



Log of Meeting
ASTM Task Group on Chest Protectors
Sunday, February 5, 1995
Atlanta, GA

Date of Log Entry: February 16, 1995

Source of Log Entry: Susan Kyle, Ph.D., Management and Program Analyst
Office of Hazard Identification and Reduction (EXHR), *SK*
CPSC

Participants: List available upon receipt of minutes from ASTM

Summary of Meeting:

The meeting was chaired by David Halstead. Dr. Hoerner was unable to attend due to a snowstorm in Boston.

Michelle Glassman, National Youth Sports Foundation for the Prevention of Athletic Injuries, Inc., Needham, MA, presented a report on deaths to children age 5 to 14 as a result of being struck by a baseball or softball. This was an analysis of CPSC data from 1983 through 1994. There were 69 deaths in this period. There were 18 deaths to children under age 8. None of these occurred in organized play and all but one were due to chest impact. There were 51 deaths to children 8-14 years old: 24 in organized play, 11 in unorganized, and 16 unknown; 23 were chest impact, 20 head impact, 6 throat/neck and 1 abdomen/stomach.

A general discussion of chest impact injury followed. The specific mechanism of chest impact death is still unknown. Ventricular fibrillation is currently considered the most likely cause. At present, there is no way to establish a criterion measure for chest tolerance to impact. It was noted that there are 2.3 ball-body impacts per game for age 12 and under. It would be useful to know whether chest impact deaths occur in other sports such as boxing, karate, or paint ball. Advantages and disadvantages of various methods of measuring peak force were discussed. It was generally agreed that a standardized method of measuring impact attenuation would be useful.

The task group will meet again at the ASTM meetings in Denver in May 1995.

CPSA 6 (b)(1) Closed

No New/Revised or
Products Identified

Exempted by: *2-16-95*

Approved by: *SK*

For Sign by Manufacturer

