ASAP PLAN

Eugene Little League

Eugene, OR.

EUGENE LITTLE LEAGUE SAFETY POLICY STATEMENT

Eugene Little League® is dedicated to building character, courage, and loyalty by providing a fun, safe, and respectful program for our community. Little League® is a child development program for youth, utilizing baseball/softball to teach many valuable life lessons.

ELL has registered a Safety Officer on the Little League Data Center.

The published manual shall be reviewed with all Managers and Coaches pre-season and distributed as part of their required materials to have on hand at every practice and game.

A letter from the Safety Officer and League President

Dear Officers, Managers, and Coaches:

As a board, we prioritize our children's safety. As parents and Eugene Little League (ELL) officers, we must promote safety awareness in our Little League® program.

Since 1994, when ASAP began, injuries in Little Leagues have dropped by over 70%. This improvement shows our collective impact.

League officers, coaches, and managers are crucial communication points for all ELL initiatives and bear the responsibility of implementing the Safety Plan. While the emphasis of the plan is on prevention through more focus on equipment/facility standards and practices, there is a great deal of attention to education and training to help deal with accident situations when they arise.

Upon review of the Safety Plan, you will see there is a lot of information being made available to create a safer environment for Eugene Little League. We also believe that we have taken a practical approach that enables our children to continue having fun participating in Little League® while developing their skills. Everything in the plan is consistent with all ELL goals, values, rules, and guidelines. We trust you will have the same commitment to this initiative as we do. Together, we can be sure that all who participate in ELL will "Play Safe and Stay in the Game."

For the 2025 season, we strongly encourage every adult to take the Oregon Virtual School District's Child Abuse Prevention Training session – a training required in our schools and highly recommended by Little League Baseball and Softball: http://courses.orvsd.org/moodle/course/view.php?id=254

Sincerely,

James Conners	Steven Frey
League President	Safety Officer
(707) 486-0275	(503) 602-9496

EMERGENCY NUMBER: 9-1-1

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WHAT IS ASAP

ASAP – What is it? In 1994, ASAP (A Safety Awareness Program) was introduced to re-emphasize the position of Safety Officer "to create awareness, through education and information, of the opportunities to provide a safer environment for kids and all participants of Little League's Programs." This manual is offered as a tool to place important information at the manager and coach's fingertips.

Yearly, Eugene Little League prepares and updates this manual, incorporating hours of research and procedures on all facets of safety. This manual is then shared with all managers and coaches and distributed for their reference during the season.

The purpose and scope of this publication is to provide a tool to help the volunteer members of our league understand safety is an ongoing concern. The only way we can protect our players and adult members is to be ever vigilant in the pursuit of a safe atmosphere in which to enjoy the game of baseball with our children.

The second lesson in this publication is the understanding that a complete team effort is necessary to implement the safety program we have formulated.

With the total commitment from the league, managers, coaches, players, and parents can continue to enjoy the comforts of a safe season, knowing the planning and forethought present a safe and enjoyable atmosphere for all.

MISSION STATEMENT

The objective of Eugene Little League is to support children of all ages in the community by instilling the ideals of integrity, teamwork, sportsmanship, courage, and respect so they may become decent, productive members of the community. Little League Baseball and ELL do not limit participation in its activities based on disability, race, color, creed, national origin, gender, sexual preference, or religious preference.

Provide a safe environment at practices and games for ALL participants – players, managers, coaches, volunteers, umpires, and spectators.

The methodology used is to emphasize the PREVENTION of injuries through Education, Information, Organization, and increased focus on Equipment and Facility standards.

PURPOSE

The objective of our Safety Plan is to ensure that every Little League-aged child has the opportunity to participate in baseball or softball in the safest manner possible. While recognizing the inherent risks associated, we are committed to mitigating those risks by updating and implementing this Safety Plan each season.

EUGENE LITTLE LEAGUE SAFETY OFFICER'S RESPONSIBILITIES

The League Safety Officer for 2025 is Steven Frey (541-602-9496). The Eugene (ELL) Safety Officer serves as the link between the Board of Directors and managers, coaches, umpires, players, and any other parties regarding safety matters. The primary responsibility of the Safety Officer is to develop and implement the League's Safety Program. Other duties include:

- Publish in newsletters and on the website any relevant ASAP news to team managers.
- Assist parents and individuals with insurance claims and act as the liaison between the insurance company and the parents/player.
- Maintain a log of where accidents and injuries are occurring, to whom, in which division, at what times, and under what supervision.
- Correlating and summarizing injury/accident dates to determine proper accident prevention in the future.
- Ensuring that each team manager receives his/her Safety Manual at the beginning of the season.
- Field inspection forms completed, listing areas needing attention. This information is handed off to the Field Coordinator for correction.
- Schedule (often with the District Safety Officer) basic First-Aid Training for managers, coaches, and umpires before the start of every season, in conjunction with fundamental training as provided by the District and/or Coaching Coordinator.

- Review/update the Safety Plan and Lighting Audit (where lights are in place) every season.
- Assure that first aid kits are administered to each manager (**new first aid kits each year**) and are present at games/practices.
- Assure that all volunteers have completed the background check forms and confirm the President and/or Board representative responsible has verified using Little League's contract with Blue Line Services.
- Acting immediately to resolve unsafe conditions once a situation has been brought to his/her attention.
- Making sure the position of Safety Officer is a board position, a meeting topic, and allowing experienced people to share ideas on improving safety.
- Complete the annual Little League facility survey before the start of the season.

ACCIDENT REPORTING PROCEDURE

Steven Frey, ELL Safety Officer (503-602-9496)

An incident that causes any player, manager, coach, umpire, or other volunteer to receive medical treatment and/or first aid must be reported to the League Safety Officer. Such incidents will be reported within 24 hours of the incident.

The above ELL line will be checked each evening. Calls will be returned immediately.
Reporting the incident may come in a variety of forms. Most common is via phone, and the manager/coach making the report should, at a minimum, provide the following information:

- The name and phone number of the individual and/or individuals involved.
- The name and phone number of the reporting manager/coach.
- The date/time/location of the incident.
- Provide as detailed a description of the incident as possible.
- The preliminary estimate of the extent of the injuries.
- Please report "near-misses" to the Safety Officer to evaluate practices and avoid future injuries.

ELL Safety Officer Responsibilities at that time:

- Verify information and obtain any other deemed necessary.
- Follow-up on the status of the injured party.
- Assist in the completion of proper accident/insurance forms and submitting them accordingly.

EUGENE LITTLE LEAGUE SAFETY CODE

The Board of Directors of Eugene Little League has mandated the following SAFETY CODE. All managers, coaches, team parents, and players are required to adhere to this code as written. Many of these are merely re-quotes of rules as found in the Little League Rules and Regulations.

- The responsibility of following safety procedures belongs to every adult volunteer of ELL.
- Each manager, coach, team parent, and play shall use proper reasoning and care to prevent injury to him/her and others.
- Arrange emergency medical services before each game and practice.
- Only league-approved managers and coaches are allowed to practice teams.
- Managers and designated coaches will have mandatory training in basic First Aid.
- Games or practices will not be held during poor weather or field conditions, especially when lighting is insufficient. Managers are advised to consult the district website for information on 'sunset' times related to 'dusk.'
- All fields used for practices and games shall have the required breakaway bases in place.
- Managers are responsible for designating a Field Coordinator for the team, an individual who will be responsible for inspecting the playing area before games and practices for holes, damage, stones, glass, and other foreign objects.
- Team equipment will be stored within the team dugout or behind screens and not within the area defined by umpires as 'in play.'
- Only 'rostered' players, managers, coaches, and umpires are allowed in the playing field or dugout during games.
- Managers and coaches are responsible for keeping bats and loose equipment off the field of play and for using breakaway bases at all times.
- Foul balls batted out of the playing area will be returned to the nearest dugout.
- During practices and games, all players shall be alert and watch the batter on each pitch.
- During warm-up drills, players shall be spaced so that no one is endangered by wild throws or missed catches.
- All pre-game warm-ups should be performed within the confines of the playing field.
- Equipment will be inspected regularly by the manager for its condition as well as proper fit.
- Umpires will inspect all equipment before each game.
    - Any damaged equipment will be returned to the Equipment Manager. If it is a condition that cannot be repaired to a safe status, it will be destroyed or made unusable to stop children from attempting to save it from waste.
- Batters must wear Little League-approved protective helmets during batting practice and games.
- Softball players through all divisions must have a face mask.
- No headfirst sliding for players ages 12 and under unless they are returning to a base.
- No 'on deck' circle for players ages 12 and under.
- No 'bat in hand' until the player leaves the dugout.
- Warm-up swings will be allowed by the umpire before the first pitch.
- During sliding practices, bases used shall be breakaway bases.
- At no time will horseplay be permitted in the dugout or on the field.
- Managers will only use official Little League balls supplied by ELL. Reduced impact balls will be used for Tee-Ball and Coach Pitch Minors.
- All male players are recommended, regardless of age, to wear athletic supports with cups during practices and games.

- Male catchers must wear metal, fiber, or plastic-type cups and long-model chest protectors (Majors and below only).
- Female catchers must wear long or short-model chest protectors.
- All catchers must wear a facemask, dangling throat guard, shin guard, and chest protector.
- Managers and coaches will NOT warm up pitchers. (No adult warming up pitchers.)
- A catcher must wear their mask while warming up pitchers
- For 12 and under, shoes with metal spikes or cleats are not permitted.
- Shoes with plastic/rubber cleats are permissible in all divisions.
- Players will not wear earrings, watches, rings, pins, or other metallic items during practices or games.
    - Exception: Medical alert tags for medical conditions. Those should be tucked or taped to avoid being loose and causing a hazard.
- Managers will never leave a child unattended at a practice or game. In the case of a child waiting for a ride, a manager or coach and at least one additional adult will stay with the child.
- Never hesitate to report any present or potential safety hazard to the ELL Safety Officer.
- Make arrangements to have a cellular phone available when a game or practice is at a facility that does not have a public phone.
- No drugs or alcohol will be allowed on the premises at any time.
- No smoking or chewing tobacco will be allowed at the ball fields – in the dugouts, in the stands, or along the fence lines.
- No medication will be taken at a practice or game unless administrated directly by the child's parents.
- No one is allowed to play with open wounds. Wounds should be treated and properly bandaged.
- Per the Eugene City Ordinance, no dog is allowed unless on a leash, and waste must be properly disposed of.

Safety Plan Review

The Safety Plan shall be submitted to the District Administrator or District Safety Officer for annual review by February 1st or by the deadline established by the district for the current season.

Code of Conduct

The Eugene Little League Code of Conduct will be reviewed annually by the members of the Board for need of change. It will then be administered at registration, assuring that all have properly signed and understood its contents. These will be held on file until the end of the season, at which time they will be destroyed.

Clinics/Meetings:

The following clinics are available to all managers, coaches, and volunteers for the 2025 baseball and softball season. All Managers and Coaches will be strongly encouraged to attend their age-specific session, with emphasis on requiring there be at least one representative from every team receiving the

training. Every coach is required to attend at least once every three years. Fundamentals, first-aid, and concussion will be covered.

APPROVED COACHES AND ROSTERS:
Final approved managers, coaches, and player roster data will be uploaded to the Little League Data Center with the approved safety plan.

FINAL SAFETY REMINDER:

10 COMMANDMENTS OF SAFETY

BE ALERT!
CHECK PLAYING FIELD FOR SAFETY HAZARDS
ALL PARTICIPATING WEAR PROPER EQUIPMENT
ENSURE EQUIPMENT IS IN GOOD SHAPE
ENSURE FIRST AID IS AVAILABLE
MAINTAIN CONTROL OF THE SITUATION
MAINTAIN DISCIPLINE
FOCUS ON SAFETY AS A TEAM SPORT
BE ORGANIZED
HAVE FUN!

Prevention is the key to reducing accidents. The Eugene Little League Board, managers, coaches, parents, and players must work as a team to establish a philosophy that "Safety is Number One!" Every individual involved must make safety an integral part of their behavior, action, and instruction. We owe it to our children to provide a safe and fun environment for them to learn and enjoy our national pastime.

The next pages describe a safety plan that will be implemented and maintained. This plan is submitted to our District Safety Officer and Little League® for approval as a program to protect players, staff, and spectators.

"PLAY SAFE AND STAY IN THE GAME!"

MANAGER'S RESPONSIBILITIES

Managers play an extremely important role in our program. They are responsible for the team's actions on the field and represent the team in communication with the umpire and the opposing team. Appoint an individual to act as your "Team Safety Rep" to help monitor for safety. Managers are also responsible for the following:

MANAGERS

- Ensure phone access at all activities, including practice.
- Do not expect more from players than they can deliver.
- Be open to ideas, suggestions, and help.
- Ensure players wear sliding pads if required.
- Always have a first-aid kit and safety manual available.
- Use common sense.
- Know the medical conditions of your players; check with parents on handling special conditions (review medical release forms).
- Have at least two parents present at any game or practice.
- Act as the team Safety Officer unless delegated otherwise.

PRE-GAME

- Ensure players are healthy, rested, and alert.
- Confirm injured players have a doctor-signed medical release.
- Verify players are in full uniform.
- Check that all equipment is safe and operational.
- Agree on field fitness with the opposing manager and umpire; contact the League Field Coordinator if needed.
- Conduct warm-up and stretching exercises before the game:
  - Light jog around the field before warm-up throws:
  - Light tosses: short, medium, and long distances
  - Medium tosses at medium distances
  - Regular tosses at medium distances
  - Field ground balls and pop flies.
  - Avoid soft toss batting drills into a fence.
- Check male players for an athletic supporter with a cup.
- Ensure adequate water for all players.

DURING THE GAME

- Don't leave equipment in the field.
- Keep players alert and disciplined.
- Stay organized.
- Players and substitutes should stay on the bench or in the dugout unless they are preparing to play.
- Ensure catchers wear proper gear.
- Keep players off fences.

- Encourage frequent hydration.
- Do not let ill or injured children play.
- Attend to any child who becomes ill or injured during a game or practice.

POST-GAME

- Ensure all team members are picked up by a known family member or designated driver; at least two adults must stay with children awaiting pickup.
- Notify parents of any injury, regardless of severity—no exceptions.
- Report safety issues and document injuries on an Incident. Report to the League Safety Officer within 24 hours.
- Restore the field to its pre-game condition; each team will assign coordinators for cleanup (Litter Patrol).

STRETCHING

Stretching is an intricate part of accident prevention. The purpose of stretching is to increase flexibility within the various muscle groups and prevent tearing from overexertion. Stretching should never be done forcefully but rather in a gradual manner to encourage looseness and flexibility. ELL strongly supports stretching before every practice and game.

WEATHER

The managers will determine if the field is playable. If they cannot agree, they will follow the umpire's direction.

RAIN

- Evaluate rain intensity: drizzle or heavy pour?
- Assess storm direction.
- Monitor field saturation.
- Stop play if unsafe; consult manager and umpire (umpire decides).
- Wait 20 minutes before canceling the game.

THUNDERSTORMS and LIGHTNING

The average lightning strike is 5 to 6 miles long. Once the leading edge of a thunderstorm approaches within 10 miles, you are at risk of the possibility of a strike. If you HEAR or SEE a thunderstorm, do the following:

- Suspend all games and practices immediately.
- Put all metal bats down.
- Avoid metal objects (bats, fences, bleachers, etc.).
- Have players wait in their parents' cars for further instructions.

RULE OF THUMB: WHEN YOU HEAR IT – CLEAR IT. WHEN YOU SEE IT – FLEE IT.

The ultimate truth about lightning is that it is unpredictable and cannot be prevented. Therefore, a manager, coach, or umpire who feels threatened by an approaching storm should stop play immediately and get the kids to safety.

HYDRATION

Good nutrition is important for children. Sometimes, the most important need is water – especially when they are physically active. During the season, encourage players to drink fluids every 15-30 minutes, even if they don't feel thirsty. If a player looks distressed while standing in the hot sun, substitute that player and get them into the shade ASAP. **If a player should collapse because of heat-related problems, contact 9-1-1 IMMEDIATELY.**

CHILD ABUSE OR NEGLECT

In the unfortunate case that you suspect one of your players is a victim of abuse or neglect, immediately contact the League President or a Board Member by leaving a message on the league Phone (541-852-8193). Little League volunteers should not attempt to investigate suspected abuse or neglect cases on their own. You may be directed to call the report to your local police department.

HEALTH AND MEDICAL

Know what your first aid kit contains before you need it. Additional supplies can be obtained from the League Safety Office by leaving a message on the League Phone. First Aid is the first care given to a victim. Know your limits when rendering care:

GOOD SAMARITAN LAW

The "Good Samaritan Law" protects those who provide emergency care to ill or injured persons. This legal immunity protects you, as a rescuer, from being sued and found financially responsible for the victim's injury. When citizens respond to an emergency and act as a reasonable and prudent person would under the same conditions, this immunity prevails.

WHEN TO CALL 9-1-1

Some conscious victims will advise you not to call an ambulance, and you may not be sure what to do. Call 9-1-1 anyway and request paramedics if the victim:

- is or becomes unconscious
- has problems breathing or is breathing in a strange way
- has chest pain or pressure
- is bleeding severely
- has pressure or pain in the abdomen that does not go away
- is vomiting or passing blood
- has seizures, a severe headache, or slurred speech
- has an injury to the head, neck, or back
- Have possible broken bones.

If you have any doubt at any time, call 9-1-1 and request paramedics on site.

CHECKING A VICTIM

If the victim is conscious, ask what happened. The victim may be able to tell you what happened and how he or she feels. This information helps determine what care may be needed. Never be in a hurry to move a victim. (The ground is firm and works as a splint.) Then do the following:

- If the victim is unconscious, obtain what happened from bystanders.
- Check from head to toe to avoid overlooking any problems.
- Do not ask the victim to move or move the victim until the check is completed.
- Examine the scalp, face, ears, nose, and mouth.
- Examine the arms and legs for cuts, bruises, bumps, and depressions.
- Watch for changes in consciousness.
- Notice if the victim is drowsy, not alert, or appears confused.
- Look for changes in breathing. It should be regular, quiet, easy.
- Notice how the skin looks and feels. Note if it is reddish, bluish, pale, or gray.
- Feel with the back of your hand on the forehead to see if it is unusually damp, dray, cool, or hot.
- Ask the victim again about the area that hurts.
- Ask the victim to move each part of the body that doesn't hurt.
- Check the shoulders by asking the victim to shrug them.
- Ask the victim if they can move fingers, hands, and arms.
- Ask them to count how many fingers you hold up for them to see.
- Think of how the body usually looks. If you are unsure of something, check it against the other side of the body.
- When finished checking, if the victim can move his or her body without any pain and there are no other signs of injury, have them rest sitting up.
- When the victim feels ready, help them to their feet.

NOTE: When a victim needs assistance from 9-1-1, do not move them.

COMMUNICABLE DISEASE PROCEDURES

While the risk of one athlete infecting another with HIV/AIDS or Hepatitis B or C during competition is close to nonexistent, there is a remote risk of other blood-borne infectious diseases being transmitted. Following the following precautions:

- A bleeding player should be removed from competition, bleeding controlled, and the open wound covered.
- All those rendering first aid should use latex gloves when providing care.
- Immediately wash hands and other skin surfaces contaminated with blood.

ALLERGIC REACTIONS

Highly sensitive people can be allergic to a variety of items. Bee stings, food, and medication are just a few. If the victim is subjected to one of the above and shows any signs or symptoms, **call 9-1-1.**

- nausea
- swelling of the face, throat, tone
- breathing difficulties
- bluish face, lips, fingernails
- shock
- unconsciousness

ASTHMA

Asthma is acute spasms of the tubes in the lungs. It affects all ages and can be the result of an allergic reaction. Emotional stress, exercise, or respiratory infections may also cause an attack. Symptoms are the same as an allergic reaction. Known asthmatics generally carry personal inhalers. Having the patient sit down and rest until the event has passed is crucial. If in doubt, **call 9-1-1**.

BLEEDING

Apply pressure to the wound with a dressing until the bleeding has stopped. Then, HOLD the dressing in place with a bandage. Watch for signs of shock.

NOSEBLEED

To control a nosebleed, have the victim pinch the nostrils together until the bleeding stops. An ice pack applied to the bridge of the nose can also help.

BLEEDING, INSIDE OR OUTSIDE OF THE MOUTH

To control bleeding inside the cheek, place a folded dressing inside the mouth against the wound.
To control bleeding on the outside, use a dressing to apply pressure directly to the wound bandage so as not to restrict it.

CONCUSSION

A blow to the head or face can cause a concussion. The patient will have a loss of memory for a short period after the event. Please see the Jenna's Law concussion awareness section below.
Symptoms:

- Confused
- Loss of memory
- Headache
- Dizziness
- Weakness
- Visual problems and nausea

Treatment

- If suspected spinal injuries call 9-1-1 – AND DO NOT MOVE

- If symptoms clear quickly, remove the victim for the remainder of the game and have the family follow up with the doctor.

If symptoms persist - call 9-1-1

FRACTURES AND DISLOCATIONS

A fracture is a break in the bone; a dislocation is a disruption of a joint.

Symptoms – Fracture

- Deformity
- Tenderness
- Swelling
- Bruising
- Pain and sometimes exposed bone fragments

Symptoms – Dislocation

- Deformity
- Tenderness
- Swelling and bruising of a joint

Treatment for either:

- Expose the injured area
- Control bleeding
- Apply ICE and CALL 9-1-1

DO NOT MOVE THE PATIENT

HEAT CRAMPS

Heat cramps are painful muscle spasms that occur after vigorous exercise. This normally affects the legs and abdomen. The cause is loss of electrolytes through sweating:

Treatment:

- Remove the patient from the hot environment
- Loosen any tight clothing
- Sit the patient down or lie them down – resting the cramping muscle
- Replace fluids – drink water or sports drinks.
- If the problem persists, 9-1-1

HEAT EXHAUSTION

Heavy sweating (fluid depletion) and electrolyte loss cause Heat Exhaustion

Symptoms:

- Profuse sweating
- Cool skin
- Dizziness
- Weakness
- Faintness
- Nausea
- Headache, possible loss of consciousness

Treatment:

- Call 9-1-1
- Get the patient out of the heat
- Loosen clothing
- Lay patient down, elevate legs
- Fan patient
- If alert, encourage them to drink

HEAT STROKE

Heat stroke is the least common but most serious heat-related illness. The body cannot get rid of the excess heat it produces. Body temperatures rise rapidly, and death can result:

Symptoms:

- Hot, dry skin
- Flushed skin
- The level of consciousness falls

Treatment:

- Call 9-1-1
- Get the patient out of the heat
- Remove clothing
- Apply ice or ice packs to the neck and armpits
- Cover the patient with wet towels or sheets

SHOCK

Shock can happen any time the body is deprived of blood or oxygen. There are many types of shock. We are most likely to see it from blood loss or in the form of simple fainting.

Symptoms:

Anxiety
Increased thirst
Cool and most skin

Blood loss
Skin color changes (bluish
Levels of consciousness fall

Treatment

Contact 9-1-1
Lay patient on the ground with feet elevated 12 inches
Control external bleeding and keep the patient warm

SPINAL INJURIES

Suspect the possibility of spinal injuries when dealing with any head injury. Once the spine is injured, it can lead to paralysis.

Symptoms:

Numbness
Weakness or tingling in the arms and legs
Pain
Tenderness or swelling of the spine
Don't rule out the possibility - if the victim has been hit very hard - contact 9-1-1

Treatment

Don't move patient
Encourage the patient to look forward and not move his head - contact 9-1-1

WHEN TREATING AN INJURY, REMEMBER TO APPLY

P.R.I.C.E.S.

Protection

Rest

Ice

Compression

Elevation

Support

If the injury requires more than a band-aid and/or an ice pack CALL 9-1-1

LEAGUE EQUIPMENT MANAGER RESPONSIBILITIES

Before the commencement of the season, the Equipment Manager is responsible for inspecting all equipment to ensure compliance with safety standards before distributing it to managers. If any equipment is found to be defective and cannot be repaired to meet safety guidelines, it must be destroyed and rendered unusable to prevent anyone from retrieving it from the trash and attempting to use it.

CONCESSION STANDS

Eugene Little League is developing its concessions program and may not offer concessions at every event. If available, these safety procedures apply:

- No one under fourteen is allowed behind the counter.
- Food handlers must be trained by the Concession Stand Manager.
- Cooking equipment will be regularly inspected and maintained.
- Only food purchased by Eugene Little League will be used.
- Cooking grease will be stored away from open flames.
- Cleaning chemicals will be locked up.
- If cooking, a fire extinguisher for grease fires must always be visible.
- Workers will be instructed on using fire extinguishers.
- The entrance will remain unblocked and unlocked when occupied.
- Each stand will have a First Aid Kit with additional supplies.
- A fully stocked First Aid Kit and additional supplies will be in each Concession Stand, including Antibiotic Cream, Burn Ointment, Ice Packs, Ace Bandages, Slings, and Splints.

FIRST AID KITS – What's included

- 3 pairs of Latex Gloves
- 1 scissor
- 1 tweezer
- 1 roll of tape
- 10 alcohol prep pads
- 3 antibiotic ointments
- 3 antiseptic cleansing wipes
- 1 burn cream
- 4 tongue depressors
- 3 ice packs
- 2 zip lock bags
- 4 4x4 gauze
- 4 3x3 gauze
- 4 2x2 gauze
- 2 2x3 gauze
- 1 large square Band-Aid
- 2 large fingertips Band-Aids

- 3 small fingertips Band-Aids
- 3 knuckle Band-Aids
- 10 1x3 Band-Aid
- 2 garbage bags
- 1 tote

JENNA'S LAW

Jenna's Law (SB 721) is an Oregon law that requires concussion management for youth sports organizations that are not part of a school. The law was passed in 2014.

How does Jenna's Law work?

- Requires organizations to create policies and procedures for concussion management
- Requires organizations to provide training and track training
- Requires organizations to ensure staff practice good concussion management
- Requires organizations to restrict play when a concussion is suspected
- Requires organizations to provide educational materials and programs

What does this mean for coaches and athletes?

- Coaches must take a free online concussion education course
- Coaches must immediately remove a player from play if they suspect a concussion
- Coaches must get the player checked out by a medical professional
- Players cannot return to play until they have been cleared by a medical professional

Who can clear an athlete to return to play?

- A medical doctor (MD), osteopathic doctor (DO), chiropractic doctor (DC), naturopathic doctor (ND), nurse practitioner (NP), physician assistant (PA), physical therapist (PT), occupational therapist (OT), or psychologist