is usually not life-threatening.

Heat stroke, which is a serious medical condition often resulting in death, occurs when the body is unable to manage its heat load and fails to cool itself. The skin may be hot but dry, and the victim may be unconscious, delirious or having seizures. For athletes, the onset of heat stroke may be so swift that the person is still sweating.

The young and old are especially susceptible to heat illness, as are people who work or exercise strenuously outside for long periods during the day are also at increased risk for heat-related illness. This combination for young athletes demands coaches be vigilant.

- Lock your car doors even when you're home. Cars can be tempting places for young children to play, whether at the ball diamond or home. A three-year-old died last year in Dallas, Texas when he was trapped in an SUV for just 20

minutes when playing with other children. The outside temperatures reached 100, but the inside of the vehicle was estimated at 150 degrees.

- A 92-year-old rancher in Oklahoma died last year of a heart attack when he attempted to walk for help after his car would not start when out checking his cattle.