

**Junípero Serra High School-Emergency Action Plan**

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## Junípero Serra High School Emergency Procedures Emergency Action Plan<sup>1</sup>

The following information has been obtained via NATA Position Statement on Emergency Planning in Athletics

### Introduction

Most injuries sustained during athletics or other physically activity and are relatively minor. However, potentially limb-threatening or life-threatening emergencies in athletics and physical activity are unpredictable and occur without warning. The National Athletic Trainers' Association recommends that each organization or institution that sponsors athletic activities or events develop and implement a written emergency plan. Components of the emergency plan include identification of the personnel involved, specification of the equipment needed to respond to the emergency, and establishment of a communication system to summon emergency care. Emergency plans should be reviewed and rehearsed annually, with written documentation of any modifications.

### Components of Emergency Planning

#### Implementation

1. The plan must be committed to writing to provide a clear response to mechanism and to all for continuity among emergency team members.
2. It is important to educate all the members of the emergency team regarding the emergency plan. All personnel should be familiar with the emergency medical services system that will provide coverage to their venues and include their input in the emergency plan.
3. Each team member, as well as institution or organization administers, should have a written copy of the emergency plan that provides documentation of his or her roles and responsibilities in emergency situations. A copy of the emergency plan specific to each venue should be posted prominently by the available telephone.
4. The emergency plan and procedures have to be rehearsed. This rehearsal can be accomplished through an annual in-service meeting, preferably before the highest-risk sport season.

#### Personnel

In an athletic environment, the first person who responds to an emergency situation may vary widely; it may be a coach or a game official, a certified athletic trainer, an emergency medical technician, or a physician. The plan should also outline who is responsible for summoning help and clearing the uninjured from the area. In addition, all personnel associated with practices, competitions, skills instruction, and strength and conditioning activities should have training in automatic external defibrillation and current certification in cardiopulmonary resuscitation, first aid, and the prevention of disease transmission.

The chain of command in an emergency situation includes:

- Certified Athletic Trainer
- EMT/Paramedic/Team Physician
- Coach
- Administration

The chain of command is specific to each venue.

## Equipment

Equipment should be in good, operating condition, and personnel must be trained in advance to use it properly. It is imperative that health professionals and organizational administrators recognize that recent guidelines published by the American Heart Association call for the availability and use of automatic external defibrillators (AED) and that defibrillation is considered a component of basic life support. The use of equipment should be regularly rehearsed by emergency personnel, and the emergency equipment that is available should be appropriate for the level of training of the emergency medical providers and the venue.

## Communication

Access to a working telephone or other telecommunications device, whether fixed or mobile, should be ensured at each venue. A back-up communication plan should be in effect in case the primary communication system fails. A listing of appropriate emergency numbers should be either posted by the communication system or readily available.

### Emergency Phone Numbers (from cellular phone)

EMS/Police/Fire	911
San Mateo EMS/Fire	(650)-364-1313
Athletic Trainer – Duke Meek	(650)-279-9105
Athletic Director – Justin Ferdinand	(949)-322-3965
Asst. AD- Darius Bell	(415)- 548-3334
On-Site Administrator/Security/Maintenance	to be reached by radio

### Emergency Phone Numbers (from campus phone)

EMS/Police/Fire	9-911
San Mateo EMS/Fire	9-(650)-364-1313
Athletic Trainer – Duke Meek	9-(650)-279-9105
Athletic Director – Justin Ferdinand	9-1-(949)-322-3965
Asst. AD- Darius Bell	9-1-(415)- 548-3334
On-Site Administrator/Security/Maintenance	to be reached by radio

## Transportation

Transportation should place emphasis on having an ambulance on site at high-risk events. Consideration should be given to the level of transportation service that is available and the equipment and the equipment and training level of the personnel who staff the ambulance. In the event that an ambulance is on site, a location should be designated with rapid access to the site and a cleared route for entering and exiting the venue. In the emergency evaluation, the primary survey assists the emergency care provider in identifying emergencies that require critical intervention and in determining transport decisions. A plan must be available to ensure that the activity areas are supervised if the emergency care provider leaves the site to transport the athlete.

## Venue Location

The emergency plan should be venue specific, based on the site of the practice or competition and the activity involved. The plan for each venue should encompass accessibility to emergency personnel, communication system, equipment, and transportation. **SEE APPENDIX A**

The addresses to the on-campus venue locations are listed below with cross street and gate locations for emergency personnel (ambulances, fire trucks, etc.):

Athletic Training Room:

Located in Brady Family Stadium next to the ramp

Football/Track/Soccer:

Gate located at south end zone or drive in to campus using Stratford Ave. Gate

Pool:

Entrance from the 20th Ave. Gate

Baseball Field:

Entrance using Stratford Ave. Gate

Weight Room/Wrestling Mat Room:

Entrance using Stratford Ave. Gate

#### Emergency Care Facilities

The emergency plan should incorporate access to an emergency medical facility. The designated emergency facility and emergency medical services should be notified in advance of athletic events. It is recommended that the emergency plan be reviewed with both medical facility administrators and in-service medical staff regarding pertinent issues involved in athlete care.

Kaiser Permanente-Redwood City  
1100 Veteran's Blvd  
Redwood City, CA 94063  
(650)-299-2000

Mills Peninsula Hospital  
1501 Trousdale Ave.  
Burlingame, CA 94010  
(650)696-5400

Stanford Hospital  
300 Pasteur Drive  
Stanford, CA 94305  
(650)-723-4000  
ER: (650)-723-5111

#### Documentation

A written emergency plan should be reviewed and approved by sports medicine team members and institutions involved. Additional documentation should encompass the following:

- Delineation of the person and/or group responsible for documenting the events of the emergency situation
- Follow-up documentation on evaluation of response to emergency situation
- Documentation of regular rehearsal of the emergency plan
- Documentation of personnel training
- Documentation of emergency equipment maintenance

Junípero Serra High School  
Emergency Action Plan  
**Athletic Training Room**

Emergency Personnel

A certified athletic trainer will be available on site or on campus for all competitions occurring on the campus of Junípero Serra High School. The emergency plan should be activated in response to catastrophic injuries and illness, including but not limited to concussions, heat illness, spine injury, cardiac arrest, respiratory distress (asthma), sickle cell trait collapses, fractures, and dislocations.

Emergency Equipment

Medical kit, splint kit, and AED will be available at all home competitions.

**AED: Located inside the Athletic Training Room**

Role of the Athletic Trainer

1. Assess the scene for safety then provide care for the injured athlete
2. Designate an administrator/coach to retrieve emergency equipment
3. Designate an assistant coach to activate EMS by calling 911 (unless alone), provide:
  - a. Caller's name and exact location
  - b. Identify emergency situation
  - c. Possible injury
  - d. Status of injured patient
  - e. Type of assistance being given to injured patient
  - f. Telephone number of phone being used
4. *Ambulance should enter the campus via the Stratford Ave. Gate*
5. Assist EMS at scene:
  - a. A lay person will be present in the front of the school to assist ambulance to the scene
  - b. Scene Control: limit scene to medical providers, move bystanders away from area

Communication

Emergency Phone Numbers (from cellular phone)

EMS/Police/Fire	911
San Mateo EMS/Fire	(650)-364-1313
Athletic Trainer – Duke Meek	(650)-279-9105
Athletic Director – Justin Ferdinand	(949)-322-3965
Asst. AD- Darius Bell	(415)- 548-3334
On-Site Administrator/Security/Maintenance	to be reached by radio

Severe Weather

In the event of severe weather, all fields must be cleared. If athletic trainer is present then they will make the call to end or resume the athletic event. Safe shelters from severe weather include inside the building, away from electric, telephone wiring, and plumbing.

Junípero Serra High School  
Emergency Action Plan  
**Football/Track/Soccer Field**

Emergency Personnel

A certified athletic trainer will be available on site or on campus for all competitions occurring on the campus of Junípero Serra High School. The emergency plan should be activated in response to catastrophic injuries and illness, including but not limited to concussions, heat illness, spine injury, cardiac arrest, respiratory distress (asthma), sickle cell trait collapses, fractures, and dislocations.

Emergency Equipment

Medical kit, splint kit, and AED will be available at all home competitions.

**AED: Located inside the Athletic Training Room or in the weight room**

Role of the Athletic Trainer

1. Assess the scene for safety then provide care for the injured athlete
2. Designate an administrator/coach to retrieve emergency equipment
3. Designate an assistant coach to activate EMS by calling 911 (unless alone), provide:
  - a. Caller's name and exact location
  - b. Identify emergency situation
  - c. Possible injury
  - d. Status of injured patient
  - e. Type of assistance being given to injured patient
  - f. Telephone number of phone being used
4. *Ambulance should enter from the Stratford Ave. Gate or the Gate on 22<sup>nd</sup> Ave.*
5. Assist EMS at scene:
  - g. A lay person will be present in the front of the school to assist ambulance to the scene
  - h. Scene Control: limit scene to medical providers, move bystanders away from area

Communication

Emergency Phone Numbers (from cellular phone)

EMS/Police/Fire	911
San Mateo EMS/Fire	(650)-364-1313
Athletic Trainer – Duke Meek	(650)-279-9105
Athletic Director – Justin Ferdinand	(949)-322-3965
Asst. AD- Darius Bell	(415)- 548-3334
On-Site Administrator/Security/Maintenance	to be reached by radio

Severe Weather

In the event of severe weather, all fields must be cleared. If athletic trainer is present then they will make the call to end or resume the athletic event. Safe shelters from severe weather include inside the building, away from electric, telephone wiring, and plumbing.

Junípero Serra High School  
Emergency Action Plan  
**Pool**

Emergency Personnel

A certified athletic trainer will be available on site or on campus for all competitions occurring on the campus of Junípero Serra High School. The emergency plan should be activated in response to catastrophic injuries and illness, including but not limited to concussions, heat illness, spine injury, cardiac arrest, respiratory distress (asthma), sickle cell trait collapses, fractures, and dislocations.

Emergency Equipment

Medical kit, splint kit, and AED will be available at all home competitions.

**AED: Located on the wall next to the office**

Role of the Athletic Trainer

1. Assess the scene for safety then provide care for the injured athlete
2. Designate an administrator/coach to retrieve emergency equipment
3. Designate an assistant coach to activate EMS by calling 911 (unless alone), provide:
  - a. Caller's name and exact location
  - b. Identify emergency situation
  - c. Possible injury
  - d. Status of injured patient
  - e. Type of assistance being given to injured patient
  - f. Telephone number of phone being used
4. *Ambulance should enter through the 20<sup>th</sup> Ave. Gate*
5. Assist EMS at scene:
  - g. A lay person will be present in the front of the school to assist ambulance to the scene
  - h. Scene Control: limit scene to medical providers, move bystanders away from area

Communication

Emergency Phone Numbers (from cellular phone)

EMS/Police/Fire	911
San Mateo EMS/Fire	(650)-364-1313
Athletic Trainer – Duke Meek	(650)-279-9105
Athletic Director – Justin Ferdinand	(949)-322-3965
Asst. AD- Darius Bell	(415)- 548-3334
On-Site Administrator/Security/Maintenance	to be reached by radio

Severe Weather

In the event of severe weather, all fields must be cleared. If athletic trainer is present then they will make the call to end or resume the athletic event. Safe shelters from severe weather include inside the building, away from electric, telephone wiring, and plumbing.



Junípero Serra High School  
Emergency Action Plan  
**Gymnasium**

Emergency Personnel

A certified athletic trainer will be available on site or on campus for all competitions occurring on the campus of Junípero Serra High School. The emergency plan should be activated in response to catastrophic injuries and illness, including but not limited to concussions, heat illness, spine injury, cardiac arrest, respiratory distress (asthma), sickle cell trait collapses, fractures, and dislocations.

Emergency Equipment

Medical kit, splint kit, and AED will be available at all home competitions.

**AED: Located just outside the gymnasium in the lobby**

Role of the Athletic Trainer

1. Assess the scene for safety then provide care for the injured athlete
2. Designate an administrator/coach to retrieve emergency equipment
3. Designate an assistant coach to activate EMS by calling 911 (unless alone), provide:
  - i. Caller's name and exact location
  - j. Identify emergency situation
  - k. Possible injury
  - l. Status of injured patient
  - m. Type of assistance being given to injured patient
  - n. Telephone number of phone being used
4. *Ambulance should enter from the Stratford Ave. Gate or the Gate on 22<sup>nd</sup> Ave.*
5. Assist EMS at scene:
  - o. A lay person will be present in the front of the school to assist ambulance to the scene
  - p. Scene Control: limit scene to medical providers, move bystanders away from area

Communication

Emergency Phone Numbers (from cellular phone)

EMS/Police/Fire	911
San Mateo EMS/Fire	(650)-364-1313
Athletic Trainer – Duke Meek	(650)-279-9105
Athletic Director – Justin Ferdinand	(949)-322-3965
Asst. AD- Darius Bell	(415)- 548-3334
On-Site Administrator/Security/Maintenance	to be reached by radio

Severe Weather

In the event of severe weather, all fields must be cleared. If athletic trainer is present then they will make the call to end or resume the athletic event. Safe shelters from severe weather include inside the building, away from electric, telephone wiring, and plumbing.

Junípero Serra High School  
Emergency Action Plan  
**Baseball Field**

Emergency Personnel

A certified athletic trainer will be available on site or on campus for all competitions occurring on the campus of Junípero Serra High School. The emergency plan should be activated in response to catastrophic injuries and illness, including but not limited to concussions, heat illness, spine injury, cardiac arrest, respiratory distress (asthma), sickle cell trait collapses, fractures, and dislocations.

Emergency Equipment

Medical kit, splint kit, and AED will be available at all home competitions.

**AED: Located in the weight room**

Role of the Athletic Trainer

1. Assess the scene for safety then provide care for the injured athlete
2. Designate an administrator/coach to retrieve emergency equipment
3. Designate an assistant coach to activate EMS by calling 911 (unless alone), provide:
  - a. Caller's name and exact location
  - b. Identify emergency situation
  - c. Possible injury
  - d. Type of assistance being given to injured patient
  - e. Status of injured patient
  - f. Telephone number of phone being used
4. *Ambulance should enter the campus from the Stratford Ave. Gate*
5. Assist EMS at scene:
  - g. A lay person will be present in the front of the school to assist ambulance to the scene
  - h. Scene Control: limit scene to medical providers, move bystanders away from area

Communication

Emergency Phone Numbers (from cellular phone)

EMS/Police/Fire	911
San Mateo EMS/Fire	(650)-364-1313
Athletic Trainer – Duke Meek	(650)-279-9105
Athletic Director – Justin Ferdinand	(949)-322-3965
Asst. AD- Darius Bell	(415)-548-3334
On-Site Administrator/Security/Maintenance	to be reached by radio

Severe Weather

In the event of severe weather, all fields must be cleared. If athletic trainer is present then they will make the call to end or resume the athletic event. Safe shelters from severe weather include inside the building, away from electric, telephone wiring, and plumbing.

Junípero Serra High School  
Emergency Action Plan  
**Weight Room/Wrestling Mat Room**

Emergency Personnel

A certified athletic trainer will be available on site or on campus for all competitions occurring on the campus of Junípero Serra High School. The emergency plan should be activated in response to catastrophic injuries and illness, including but not limited to concussions, heat illness, spine injury, cardiac arrest, respiratory distress (asthma), sickle cell trait collapses, fractures, and dislocations.

Emergency Equipment

Medical kit, splint kit, and AED will be available at all home competitions.

**AED: Located in the weight room**

Role of the Athletic Trainer

1. Assess the scene for safety then provide care for the injured athlete
2. Designate an administrator/coach to retrieve emergency equipment
3. Designate an assistant coach to activate EMS by calling 911 (unless alone), provide:
  - a. Caller's name and exact location
  - b. Identify emergency situation
  - c. Possible injury
  - d. Status of injured patient
  - e. Type of assistance being given to injured patient
  - f. Telephone number of phone being used
4. *Ambulance should enter through the Stratford Ave. Gate*
5. Assist EMS at scene:
  - g. A lay person will be present in the front of the school to assist ambulance to the scene
  - h. Scene Control: limit scene to medical providers, move bystanders away from area

Communication

Emergency Phone Numbers (from cellular phone)

EMS/Police/Fire	911
San Mateo EMS/Fire	(650)-364-1313
Athletic Trainer – Duke Meek	(650)-279-9105
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On-Site Administrator/Security/Maintenance	to be reached by radio

Severe Weather

In the event of severe weather, all fields must be cleared. If athletic trainer is present then they will make the call to end or resume the athletic event. Safe shelters from severe weather include inside the building, away from electric, telephone wiring, and plumbing.

## Appendix A: Severe Weather Policies and Procedures

### Junípero Serra High School Severe Weather Protocol

#### Lightening Policy

Lightening is the most dangerous and frequently encountered thunderstorm hazard that people experience every year. Although lightening activity is less occurring along the Pacific Coast, it is still important to understand the potential threat for injury. The following policies and procedures will help to ensure lightening safety during JSHS athletic events.

#### Terminology

- **Watch:** Issued when the risk of a hazardous weather event is significantly increased, but its presence, location, or timing is unclear; the purpose is to provide enough time to set plans in motion.
- **Warning:** Issued when hazardous weather (i.e. conditions posing a threat to life or property) is occurring, is imminent, or has a very high probability of occurring.

#### **Lightening Protocol:**

1. If lightening is predicted, then either the Athletic Trainer or designated coach will be on the lookout for lightening in the sky. Lightening can also be monitored via the National Weather Service.
2. The “*flash to bang*” method is if you observe lightening, count the number of seconds until you hear thunder. Divide the number of seconds by five to obtain the distance in miles.
3. *If lightening is to occur within a 10-mile radius then, then cease athletic events (practices and games) and evacuate to designated safe shelter. (see below for Lightening Safe Shelters)*
4. *If lightening injury is to occur, then activate the venue specific EAP (See Appendix A)*
5. Activities should be suspended until 30 minutes after the last strike of lightening is seen and after the last sound of thunder is heard. This 30-minute clock restarts for each lightening flash within 5 miles and each time thunder is heard.

#### **Lightening Safe Shelters:**

A **safe shelter** is defined as a fully enclosed building with wiring and plumbing. Fully enclosed metal vehicles such as school buses, cars, and vans are also safe locations for evacuations.

Below are the following “safe shelters” for the JSHS athletic sites on campus:

- Athletic Training Room: Inside the Athletic Training Room
- Football/Track/Soccer Field: Inside the Weight Room/Mat Room
- Gymnasium/Pool: Inside the Gymnasium
- Baseball Field: Stay Inside the Dugout or go into the Home Clubhouse
- Weight Room/Wrestling Mat Room: Stay Indoors either Weight Room or Mat Room

An **unsafe shelter** includes open areas, such as, tents, dugouts, press boxes, and open garages. Tall objects such as trees, poles, towers, and elevated areas should be avoided. Large bodies of water including swimming pools are unsafe. Close proximity to showers, sinks, locker rooms, indoor pools, appliances, and electronics can be unsafe.

## Earthquake Policy and Procedures

JSHS Emergency Preparedness Plan 2019-2020

### Action While Indoors:

1. DROP, COVER, and HOLD ON
  - a. Get under equipment where available or get next to inside wall or inside doorway.
  - b. Drop to knees with the back to windows and knees together.
  - c. Clasp both hands firmly behind the head, covering the neck.
  - d. Bury face in arms, protecting the head.
  - e. Stay there until instructions are given or until the scene is to safe.
  - f. When possible move to safe area and away from hazardous structures.
2. Assess any injuries to students and damage to surrounding areas (classroom, field, stands, etc). If it appears safe, do not evacuate area until instructions are given by designated staff/athletic trainer/coach. If it is determined that it is not safe to remain in the area/building until instructions arrive, the person in charge should do the following:
  - a. Gain control of the student-athletes
  - b. Asses those who are injured, the nature of the injury and location of person
  - c. If the person is unable to evacuate due to injury, obstruction, etc., then leave the door unlocked. The unlocked door will alert Search and Rescue Teams that there is someone inside the room.
  - d. Take the attendance of the team members. Direct the team to stay together and move to a safe area outdoors. The coach/athletic trainer must determine if the route is deemed unsafe.
3. Evacuate the building and move a safe distance from it. Gain control of the student-athletes. Use evacuation route to the appropriate field/parking lot if accessible. Search and Rescue Teams will be dispatched to explore the buildings and those left "unlocked."

### Action While Outdoors

1. Direct student-athletes to walk away from buildings, trees, poles, or exposed wires.
2. Implement DROP, COVER, & HOLD ON command. Coaches and students-athletes shall cover as much skin surface as possible, close eyes, and cover ears.
3. Stay in the open until the earthquake is over, or until further directions are given.
4. Administer first aid if necessary and/or send injured students to designated triage area located at the football field.
- 5.

Junípero Serra High School  
**Concussion Policy<sup>2,3</sup>**

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head.

They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness.

Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Signs and symptoms may include one or more of the following:<sup>4</sup>

<ul style="list-style-type: none"><li>● Headache</li><li>● “Pressure in head”</li><li>● Neck pain</li><li>● Nausea or vomiting</li><li>● Dizziness</li><li>● Blurred vision</li><li>● Balance problems</li><li>● Sensitivity to light</li><li>● Sensitivity to noise</li><li>● Feeling slowed down</li><li>● Feeling like “in a fog”</li></ul>	<ul style="list-style-type: none"><li>● “Don’t feel right”</li><li>● Difficulty concentrating</li><li>● Difficulty remembering</li><li>● Fatigue or low energy</li><li>● Confusion</li><li>● Drowsiness</li><li>● More emotional</li><li>● Irritability</li><li>● Sadness</li><li>● Nervous or anxious</li><li>● Trouble falling asleep</li></ul>
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Signs and Symptoms Needing Immediate Referral to 911:<sup>2</sup>

<ul style="list-style-type: none"><li>● One pupil larger than the other</li><li>● Drowsiness or inability to wake up</li><li>● A headache that gets worse and does not go away</li><li>● Slurred speech, weakness, numbness, or decreased coordination</li><li>● Repeated vomiting or nausea, convulsions or seizures (shaking or twitching)</li><li>● Unusual behavior, increased confusion, restlessness, or agitation</li><li>● Loss of consciousness (passed out/knocked out).</li></ul>
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### **CIF Bylaw 313. CONCUSSION PROTOCOL**

A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time for the remainder of the day. A student-athlete who has been removed from play may not return to play until the athlete is evaluated by a licensed health care provider trained in education and management of concussion and receives written clearance to return to play from that health care provider. (Approved May 2010 Federated Council)

***Q: What is meant by “licensed health care provider?”***

***A: The “scope of practice” for licensed health care providers and medical professionals is defined by California state statutes. This scope of practice will limit the evaluation to a medical doctor (MD) or doctor of osteopathy (DO).***

You should also inform your child’s coach if you think that your child may have a concussion Remember it is better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

#### Post-Injury Evaluation

If there is the Athletic Trainer on-site, he/she will further evaluate the student-athlete and take them through the Sport Concussion Assessment Tool (SCAT) 5 to determine the athlete’s neurocognitive functioning and the prepare the student-athlete for the next steps immediately following the injury.

If an Athletic Trainer is not present at the time of the injury, it is recommended the athlete be seen by a MD/DO following the injury.

#### Communication

The student-athlete’s parents and coaches will be notified of the injury by the Athletic Trainer via phone. Parents will be given verbal and written take home instructions that outline concussion information, immediate care, and signs and symptoms for referral. (SEE CONCUSSION INFORMATION SHEET)

#### Concussion Return to Play Protocol<sup>5</sup>

**CA STATE LAW AB 2127 STATES THAT RETURN TO PLAY (I.E., COMPETITION) CANNOT BE SOONER THAN 7 DAYS AFTER EVALUATION BY A PHYSICIAN (MD/DO) WHO HAS MADE THE DIAGNOSIS OF CONCUSSION, AND ONLY AFTER COMPLETING A GRADUATED RETURN TO PLAY PROTOCOL.**

Instructions:

- A graduated return to play protocol MUST be completed before you can return to FULL COMPETITION. Below is the CIF RTP Protocol. A certified athletic trainer (AT), physician, or identified concussion monitor (e.g., athletic director, coach), must initial each stage after you successfully pass it. o You should be back to normal academic activities before beginning Stage II, unless otherwise instructed by your physician.
- After Stage I, you cannot progress more than one stage per day (or longer if instructed by your physician).
- If symptoms return at any stage in the progression, IMMEDIATELY STOP any physical activity and follow up with your school’s AT, other identified concussion monitor, or your physician. In general, if you are symptom-free the next day, return to the previous stage where symptoms had not occurred.
- Seek further medical attention if you cannot pass a stage after 3 attempts due to concussion symptoms, or if you feel uncomfortable at any time during the progression.

Please refer to the following website for more information and the step by step RTP Protocol:

[http://www.cifstate.org/sports-medicine/concussions/CIF\\_Concussion\\_Return\\_to\\_Play\\_Protocol.pdf](http://www.cifstate.org/sports-medicine/concussions/CIF_Concussion_Return_to_Play_Protocol.pdf)

## Concussion Return to Play Guidelines

### RETURN TO PRACTICE AND PLAY (RTP)

Medical science and concussion care experts have found that a concussed athlete must take a gradual and progressive, stage by stage, step by step return to practice under medical supervision to minimize risks and allow the brain to properly recover.

A.B. 2127 and CIF Bylaws mandated a MINIMUM timeline, but medical experts recognize that many adolescent concussion patients may take much longer to recover. Always be cautious as returning to practice and play too quickly may have catastrophic consequences.

Instructions for CIF RTP Protocol:

- A graduated return to play protocol MUST be completed before you can return to FULL COMPETITION.
  - A certified athletic trainer (AT), physician, or identified concussion monitor (i.e. athletic director, coach, must initial each stage after you successfully pass it.
  - You should be back to normal academic activities before beginning Stage II, unless otherwise instructed by your physician.
- After Stage I, you cannot progress more than one stage per day (or longer if instructed by your physician).
- If symptoms return at any stage in the progression, IMMEDIATELY STOP any physical activity and follow up with your school's AT, other identified concussion monitor, or your physician. In general, if you are symptom-free the next day, return to the previous stage where symptoms had not occurred.
- Seek further medical attention if you cannot pass a stage after 3 attempts due to concussion symptoms, or if you feel uncomfortable at any time during the progression.



**The CIF RTP Protocol is as followed:**

<p><b>You must have written physician (MD/DO) clearance to begin and progress through the following Stages as outlined below, or as otherwise directed by your physician. <u>Minimum</u> of 6 days to pass Stages I and II.</b></p>				
Date & Initials	Stage	Activity	Exercise Example	Objective of the Stage
	I	Limited physical activity for at least 2 symptom-free days.	<ul style="list-style-type: none"> <li>• Untimed walking only</li> <li>• No activities requiring exertion (weight lifting, jogging, P.E. classes)</li> </ul>	<ul style="list-style-type: none"> <li>• Recovery and elimination of symptoms</li> </ul>
	II-A			<ul style="list-style-type: none"> <li>• Increase heart rate to no more than 50% of perceived maximum (max) exertion (i.e., &lt;100 beats per min)</li> <li>• Monitor for symptom return</li> </ul>
	II-B			<ul style="list-style-type: none"> <li>• Increase heart rate to 50-75% max exertion (i.e., 100-150bpm)</li> <li>• Monitor for symptom return</li> </ul>
	II-C			<ul style="list-style-type: none"> <li>• Increase heart rate to &gt;75% max exertion</li> <li>• Monitor for symptom return</li> </ul>
	II-D			<ul style="list-style-type: none"> <li>• Add total body movement</li> </ul>

				<ul style="list-style-type: none"> <li>● Monitor for symptom return</li> </ul>
<p><b>Prior to beginning Stage III, please make sure that written physician (MD/DO) clearance for return to play, after successful completion of Stages I and II, has been given to your school's concussion monitor.</b></p>				
	III	Limited contact practice	<ul style="list-style-type: none"> <li>● Controlled contact drills allowed (no scrimmaging)</li> </ul>	<ul style="list-style-type: none"> <li>● Increase acceleration, deceleration, and rotational forces</li> </ul>
		Full contact practice Full unrestricted practice	<ul style="list-style-type: none"> <li>● Return to normal training, with contact</li> <li>● Return to normal unrestricted training</li> </ul>	<ul style="list-style-type: none"> <li>● Restore confidence, assess readiness for return to play</li> <li>● Monitor for symptom return</li> </ul>
<p><b><u>MANDATORY:</u> You must complete at least ONE contact practice before return to competition, or if non-contact sport, ONE unrestricted practice (If contact sport, highly recommend that Stage II be divided into 2 contact practice days as outlined above).</b></p>				
	IV	Return to play (competition)	<ul style="list-style-type: none"> <li>● Normal game play (competitive event)</li> </ul>	<ul style="list-style-type: none"> <li>● Return to full sports activity without restrictions</li> </ul>

### **Why am I getting this information sheet?**

You are receiving this information sheet about concussions because of California state law AB 25 (effective January 1, 2012), now Education Code § 49475:

1. The law requires a student-athlete who may have a concussion during a practice or game to be removed from the activity for the remainder of the day.
2. Any student-athlete removed for this reason must receive a written note from a physician trained in the management of concussion before returning to practice.
3. Before a student-athlete can start the season and begin practice in a sport, a concussion information sheet must be signed and returned to the school by the student-athlete and the parent or guardian.

Every 2 years all coaches are required to receive training about concussions (AB 1451), as well as certification in First Aid training, CPR, and AEDs (life-saving electrical devices that can be used during CPR).

### **What is a concussion and how would I recognize one?**

A concussion is a kind of brain injury. It can be caused by a bump or hit to the head, or by a blow to another part of the body with the force that shakes the head. Concussions can appear in any sport, and can look differently in each person.

Most concussions get better with rest and over 90% of athletes fully recover. However, all concussions should be considered serious. If not recognized and managed the right way, they may result in problems including brain damage and even death.

Most concussions occur without being knocked out. Signs and symptoms of concussion (see back of this page) may show up right after the injury or can take hours to appear. If your child reports any symptoms of concussion or if you notice some symptoms and signs, seek medical evaluation from your team's athletic trainer and a physician trained in the evaluation and management of concussion. If your child is vomiting, has a severe headache, or is having difficulty staying awake or answering simple questions, call 911 for immediate transport to the emergency department of your local hospital.

On the CIF website is a Graded Concussion Symptom Checklist. If your child fills this out after having had a concussion, it helps the physician, athletic trainer or coach understand how they are feeling and hopefully will show improvement over time. You may have your child fill out the checklist at the start of the season even before a concussion has occurred so that we can understand if some symptoms such as headache might be a part of their everyday life. We call this a "baseline" so that we know what symptoms are normal and common for your child. Keep a copy for your records, and turn in the original. If a concussion occurs, your child can fill out this checklist again. This Graded Symptom Checklist provides a list of symptoms to compare over time to follow your child's recovery from the concussion.

### **What can happen if my child keeps playing with concussion symptoms or returns too soon after getting a concussion?**

Athletes with the signs and symptoms of concussion should be removed from play immediately. There is NO same day return to play for a youth with a suspected concussion. Youth athletes may take more time to recover from concussion and are more prone to long-term serious problems from a concussion.

Even though a traditional brain scan (e.g., MRI or CT) may be "normal", the brain has still been injured. Animal and human research studies show that a second blow before the brain has recovered can result in serious damage to the brain. If your athlete suffers another concussion before completely recovering from the first one, this can lead to prolonged recovery (weeks to months), or even to severe brain swelling (Second Impact Syndrome) with devastating consequences.

There is an increasing concern that head impact exposure and recurrent concussions may contribute to long-term neurological problems. One goal of concussion education is to prevent a too early return to play so that serious brain damage can be prevented.

### **What is Return to Learn?**

Following a concussion, students may have difficulties with short- and long-term memory, concentration and organization. They will require rest while recovering from injury (e.g., avoid or limit reading, texting, video games, loud movies), or may even need to limit school attendance for a few days. As they return to school, the schedule might need to start with a few classes or a half-day. If recovery from a concussion is taking longer than expected, they may also benefit from a reduced class schedule and/or limited homework; a formal school assessment may also be necessary. Your school or physician can help suggest and make these changes. Students should complete the Return to Learn guidelines and return to complete school before beginning Return to Play, unless your physician makes other recommendations. Go to the CIF website ([cifstate.org](http://cifstate.org)) for more information on Return to Learn.

### **How is Return to Play (RTP) determined?**

Concussion symptoms should be completely gone before returning to competition. A RTP progression is a gradual, step-wise increase in physical effort, sports-specific activities and then finally unrestricted activities. If symptoms occur with activity, the progression should be stopped. If there are no symptoms the next day, exercise can be restarted at the previous stage.

RTP after concussion should occur only with medical clearance from a physician trained in the evaluation and management of concussions, and a step-wise progression program monitored by an athletic trainer, coach, or other identified school administrator. Please see [cifstate.org](http://cifstate.org) for a graduated return to play plan. [AB 2127, a California state law effective 1/1/15, states that return to play (i.e., full competition) must be no sooner than 7 days after the concussion diagnosis has been made by a physician.]

### **Final Thoughts for Parents and Guardians:**

It is well known that students will often not talk about signs of concussions, which is why this information sheet is so important to review with them. Teach your child to tell the coaching staff if they experience such symptoms, or if they suspect that a teammate has had a concussion. You should also feel comfortable talking to the coaches or athletic trainer about possible concussion signs and symptoms that you may be seeing in your child.

For current and up-to-date information on concussions you can go to: <http://www.cdc.gov/ConcussionInYouthSports/>

## References

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2. CDC HEADS UP Brain Injury Awareness. *Centers for Disease Control and Prevention*. Last Updated: June 22, 2017. <https://www.cdc.gov/headsup/index.html>.
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