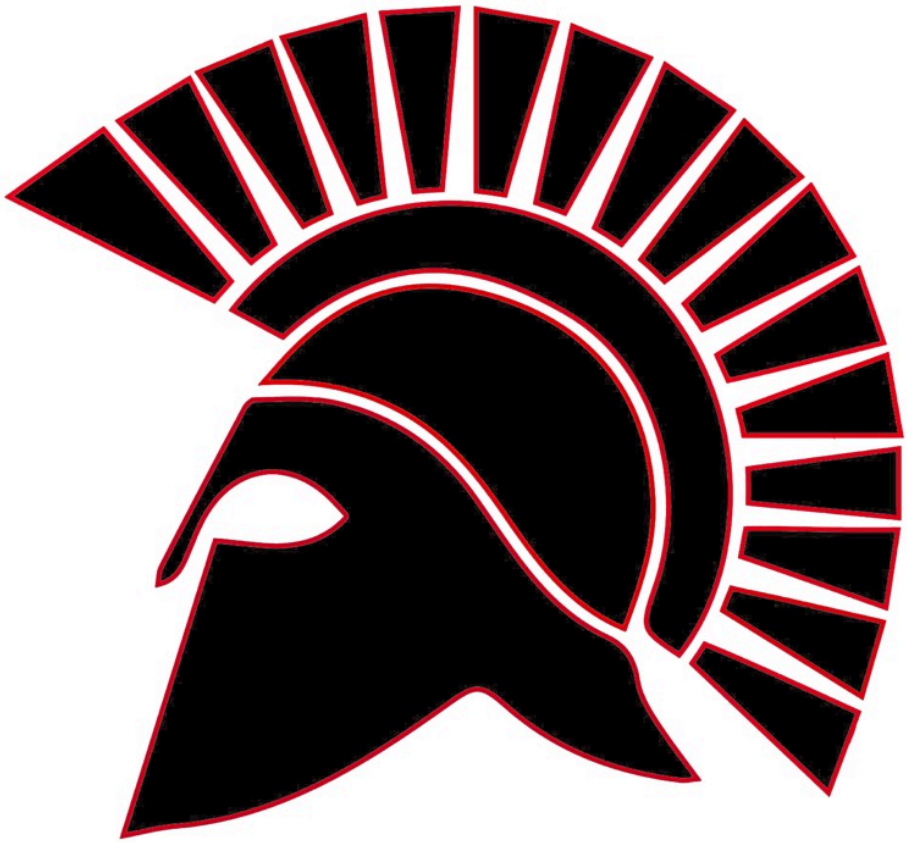
Rio Mesa High School
Athletic Policies and Procedures



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Specific Injuries

Policy on Special Scenarios:

ILLNESS	DEFINITION & CAUSE	PRESENTING SYMPTOMS
Seizures	● Changes in behavior that occur after an episode of abnormal electrical activity in the brain. ● Abnormal levels of sodium or glucose in the blood. ● Drug abuse, Electric shock, Epilepsy, Head injury, Poisoning, Stroke	Symptoms occur suddenly: Brief blackout followed by a period of confusion. Drooling or frothing at the mouth Eye movements Grunting and snorting Loss of bladder or bowel control Shaking of the entire body Tasting a bitter or metallic flavor Teeth clenching Temporary stop in breathing Uncontrollable muscle spasms with twitching and jerking limbs Symptoms may stop after a few seconds or minutes, or continue for up to 15 minutes. They rarely continue longer.

- In the event an athlete suffers from a grand mal seizure due to injury, it is policy not to restrain the athlete.
    - If the athlete vomits, turn them to the side to allow the airway to drain.
- All provisions should be made to protect the athlete's head and allow open access to the airway, but no restraining of the athlete should be used.
    - Do not place anything in the athlete's mouth. Allow the athlete to awaken normally after the seizure.
- EMS must be activated for all grand mal seizure victims.

ILLNESS	DEFINITION & CAUSE	PRESENTING SYMPTOMS
Asthma Attack	● Airway inflammation, narrowing and swelling, causing extra mucus production, with difficulty breathing. ● Exposure to allergens: tree, grass or weed pollen, dust mites, cockroaches, animal dander, smoke or chemical fumes, and strong odors.	**Cough**: can occur at night, during exercise, can be chronic, dry, with phlegm, mild, or severe **Respiratory**: difficulty breathing, wheezing, breathing through the mouth, fast breathing, frequent respiratory infections, rapid breathing, or shortness of breath at night **Also common**: acute episodes, chest tightness, anxiety, early awakening, fast heart rate, or throat irritation

- In the event an athlete suffers an asthma attack, remove the athlete from activity immediately.
- Encourage the athlete to relax and control their breathing.
    - If necessary, coach the athlete in performing controlled breathing exercises.
- Have the athlete administer their prescribed inhaler.
    - If the prescribed inhaler is not available, and the asthma attack is severe enough to warrant, activate EMS and contact the athlete's parent/ guardian immediately.
- Allow the athlete to rehydrate while keeping their breathing under control.
    - If an athlete is struggling to control their breathing, or the prescribed inhaler is not effective, activate EMS contact the athlete's parent/ guardian immediately.

ILLNESS	DEFINITION & CAUSE	PRESENTING SYMPTOMS
Anaphylactic Shock	A severe, potentially life-threatening allergic reaction.	**Whole Body**: fainting, lightheadedness, low blood pressure, dizziness, or flushing **Respiratory**: difficulty breathing, rapid breathing, shortness of breath, or wheezing **Skin**: hives, swelling under the skin, blue skin from poor circulation, or rashes **Gastrointestinal**: nausea or vomiting **Also common**: fast heart rate, feeling of impending doom, itching, tongue swelling, difficulty swallowing, facial swelling, mental confusion, nasal congestion, or impaired voice

- In the event an athlete is suffering from anaphylactic shock immediately activate EMS.
- Monitor the athlete's vitals (heart rate, blood pressure, and breathing rate) while ensuring the athlete's airway and circulation are not compromised.
- Assist the athlete in administering an epinephrine pen, if trained and available.
    - If the athlete has a prescribed epinephrine pen and can administer themselves, allow them to do so.
- Do not administer any foods or fluids to the athlete for fear of choking.
- In the event an athlete is suffering from anaphylactic shock immediately activate EMS.

ILLNESS	DEFINITION & CAUSE	PRESENTING SYMPTOMS
Diabetic Conditions	● Diabetics may experience life-threatening emergencies from too much or too little insulin in their bodies. ● Not enough insulin can cause a high level of sugar (hyperglycemia), which can cause a diabetic coma. ● Too much insulin can cause a low sugar level (hypoglycemia), which can lead to insulin shock.	**Diabetic Conditions:** ● Diabetic Coma ● Labored breathing, gasping for air, acetone-smelling breath, nausea and vomiting, thirst, dry mucous membrane of the mouth, flushed skin, mental confusion/unconsciousness followed by coma ● Insulin shock ● Tingling in mouth, hands or other body parts, physical weakness, headaches, abdominal pain, normal or shallow respirations, rapid heartbeat, tremors, irritability and drowsiness. ● Diabetic situations can further be assessed via ● Breath scent: fruity, acetone smelling = diabetic coma

- An athlete demonstrating signs/symptoms of insulin shock (hypoglycemia) may be treated with orange juice/glucose tables/soft drink/candy bar, etc. if available and able to safely consume the substance.
- Assist athlete with getting necessary prescribed medication.
- If possible, the athlete should be transported to the nearest medical facility for glucose check and further treatment.
- The athlete should be closely monitored for changes in vital signs or condition.
- If the athlete's condition worsens, becomes unconscious or unresponsive, activate EMS.

ILLNESS	DEFINITION & CAUSE	PRESENTING SYMPTOMS
Sickle Cell	● Red blood cells become rigid and sticky and are shaped like sickles or crescent moons. ● These irregularly shaped cells can get stuck in small blood vessels, which can slow or block blood flow and oxygen to parts of the body.	● Typically occurs in the first half hour of exercise or during "wind sprints" ● Athlete slumps to the ground with "weak" muscles ● A general feeling of "I can't go on" ● Inability to catch breath, fatigue, muscle "cramping", pain, swelling

- Any collapse of a student-athlete with Sickle Cell Trait should be considered a sickling collapse and EMS activated.
- AED should be on scene and attached to the athlete.
- Inform EMS that explosive rhabdomyolysis and grave metabolic conditions should be expected.

Heat-Related Conditions:

These conditions represent a continuum of possible heat-related conditions.
Athletes may begin with symptoms anywhere in this continuum and worsen or improve.

ILLNESS	DEFINITION & CAUSE	PRESENTING SYMPTOMS
Heat Exhaustion	● Prolonged sweating, dehydration, and inability to sustain adequate cardiac output	Excessive thirst, dry mouth, weight loss, fatigue, weakness, mental fatigue, low urine volume, **slightly elevated** body temperature

- Remove the athlete IMMEDIATELY from the elements (heat and sun) to a cool, shaded area.
    - If the athlete is wearing protective gear, remove any excess equipment. Loosen or remove as much clothing as possible and appropriate.
- Monitor the athlete's vital signs (heart rate, blood pressure, and breathing rate) while ensuring the athlete is conscious.
    - Any loss of consciousness warrants an immediate activation of EMS.
- Administer small quantities of cold fluids to the athlete in order to begin rehydration.
- Monitor the athlete for signs of shock.

ILLNESS	DEFINITION & CAUSE	PRESENTING SYMPTOMS
Heat Stroke	● Sudden thermoregulatory failure	**Abrupt onset**; nervous system abnormalities: headache, dizziness, fatigue; flushed skin; less sweating that heat exhaustion; hot to the touch with dry or non-sweating skin; hysterical, delirious, or unconscious; **rapid pulse rate**; increased respiration rate; relatively normal blood pressure/ may be decreased; **rapid rise in body temperature (103^{o}+)** **Emergency help is needed immediately!**

- Remove the athlete IMMEDIATELY from the elements (heat and sun) to a cool, shaded area.
    - If the athlete is wearing protective gear, remove any excess equipment. Loosen or remove as much clothing as possible and appropriate.
- Monitor the athlete's vital signs (heart rate, blood pressure, and breathing rate) while ensuring the athlete is conscious.
    - Any loss of consciousness warrants an immediate activation of EMS.
- IMMEDIATELY apply ice water or ice packs to the athlete's entire body by utilizing the "ice taco" method or cold water immursion
    - Lay the athlete in an unfolded tarp, blanket, or towel and submerge their body as best as possible.
    - DO NOT transport until core temperature is <102^{o} F.
- Monitor the athlete for signs of shock.

ILLNESS	DEFINITION & CAUSE	PRESENTING SYMPTOMS
Hyponatremia	● Fluid/electrolyte disorder; ● Low sodium concentration in the blood	**Progressively worsening headache**, nausea and vomiting, **swelling in hands and feet**, lethargy or apathy

- Remove the athlete IMMEDIATELY from the elements (heat and sun) to a cool, shaded area.
    - If the athlete is wearing protective gear, remove any excess equipment.
- Monitor the athlete's vital signs (heart rate, blood pressure, and breathing rate) while ensuring the athlete is conscious.
- Activate EMS.
- Lay the athlete in a comfortable position with the feet elevated and head supported.
- Monitor the athlete for signs of shock.

Neck or Spine Injury

The following factors should be taken into consideration when determining if an athlete should be transported under the Neck or Spine Injury protocol. This protocol incorporates the General Guidelines outlined in the Inter-Association Task Force for Appropriate Care of the Spine-Injured Athlete's report on Pre-hospital Care of the Spine-Injured Athlete:

- Loss of consciousness
- Swelling or deformity of spine
- Significant spinal pain, tenderness or paraspinal muscle spasm
- Significant neurological dysfunction in bilateral upper extremities, or any lower extremity
- Pain, decreased ROM or neurological signs or symptoms with AROM

All Athletic Department personnel should be aware that a suspected head or neck injury is a serious situation and may require their assistance in providing for a successful outcome.

Injury/Condition	Steps for athlete that should be transported.
Neck/ Spine Injuries	**All athletes who suffer a loss of consciousness should be presumed to have an associated neck injury and should be transported under the Neck or Spine Injury protocol.** ● Any athlete suspected of having a spinal injury should not be moved and should be managed as though a spinal injury exists. ● The athlete's airway, breathing and circulation, neurological status and level of consciousness should be assessed. ● The athlete **should not be moved** unless absolutely essential to maintain airway, breathing, and circulation. ● If the athlete must be moved to maintain airway, breathing, and circulation, the athlete should be placed in a supine position while maintaining spinal immobilization. ● When moving a suspected spine injured athlete, the head and trunk should be moved as a unit. ● The Emergency Medical Services system should be activated. ● Any athlete suspected of having a spinal injury should not be moved until appropriate personnel are present, and should then be placed into a supine position while the spine is safeguarded.

The roles of Rio Mesa High School personnel within this protocol are as follows:

- Certified Athletic Trainer at the scene is the Team Leader and will take charge of the care of the injured athlete.
    - The Team Leader will also be responsible for maintaining head and neck immobilization until care is positively transferred to appropriate EMS personnel.
    - The Team Leader should be aware that this responsibility will prevent them from being able to move during the care of the athlete and should prepare themselves to fully delegate all other tasks until head and neck immobilization is positively transferred to EMS personnel.
    - If the athlete is wearing protective equipment (helmet/shoulder pad), the equipment will only be removed prior to transport if there are enough trained personnel to do so (minimum of 3 trained persons).
    - When caring for a suspected spine-injured athlete, the certified athletic trainer should utilize techniques (in-line stabilization, jaw thrust, no movement) to ensure protection of the athlete's spine while performing the primary and secondary survey.
- Athletic representatives (athletic director, administrators, coaches, etc.) at the scene will be responsible for contacting EMS, retrieval of emergency information card, and will assist in monitoring of the student-athlete's vital signs.
- An athletics staff personnel on-scene will contact EMS providing them with the information:
    - Condition of victim; time frame of injury
    - Condition of athlete (vitals) – specifying a suspected spinal injury
    - Specific directions as needed to locate scene
    - Other information requested by the dispatcher
- An Athletics representative, other than the person with the aforementioned responsibilities, will arrange for EMS to be met and 'flagged down' to assure their arrival at the proper location and will be responsible for crowd control as necessary to allow for the appropriate care of the student-athlete.
- Coaches may be called upon to assist the Athletic Training staff in retrieval of emergency supplies from the sideline.
- The attending athletic trainer should also work to calm and reassure the conscious athlete.
- Upon EMS arrival on-scene, the attending athletic trainer will provide a clear, concise report of the situation detailing a brief mechanism and history, current vital signs and treatment rendered to that point. The attending athletic trainer should also be available to answer questions from EMS personnel.
- If present, the athlete's parent/guardian will accompany the injured athlete to the hospital, if not a member of the athletics staff will accompany the athlete.

When an athlete is injured during practice or competition the following initial steps should be taken:

- Primary Survey assessing
  - Airway
  - Breathing
  - Circulation
    - Hemorrhage control
  - Neurological
  - LOC
  - Disability
  - Exposure of injury site if needed.
- Secondary Survey assessing
  - Non-life threatening conditions specific to the injury site (fracture, dislocation, sprain, strain, etc.)

Equipment Removal:

- In the event of an injury to the head or neck, the AT or any other responding party will not remove an athlete's helmet or any other equipment on the head, unless otherwise deemed necessary to maintain normal C-spine alignment.
- In the case of a suspected head or neck injury where the equipment (i.e.: facemask) blocks access to the airway, the facemask may be removed either by removal of the screws or cutting of the brackets.
- Clothing and other equipment may be damaged in the event of a medical emergency.

Rio Mesa High School and its affiliates are not responsible for any damages sustained to personal belongings in the even of an emergency.

Cardiac Emergencies

Some factors that should be taken into consideration when deciding whether or not to transport a patient who has suffered/is suffering a cardiac emergency via EMS should include:

- Level of consciousness
- Presence or absence of pulse
- Radiating left arm pain
- Dyspnea, (labored or painful breathing)
- Feelings of irregular heartbeat

If the attending athletic trainer makes the determination that an athlete who is suffering a cardiac emergency needs to be transported via EMS the following steps should be taken:

- The athletic trainer will assess the athlete via a primary survey
    - If action needs to be taken (no pulse, no respiration), CPR will be initiated at this juncture and AED retrieved by athletics staff member, coach, athlete, or other adult.
        - AED is with the athletic trainer or in the gymnasium
- Athletic representatives (athletic director, administrators, coaches, etc.) at the scene will be responsible for contacting EMS, and retrieval of emergency information card.
- An athletics staff personnel on-scene will contact EMS providing them with the information:
    - Condition of victim; time frame of injury
    - Condition of athlete (vitals)
    - Specific directions as needed to locate scene
    - Other information requested by the dispatcher
- An Athletics representative, other than the person with the aforementioned responsibilities, will arrange for EMS to be met and 'flagged down' to assure their arrival at the proper location and will be responsible for crowd control as necessary to allow for the appropriate care of the student-athlete.
- Coaches may be called upon to assist the Athletic Training staff in retrieval of emergency supplies from the sideline.
- The athletic trainer will continue to monitor the athlete's vital signs, making sure to serially and regularly assess the athlete's condition. The athletic trainer will also work to calm and reassure the conscious athlete.
- If the athlete ceases to have a pulse/respirations during this time, CPR procedures will be initiated.
- Upon EMS arrival on-scene, the attending athletic trainer will provide a clear, concise report of the situation detailing a brief mechanism and history, current vital signs and treatment rendered to that point. The attending athletic trainer should also be available to answer questions from EMS personnel.
- If present, the athlete's parent/ guardian will accompany the injured athlete to the hospital, if not a member of the athletics staff will accompany the athlete.

If the attending athletic trainer does not deem immediate EMS activation necessary the following protocol should be undertaken:

- The attending athlete trainer should closely monitor the athlete's vital signs and condition while transporting him/her to the athletic training clinic/ infirmary.
- The athlete should be evaluated by a physician as soon as possible.

Sudden Cardiac Arrest Policy/ Protocol

What is Sudden Cardiac Arrest (SCA)?
Sudden Cardiac Arrest (SCA) is a condition in which the heart stops beating, suddenly and unexpectedly, due to a malfunction in the heart's electrical system. When this occurs, the heart cannot contract properly to maintain adequate blood flow to the brain and throughout the body. SCA is not a heart attack. The underlying cause of SCA is typically due to a congenital or genetic structural abnormality of the heart, or an abnormal heart rhythm. In 2% of athletes who suffer from SCA, a postmortem examination fails to identify an abnormality. SCA is the leading cause of death in exercising young athletes, with an occurrence in high school athletes of 1:100000 to 1:200000, which may be grossly underestimated. However, with proper prevention, recognition, and management it is highly possible to avoid incidents of SCA.

Prevention Athletes and Parent/Guardians

- On an annual basis, each athlete and their parent/guardian will be given, in writing, the CIF Sudden Cardiac Arrest Information Sheet ("Keep Their Heart in the Game") to review, understand, and sign and return. This will accompany the Sports Physical Packet.
- On an annual basis, the pre-participation physical examination will include the completion of a standardized history form and attention to episodes of exertional syncope or presyncope, chest pain, a personal or family history of SCA or a family history of sudden death, and exercise intolerance.

Coaches and other Athletic Department Personnel
While not mandatory, it is highly advised that all coaches and other athletic department personnel complete the *free* NFHS course on Sudden Cardiac Arrest. With content developed by Simon's Fund, this course will help you learn and recognize the warning signs and symptoms of Sudden Cardiac Arrest. Also included are tips for what to do in the critical moments after an individual suddenly collapses in order to save their life. The course can be found at https://nfhslearn.com/courses/61032. Per *CIF Bylaw 22.9.*F all coaches shall hold certification in adult and child CPR, and basic first-aid, which include training in the signs and symptoms of Sudden Cardiac Arrest.

Recognition
Sudden cardiac arrest (SCA) should be suspected in any athlete who has collapsed and is unresponsive. A patient's airway, breathing, and circulation should be assessed. Myoclonic jerking or seizure-like activity is often present after collapse from SCA and should not be mistaken for a seizure. Occasional or agonal gasping should not be mistaken for normal breathing.

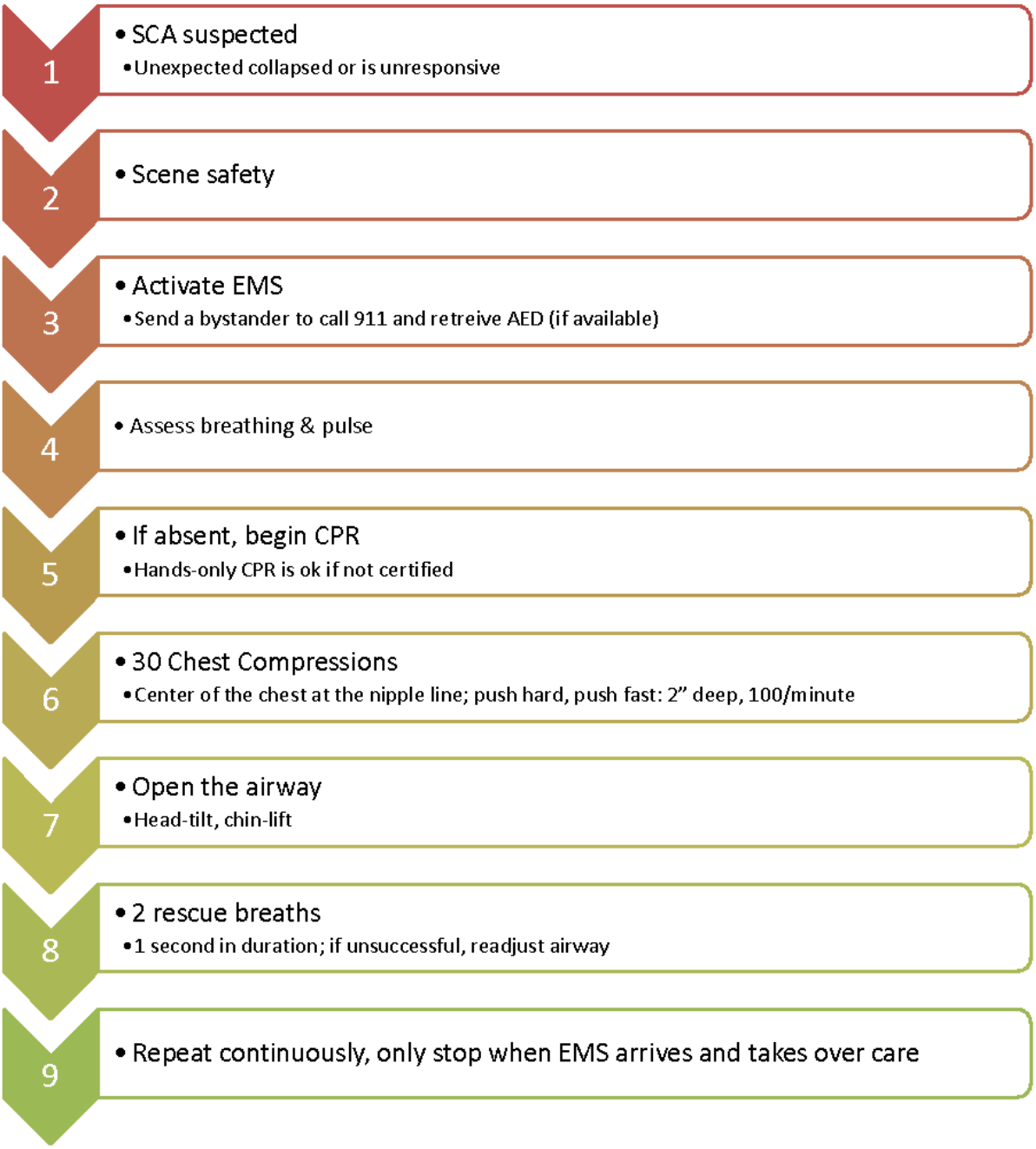
Potential Indicators That SCA May Occur	**Factors That Increase the Risk of SCA**
● Fainting or seizure, especially during or right after exercise ● Fainting repeatedly or with excitement or startle ● Excessive shortness of breath during exercise ● Racing or fluttering heart palpitations or irregular heartbeat ● Repeated dizziness or lightheadedness ● Chest pain or discomfort with exercise ● Excessive, unexpected fatigue during or after exercise	● Family history of known heart abnormalities or sudden death before age 50 ● Specific family history of Long QT Syndrome, Brugada Syndrome, Hypertrophic Cardiomyopathy, or Arrhythmogenic Right Ventricular Dysplasia (ARVD) ● Family members with unexplained fainting, seizures, drowning or near drowning or car accidents ● Known structural heart abnormality, repaired or unrepaired ● Use of drugs, such as cocaine, inhalants, "recreational" drugs, excessive energy drinks or performance-enhancing supplements

Management
Per CIF Bylaw 503J: *A student-athlete who passes out or faints while participating in, or immediately following, an athletic activity or who is known to have passed out or fainted while participating in or immediately following an athletic activity, must be removed immediately from participating in a practice or game for the remainder of the day. A student athlete who has been removed from play after displaying signs and symptoms associated with sudden cardiac arrest may not return to play until the athlete is evaluated by a licensed health care provider and receives written clearance to return to play from that health care provider.*

Preparation is the key to survival once SCA has occurred. Established EAPs specific to each athletic venue, including an effective communication system, training of likely first responders in CPR and AED use, acquisition of the necessary emergency equipment, a coordinated and practiced response plan, and access to early response will be in place.

In any athlete who has collapsed and is unresponsive, SCA should be suspected. If normal breathing and pulse are absent, CPR should be started immediately and EMS activated. The CPR should be performed in the order of CAB (chest compressions, airway, breathing) by medical professionals (hands-only CPR is now recommended for lay responders) while waiting for arrival of the AED and stopped only for rhythm analysis and defibrillation. This should continue until either advanced life support providers take over or the victim starts to move.

Sudden Cardiac Arrest Algorithm for Adult Patients



FRACTURES, DISLOCATIONS, HEMORRHAGE/ LACERATIONS/ WOUNDS

INJURY	PRESENTING SIGNS & SYMPTOMS
Fractures	**Athletes who present with a significant fracture need to be evaluated and treated by a physician as soon as possible. Emergency transportation by EMS will be needed by athletes who present with the following:** ● Visible, marked deformity ● Open fracture (compound fracture) ● Severe, uncontrollable hemorrhage ● Signs and symptoms of shock ● Compromised airway ● Pseudojoint motion ● Injury to the neck or spine (see special protocol)

- The athletic trainer will perform, or direct the performance, of any splinting or immobilization needed by the athlete.
- The fracture is to be splinted in the position it is found in. Fracture reduction should not be attempted on-scene.
- The athletic trainer will continue to monitor the athlete's vital signs, making sure to serially and regularly assess the athlete's neurovascular status, particularly distal to the fracture. The attending athletic trainer will also work to calm and reassure the athlete.

When an athlete is injured during practice or competition the following initial steps should be taken:

- Primary Survey assessing
    - Airway
    - Breathing
    - Circulation
        - Hemorrhage control
    - Neurological
    - Exposure of injury site if needed.
- Secondary Survey assessing
    - Non-life threatening conditions specific to the injury site (fracture, dislocation, sprain, strain, etc.)

The athlete may not need to be immediately referred to a physician if:

- The suspected fracture is non-displaced (without visible deformity).
- Pain is not severe.
- Neurovascular status at the injury site and distal to the injury site is intact and stable.
- The athletic trainer is able to stabilize/splint the fracture in an effective manner.
- The athletic trainer is otherwise comfortable with delaying referral.
- Delay in physician evaluation likely will not impact long-term prognosis.
- The delay in referral will not be lengthy (i.e. not on a road trip).
- The athletic trainer will be able to serially monitor the athlete's status.

If an athlete is not immediately referred to a physician for evaluation, then the athletic trainer should take every precaution as if the injury is a fracture. The athlete should be serially and regularly monitored for changes in condition. Worsening of symptoms or evaluation warrants referral to physician for evaluation.

INJURY	PRESENTING SIGNS & SYMPTOMS
Dislocations/ Subluxations	**Athletes who present with a dislocation should be referred to a physician for evaluation and treatment. This may or may not need to be undertaken emergently.** **Factors to be taken into consideration when deciding whether or not to transport an athlete with a dislocation via EMS include, but are not limited to:** ● Vascular compromise ● Nerve entrapment ● Athlete's level of pain ● Athlete's emotional state ● Joint involved ● Possibility of significant/unstable fracture

- The athletic trainer will continue to monitor the athlete's vital signs, making sure to serially and regularly assess the athlete's neurovascular status, particularly distal to the dislocation.
- The attending athletic trainer will also work to calm and reassure the athlete.
- The athletic trainer will perform, or direct the performance, of any splinting or immobilization needed by the athlete.

INJURY	PRESENTING SIGNS & SYMPTOMS
Hemorrhage Lacerations Wounds	**Athletes who present with serious hemorrhage/lacerations/wounds need to be evaluated and treated by a physician as soon as possible.** **Factors to consider when determining whether or not a student-athlete should be transported by EMS:** ● Uncontrolled hemorrhage/amount of blood loss ● Laceration/wound/hemorrhage affecting airway ● Vital organs (eyes, ears, limbs) ● Changes in consciousness ● Type of bleeding (arterial vs. venous)

- The athletic trainer will perform, or direct the performance, of any wound care/bandaging that the athlete needs.
    - Direct pressure/pressure to pressure points to control bleeding.
    - Use of sterile gauze for compression and dressing purposes – serial placement of gauze vs. replacing soaked gauze.
    - Follow established universal precautions.

If transport via EMS is not deemed necessary by the attending athletic trainer will continue treatment as follows:

- Evaluation of wound for closure with steri-strips/butterfly bandages.
- Closure of wound with steri-strips/butterfly bandages if appropriate.
- Referral of athlete to Emergency Department or physician for evaluation and treatment of wound.

- Wounds that need suturing need to be referred to a physician for evaluation and treatment within a reasonably short time frame (<4hrs), in order to afford the athlete the best possible chance for successful suture closure of their wound.

    - Secondary Survey assessing
        - Non-life threatening conditions specific to the injury site (fracture, dislocation, sprain, strain, etc.)
        - Assess wound: length, width, depth, approximation, contamination, edges (smooth, jagged, regular, irregular), location, and type of bleeding.

Concussion in Sport

***Concussion*:** A trauma-induced alteration in mental status that may or may not involve loss of consciousness. Concussions may be characterized by one or more of the following frequently observed features:

- **Vacant Stare** (befuddled facial expressions)
- **Delayed Verbal and Motor Responses** (slow to answer questions or follow instructions)
- **Confusion and inability to focus attention** (easily distracted and unable to follow through with normal activities)
- **Disorientation** (Walking in wrong direction, unaware of person, place or time)
- **Slurred or incoherent speech** (disjointed or incomprehensible statements)
- **Observable lack of coordination** (Stumbling, inability to walk in straight line)
- **Emotions out of proportion to circumstances** (out-of-place crying, distraught, overreaction)
- **Memory Deficits** (repetitive questioning by athlete, unable to memorize 3 of 3 objects or word in 5 minutes, serial 7's, etc.)
- ***Any* period of Loss of Consciousness**

These features are the result of deficits of the patient's balance and/or cognitive function.

Symptoms of Concussion:

It is possible to divide the symptoms experienced by the athlete into 'early' and 'late', however, it is important to note that these categories are not exclusive and to keep in mind that all head injuries are unique. The divisions are presented here to assist in identifying possible post-concussive symptoms and signs.

Early	Late	
Headache	Persistent low-grade headache	Photophobia (sensitivity to light)
Dizziness or Vertigo	Light-headedness	Unable to tolerate loud noises
Lack of awareness of surroundings	Poor attention and concentration	Difficulty focusing vision
Nausea or vomiting	Memory dysfunction	Tinnitus
Tinnitus (ringing in the ear)	Easy fatigability	Anxiety
Loss of consciousness	Irritability	Sleep disturbances
Cranial nerve dysfunction	Low frustration / toleration	

Immediate Care:

1. If a student-athlete exhibits signs and symptoms consistent with a concussion (even if not formally diagnosed), the student-athlete is to be removed from play and is not allowed to return-to-play (game, practice, or conditioning) on that day.
2. Student-athletes are encouraged to report their own symptoms, or to report if peers may have concussion symptoms. Coaches, parents, volunteers, first responders, school nurse, and certified athletic trainers, are responsible for removing a student-athlete from play if they suspect a concussion.
3. It is strongly recommended that each institution seek qualified medical professionals in the surrounding community to serve as resources in the area of concussion management.

Concussion Management Policy/Protocol

These guidelines are being published to clarify the OUHSD Athletic Training Policy and Protocol regarding mild traumatic brain injuries (MTBI), or more informally known as concussions. It is our obligation that all athletes, parents, coaches, athletic department personnel, school nurses, and volunteer physicians become familiar with the following Concussion Management Policy.

Definition of a Sports Concussion

A sports concussion is defined as a complex pathophysiological process affecting the brain, induced by traumatic biomechanical forces. Further defined by:

- A direct/indirect blow with force transmitted to the head
- Rapid onset of short-lived impairments
- Neuropathological changes and functional disturbances
- A graded set of clinical syndromes that may or may not involve loss of consciousness; resolution follows a sequential course
- Grossly normal neuroimaging studies

Education & Compliance

Parents/Guardians & Athletes

California AB2127, Cooley (Ed. Code 49475), passed January 1, 2015 mandates that all parents/guardians and athletes receive in writing a fact sheet pertaining to concussion signs and symptoms, the danger of returning too soon, and what to do if a concussion is suspected. Parents/guardians of all athletes will receive, on an annual basis, a copy of a Concussion Fact Sheet (including in HomeCampus digital forms). Athletes will not be allowed to practice, condition, weightlifting, or compete in any amount without this form on file in the athletics office.

Athletes

A baseline test of the SCAT6 (Sideline Concussion Assessment Tool 6) or a digital baseline test will be administered by the certified athletic trainer to each athlete at the beginning of the season for athletes who participate in CIF sanctioned athletics. Athletes will not be allowed to have contact practice or compete in any amount without a completed baseline test on file. Athletes who participate in these sports will also be required to complete a concussion awareness program consisting of video lectures to be given by the certified athletic trainer, prior to the start of the season.

Coaches & Athletic Department Personnel

In accordance with CIF Bylaw 22.9.F all coaches shall complete the free NFHS course: Concussion in Sport on an annual basis.

Management Protocol

In the event of an athlete suffers a concussion, the following steps will be taken to ensure the highest level of care possible:

1. The athlete will be removed from the game/practice for the remainder of the day (in accordance with CIF Bylaw 503.H and Ed. Code 49475).
2. The certified athletic trainer will complete an initial evaluation, including administration of the SCAT6 test.
    a. If the certified athletic trainer is not present (i.e. away game, off season practice, etc.) the coach will communicate the injury to the certified athletic trainer via phone call or text message, and suggest to the parent/guardian to have the athlete follow up with the athletic trainer and/or physician (MD/DO).
3. The parent/guardians will be notified via phone call, and the athlete will be sent home with the Concussion Clearance Packet.
    a. Athletes will be instructed to visit a physician as soon as possible (sports medicine physician preferred; **must be MD or DO only***).
    b. Following the injury, athlete and parent/guardian will complete the CIF Graded Concussion Symptom Checklist on a daily basis until the athlete returns to be re-evaluated by the certified athletic trainer.
    c. This will continue under the supervision of the certified athletic trainer until the athlete is released to full participation.
4. The school health clerk will be notified via email, and a letter will be sent to the athlete's teachers
    a. CIF Return to Learn Protocol can be used if necessary.
5. At this time, the athlete will not be allowed to practice, condition, weightlift, or compete in any amount until written clearance is obtained by the evaluating licensed healthcare provider (MD or DO only) and the athlete completes the gradual Return to Play Protocol per CA State Law AB 2127.
6. Students who show or report concussion symptoms and are suspected of having a concussion are required to see an MD or DO a minimum of 2 times before the athlete can return to play.
    a. First visit for initial diagnosis.
    b. Second visit to be cleared for participation.

CIF Bylaw 503.H and Ed. Code 49475

"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 healthcare provider trained in education and management of concussion and receives written clearance to return to play from that healthcare provider. If a licensed healthcare provider, trained in education and management of concussion, determines that the athlete sustained a concussion or a head injury, the athlete is required to complete the graduates return-to-play protocol of no less than seven (7) full days from the time of the diagnosis under the supervision of a licensed healthcare provider. On a yearly basis, a concussion and head injury information sheet shall be signed and returned by all athletes and the athlete's parent or guardian before the athlete's initial practice or competition.

Question: What is meant by "licensed health care provider?"
Answer: The "scope of practice" for a licensed healthcare provider 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).

Return to Play Protocol

In accordance with Ed. Code 49475 and CIF Bylaw 503.H: The Return-to- Play Protocol is designed to be completed over the course of a minimum of seven (7) days with no less than 24 hours between each stage. The athlete cannot progress onto the next stage while still displaying symptoms. Each stage must be carefully supervised by the diagnosed healthcare provider, or the certified athletic trainer, if authorized by the diagnosing licensed healthcare provider.

Return to Play Protocol

Clearance to Participate

In accordance with Ed. Code 49475 and CIF Bylaw 503. H: "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." (MD or DO)

Written clearance will be documented in the Concussion Clearance Packet under the "Physician Letter to School" section. If written clearance was obtained by a separate physician's note, the following must be clearly stated in order to return to full participation:

a. Diagnosis
b. Clearance status
c. Physician's name (printed) and contact information
d. Return-to-play protocol to follow under ATC supervision.

In order for a student- athlete to return-to-play without restriction, he/she must have written clearance from appropriate medical personnel. The form that should be used for this written clearance can be found in the athletic training clinic or online:

CIF Physician Letter to School

Student-athlete may also have physician complete the recommended school accommodations form:

Recommended School Accommodations Form

THE CERTIFIED ATHLETIC TRAINER RESERVES THE RIGHT TO HAVE THE FINAL SAY IN ALL RETURN TO PLAY DECISIONS. IN THE EVEN THE CERTIFIED ATHLETIC TRAINER IS ABSENT, THE LICENSED HEALTHCARE PROVIDER'S NOTE WILL STAND AS IS.

AT NO TIME WILL A COACH MAKE A RETURN TO PLAY DECISION.

THIS CONCUSSION MANAGEMENT POLICY IS NOT ALL-INCLUSIVE, AND THE CERTIFIED ATHLETIC TRAINER RESERVES THE RIGHT TO ALTER THE POLICY AT ANY TIME AS THEY BEST SEE FIT TO PROTECT THE ATHLETE.

Heat Management and Prevention Guidelines

Dehydration can compromise athletic performance and increase the risk of heat injury. A scientifically-approved instrument that measures the Wet Bulb Globe Temperature (WBGT) must be utilized at each practice to ensure that the Heat and Humidity policy is being followed properly. WBGT readings should be taken every hour, beginning 30 minutes before the beginning of practice.
Heat illness can range from heat (muscle) cramps to heat exhaustion, to heat stroke and eventually death.

Category 3	Category 2	Category 1 OUHSD Schools	Activity Guidelines
<82.0 °F <27.8 °C	<79.7 °F <27.8 °C	<76.1 °F <24.5 °C	Normal Activities- Provide at least three separate rest breaks each hour within a minimum duration of 3 minutes each during the workout.
82.2 - 86.9 °F 27.9 - 30.5 °C	79.9 - 84.6 °F 26.6 - 29.2 °C	76.3 - 81.0 °F 24.6 - 27.2 °C	Use discretion for intense or prolonged exercise; Provide at least three separate rest breaks each hour with a minimum duration of 4 minutes each.
87.1 - 90.0 °F 30.6 - 32.2 °C	84.7 - 87.6 °F 29.3 - 30.9 °C	81.1 - 84.0 °F 27.3 - 28.9 °C	Maximum outdoor practice time is 2 hours. Provide at least four separate rest breaks each hour with a minimum duration of 4 min each. Have an immersion pool on site for practice. FOR FOOTBALL/ Field Hockey: players are restricted to helmet, shoulder pads, and shorts during practice. If the WBGT rises to this level during practice, players may continue to work out wearing football pants without changing to shorts.
90.1 - 91.9 °F 32.2 - 33.3 °C	87.8 - 89.6 °F 31.0 - 32.0 °C	84.2 - 86.0°F 29.0 - 30.0 °C	Contest are permitted with additional hydration breaks. Maximum practice time is 1 hour. No protective equipment may be worn during practice, and there may be no conditioning activities. There must be 20 minutes of rest breaks distributed throughout the hour of practice. Have an immersion pool on site for practice.
≥92.1 °F ≥33.4 °C	≥89.8 °F ≥32.1 °C	≥86.2 °F ≥30.1 °C	No outdoor workouts/ contests. Delay practice/ competitions until a cooler WBGT is reached.

- As temperatures increase, minimize clothing and equipment.
- Provide unlimited drinking opportunities during hotter practices. NEVER withhold water from athletes.
- If and when possible, pre and post-practice weigh-ins should be conducted.

(NOTE: an athlete who is not within 3% of the previous pre-practice weight should be withheld from practice.
These athletes should be counseled on the importance of re-hydrating.)

CIF Bylaw 503J: *A student-athlete who passes out or faints while participating in, or immediately following, an athletic activity or who is known to have passed out or fainted while participating in or immediately following an athletic activity, must be removed immediately from participating in a practice or game for the remainder of the day. A student athlete who has been removed from play after displaying signs and symptoms associated with sudden cardiac arrest may not return to play until the athlete is evaluated by a licensed health care provider and receives written clearance to return to play from that health care provider.*

As per CA State Law AB 1653 and CIF Bylaw 503 K. Heat Illness and Air Quality Index Protocols, all CIF member schools must adhere to the CIF Heat Illness Prevention and Heat Acclimatization Policies.

Air Quality Guidelines

AQI for Students follows the standards set by the EPA for healthy air quality at schools, it is a color-coded system for school activities including physical education classes and sports events.The Air Quality Index (AQI) for Ozone of the correct area will be determined using the AirNow program's website (www.airnow.gov). The guidelines for practices and games will be determined by the recommendations for that Ozone AQI as documented by Spare the Air's "Recommendations for Schools and Others on Poor Air Quality Days Air Quality Index (AQI) Chart for Ozone" chart.

Air Quality Index (AQI)	Color	Description	Practice Restriction Recommendations
0 - 50	Green	Good	Air quality is satisfactory and air pollution poses little or no risk. No Restrictions.
51 - 100	Yellow	Moderate	Air quality is acceptable; however, athletes with respiratory illnesses should be closely monitored.
101 – 150	Orange	Unhealthy for sensitive groups	Those athletes with respiratory illnesses should be removed from outside activity. For longer activities such as athletic practice, take more breaks and do less intensive activities. Reduce vigorous exercise to 30 minutes per hour of practice time. Increase rest breaks and substitutions. Watch for symptoms and provide first aid as needed. Ensure that sensitive individuals are medically managing their condition. Students with asthma should follow their action plans and keep their quick-relief medicine handy.
150 – 200	Red	Unhealthy	Move activities indoors or reschedule them to another day or time. Those athletes with respiratory illnesses should be removed from outside activity. All other athletes should be closely monitored. Prolonged exposure and heavy exertion should be avoided. Students with asthma should follow their action plans and keep their quick-relief medicine handy.
201 – 300	Purple	Very Unhealthy	ALL athletes should be removed from outside activity or reschedule for another day.
> 300	Maroon	Hazardous	ALL athletes should be removed from outside activity or reschedule for another day.

Monitoring of local AQI and associated air quality alerts, especially during times of extreme environmental conditions is recommended. In the event of poor air quality (i.e. pollution, fires, etc.) the Certified Athletic Trainer will make a recommendation to the Athletic Director and Principal, who will consult the District to determine if practices and/or games will continue, be modified, or canceled.

Individuals who have previous health concerns as well as those who may be otherwise healthy are both at risk when air quality is low. Athletes are placed at a higher risk for inhaling pollutants.

CIF Bylaw 503.K(2) – Air Quality Index
All CIF member schools must refrain from outdoor practice and/or competition when the Air Quality Index is 151 or higher. Schools may use readings for their local area obtained through www.airnow.gov or through a measurement device located outdoors on their physical campus.

Member schools should consider shortening or canceling outdoor athletic events (practices or competitions) in accordance with AQI recommendations. Exposure to air should be managed more carefully for students with pre-existing lung or heart conditions. When the AQI rises above 100 schools should consider removing such athletes at risk from practice or competition.

Lightning Safety Policy

Lightning is the most frequent weather hazard affecting athletic events. Advance planning is the single most important means to achieve lightning safety. Removing individuals from activity in the event of inclement weather is a shared responsibility of the athletic director, athletic trainer and coaching staff. The following steps are recommended:

1. It is the athletic training/coaching staff's responsibility to be aware of current weather conditions within the area and potential threats. Staff will then be aware of the possibility of a storm forming or moving into the area during the day.
2. The athletic training/coaching staff should be aware of the signs of a nearby thunderstorm. It is important to understand that thunderstorms can become threatening in the matter of half an hour. In addition, lightning can occur even with the absence of rain.
3. The athletic training/coaching staff should also be aware of the closest safe shelter to their practice or game site and the amount of time it takes to reach the safe shelter.
    - Safe shelter is defined as:
        - Any sturdy building that has metal plumbing or wiring to electrically ground the structure, and in the absence of a sturdy building
        - Any vehicle with a hard metal roof (not a golf cart or convertible) with the windows rolled up.
4. The flash-to-bang method should be used to monitor how close lightning is occurring.
    - Count the seconds between seeing the lightning flash and hearing the clap of thunder bang. Divide this number by 5 to determine how far away (in miles) the lightning is occurring. For example, 15 seconds is 3 miles away.
    - If the flash-to-bang count is decreasing rapidly and the storm is approaching your location or if the flash-to-bang count approaches 30 seconds (6miles), **all outdoor activity must cease.** All persons must immediately leave the athletic field and report to the closest safe shelter.
5. Stay away from tall or individual tree, poles, metal objects, standing pools of water, and open fields. Avoid being the tallest object in a field and seeking shelter under bleacher and any large bodies of water.
6. If there is no safe shelter within a reasonable distance, crouch in a grove of small trees or in a dry ditch. You should crouch with only your feet touching the ground, keeping your feet close together. Wrap your arms around your legs and tuck your head. DO NOT LIE FLAT. Only use this option as a last resort.
7. If you feel your hair stand on end, your skin tingle, or hear crackling noises, immediately crouch as described above.
8. Allow 30 minutes to pass after the last sound of thunder and flash of lightning before resuming any activity. Lightning can still flash even after the rain stops.
9. Do not use the telephone unless an emergency arises.

Lightning strike victims do not carry an electrical charge. CPR/AED is safe and should be utilized immediately if warranted.

The following first aid will be observed for lightning strike victims:

1. Survey the scene for safety
2. Activate EMS
3. If necessary move lightning victims to a safe shelter
4. Evaluate circulation, airway, breathing, and begin CPR if necessary
5. Evaluate and treat for hypothermia, shock, fractures, and/or burns

Cold Temperature Policy & Procedures

Cold environments can cause injury as well. In contrast to heat illnesses, prolonged exposure to moderate or extreme cold temperatures combined with the wind chill factor, can cause severe and permanent tissue damage.

Cold injuries can range from frostnip to three different varieties of frostbite. These are chilblains (swelling, redness, tingling, stinging sensation in fingers and toes), superficial frostbite (skin appears hard, pale, and waxy to the touch), and deep frostbite (this is an extreme medical emergency, permanent tissue damage is possible, victim may exhibit signs similar to chilblain and superficial frostbite.

Athletic department personnel should do the following when there are cold conditions:

- Cover the head, neck, and hands.
- Dress in dry layers that can be discarded as the athlete's body temperature increases.
- Encourage fluid consumption during activity. Dehydration can still occur in cold temperatures.
- Discourage warm liquid consumption during activity. Warm liquids can increase the perspiration level even in cold temperatures. This also increases the possibility of dehydration and frostbite.
- Discourage activity during freezing rain or snowfall. Doing so could intensify cold related injuries.

Athletic Clearance for Injured Athletes

Student athletes that have sustained any injury that requires a referral to any physician, **whether referred by athletic trainer or self referred will require written clearance via physician's note to return to any activity** (both practice and competition). If written clearance was obtained by a separate physician's note, the following must be clearly stated in order to return to full participation:

a. Diagnosis
b. Clearance status (must be specific)
c. Physician's name (printed) and contact information (providers stamp)

- Athletes known to be under the care of a physician are required to have a physician's note stating any physical limitations allowed.
- If at any time an athlete is seen by a physician, the athlete is not cleared to participate in practice or competitions until he/she returns a medical clearance note to the **certified athletic trainer** releasing them for clearance to participate. The preferred method is the ***Physician Referral Form***.
- No verbal clearance by student or parent/guardian stating physician's instructions will be allowed.
- Clearance notes may also be faxed or emailed to the athletic trainer.

Athletic Training Clinic Procedures

Athletic Training Clinic Rules

a. No one is to be in the athletic training clinic without the permission of the AT. ***No athletes are to be in the athletic training clinic without the AT present.***
b. No coaches or administrators will allow athletes into the athletic training clinic without direct supervision and approval of the ATC or AD/ Principal.
c. No equipment or supplies in the athletic training clinic may be utilized and/or taken from the athletic training clinic by any sports team, coach, or athlete without permission from the ATC.
    i. Equipment issued to a team or athlete by the athletic trainer will be documented on the ***Equipment Checkout Form***.
d. Cussing, swearing, or foul language will not be tolerated. Athletes should be respectful.
e. The athletic training clinic is a co-ed facility. Appropriate attire must be worn at all times.
f. The athletic training clinic is not a hangout area. Horseplay is not tolerated and athletes will be asked to leave if behavior is not respectful.
g. No cleats, or shoes with grass and/or mud, are to be worn in the athletic training clinic.
    i. Shoes are not to be placed on the treatment tables.
h. All athletes must sign in before receiving ice, tape, or treatment.
i. No food or drinks are allowed in the athletic training clinic (water is ok).

Reporting Injuries

a. It is important to report all injuries to the AT. Often things that seem minor at that particular time may not be, and can lead to bigger problems, so please report injuries as soon as they happen. DO NOT wait, this can lead to missed time at practices and events.
b. Coaches are encouraged to call or text the AT at the time of injury so as not to delay care.
c. Athletes who suffer an injury during a game or practice are to report to the athletic training clinic for triage and treatment.
d. Athletes who wait until the following day must report to the athletic training clinic during the athletic period for evaluation and treatment or an agreed time by the student-athlete and athletic trainer. This cuts down on missed practice time.

Injury Treatment Policy

a. All new injuries must be reported to the AT as soon as possible. If an injury is not reported until practice time the athlete is not excused from being late to practice.
b. Treatments and rehabilitation will **NOT** be given during practice times unless the athlete is unable to participate and the head coach gives permission, and the treatment is feasible (due to availability).
c. If an athlete makes a habit of not showing up for re-evaluations, treatments, etc., this information will be passed on to the coaches from the AT.

Guidelines For Use of the Athletic Training Clinic

a. Athletes must sign in before receiving any form of treatment.
b. Athletes will place their belongings in a designated area, not in the treatment area or doorway.

Taping Policy

a. If an athlete requires taping for protection or prevention of an injury, they must first have had an injury evaluation done by the athletic trainer to determine the appropriate taping needed.
b. Athletes who request to be taped for reasons other than protection or prevention will be asked to bring their own tape or use a supportive brace instead.

Documentation

a. Injury/Treatment Files
    i. All injuries, and any subsequent treatment performed, must be documented. It is important that SOAP notes are thorough and understandable so a consistent level of care can be given to the athlete. This information is confidential. Only pertinent information may be released to the current coaching staff.
b. Coaches Reports and Injury Status Updates
    i. Coaches can expect injury status reports and updates via email/text message from the AT. The AT will act as a liaison for the injured athlete. The athlete is not expected, or trusted, to be able to communicate medical information to the coach. The AT will contact the coach as soon as it is feasible and explain the current and future state of the injured athlete.
    ii. It is the Head Coaches responsibility to disseminate information to assistants and lower level coaches in regards to athletic injury updates provided by the AT.
c. Referrals
    i. When the AT finds that it is necessary to refer an athlete for a follow-up evaluation, the athlete will be required to obtain clearance from that physician using the ***Physician Referral Form***. The AT will be the only party that refers an athlete to a physician.
    ii. Athletes who decide to visit a physician without prior knowledge from the AT risk missing competition time. Therefore, it is recommended and advised that all athletes report to the AT prior to seeing a physician. Emergency situations are exempt.

Sports & Event Coverage

1. Activity Coverage
    - All coaches are required to give the AT a minimum of 24 hours advance notification when changing the date, time, or location of a scheduled game or practice. Changes or notifications made after the specified time frame may result in limited or no coverage, depending on availability.
2. Practice Coverage
    - The AT will be on site for most scheduled practices. The AT will either be in the athletic training clinic, providing treatment for those athletes who are unable to participate, or if multiple events are occurring at the same time the AT will be located at the venue with the highest risk sport.
3. Game Coverage
    - The AT will be on-site for all scheduled home games. The AT will be located in the athletic training room or at the venue with the highest risk of injury.
4. Tournament Coverage
    - The AT will be on campus for all tournament games; however, school-hosted Tournaments will only be covered by the AT with prior arrangements made by the AT, head coach, and athletic director. *Three weeks' notice is needed for arrangements to be made.*

5. Travel Coverage
    - The AT only travels with varsity football for competitions and lower levels as requested by AD/Principal. Football has the highest incidence of injury and thus requires immediate on-site care from the AT. Other sports will be given a medical kit and a treatment plan for that team during travel. All teams that make it to the CIF post-season may request the AT to travel with them. Coverage for these events will depend on availability.
6. Off-Season Sport Coverage
    - The AT will not generally cover off-season sports; however, in the case of a life-threatening emergency the AT will respond and begin the *Emergency Action Plan* protocol. Off-season sports are encouraged to check-in with the AT to communicate any injuries sustained by athletes. Off-season athletes are encouraged to check in when injured to receive an evaluation.
7. Non-OUHSD sponsored event Coverage
    - Due to liability the AT will not cover any non-OUHSD event. This includes summer leagues, fall ball, club events, or games that occur outside of that program's normal season of sport (per CIF definitions and guidelines). This includes events that occur during normal operating hours while OUHSD sponsored events are occurring simultaneously.

Contact Guidelines

Contact the certified athletic trainer ASAP if:

- An athlete needs transport/is transported by EMS.
- An athlete needs transport/is transported to the Emergency Department.
- You are uncertain as to the proper course of treatment/proper procedure.
- A problem arises that you are unable to handle/need assistance.

Contact the athletic trainer with an update/info if:

- Your event has concluded and there is information you feel the ATC should be aware of
    - Athlete's injuries.
    - Opponent's injuries.
    - Questions/concerns.
- Change in plans/location/status of practice or competition.

Once at hospital:

- It is expected that an appointed coach rides with the athlete to the hospital.
- Contact the athletic trainer upon arrival.
- Contact athletic trainer with updates as available.
    - Changes in status
    - Diagnosis
    - Treatment
- Be aware that hospital staff may not be readily forthcoming with information. Take steps to assist with communication.
    - Let them know who you are. Identify yourself as a member of the athletics staff at the Oxnard Union High School you're employed with and that you are relaying information to the school's athletic trainer. Be sure to conduct yourself as a professional at all times.

Example Emergency Procedures for Specific Scenarios:

COMPETITION or PRACTICE: (certified athletic trainer present)

- AT ensures scene safety and makes a primary evaluation with assessment of the CABs (athletes Circulation, Breathing, and Airway)—begins performing appropriate emergency protocol to care for patient(s).
- Appointed coach retrieves the emergency card and communicates to the head coach while the appointed coach contacts EMS.
- The appointed coach will relay information to the EMS dispatch:
    - Name, title/position, address, telephone number of caller
    - Specific directions as needed to locate scene
    - Number of victims; age of individual, condition of injured; time frame of injury
    - First-aid treatment initiated
    - Other information requested by the dispatcher
    - **Do not hang up until instructed to do so**
- The available staff (athletic coaches, campus supervisor, admin) will clear access to the site and will then meet EMS at the designated meeting site and direct them to the injured athlete.
- Assistant coaches and Athletic Department personnel are to assist with crowd control to ensure that medical personnel have room to function.
    - Assistant coaches will be in charge of moving the team(s) away from the injury site.
    - School personnel will be in charge of keeping spectators off the field/court and away from the injury site. (Due to scene safety, this should include any family members unless medical staff approves)
- Other trained personnel (coaches and athletic administrators) may be used to assist the AT in charge until EMS arrives.
- Once EMS arrives, the appointed coach relays all necessary medical information to EMS from the emergency card. The AT will relay information regarding the current situation.
- If parent/guardian/emergency contact is unavailable, **the designated school representative will travel with the athlete.**
- AT will complete appropriate medical documentation and continue to contact the athlete's emergency contact.

COMPETITION or PRACTICE: (certified athletic trainer on campus)

- Appointed coach ensures scene safety and makes the primary evaluation with assessment of the CABs (athletes Circulation, Breathing, and Airway)—begins performing appropriate emergency protocol to care for patient(s).
    - If the athlete is unconscious or in need of immediate emergency care, the appointed coach contacts EMS via cell phone and locates the athlete's emergency card.
    - The appointed coach will relay information to the EMS dispatch:
        - Name, title/position, address, telephone number of caller
        - Specific directions as needed to locate scene
        - Number of victims; age of individual, condition of injured; time frame of injury
        - First-aid treatment initiated
        - Other information requested by the dispatcher
        - Do not hang up until instructed to do so
- Head coach then contacts the athletic trainer via cell phone.
- Athletic trainer arrives on site and assumes the leadership role of EAP.
- Head coach contacts designated emergency contact via emergency contact information.
- The appointed coach will clear access to the site and will then meet EMS at the designated meeting site and direct them to the injured athlete.
- Appointed coaches and Athletic Department personnel are to assist with crowd control to ensure that medical personnel have room to function.
    - Appointed coaches will be in charge of moving the team(s) away from the injury site.
- Other trained personnel (coaches and athletic administrators) may be used to assist the AT in charge until EMS arrives.
- Once EMS arrives, the appointed coach relays all necessary medical information to EMS from the emergency card. The AT will relay information regarding the current situation.
- If parent/guardian/emergency contact is unavailable, **the designated school representative will travel with the athlete.**
- AT will complete appropriate medical documentation and continue to contact the athlete's emergency contact.

PRACTICE: (no certified athletic trainer on campus)

- Head coach ensures scene safety and makes the primary evaluation with assessment of the CABs (athletes Circulation, Breathing, and Airway)—begins performing appropriate emergency protocol to care for patient(s).
- If the athlete is unconscious or in need of immediate emergency care, the appointed coach contacts EMS via cell phone and locates the athlete's emergency card.
- The appointed coach will relay information to the EMS dispatch:
    - Name, title/position, address, telephone number of caller
    - Specific directions as needed to locate scene
    - Number of victims; age of individual, condition of injured; time frame of injury
    - First-aid treatment initiated
    - Other information requested by the dispatcher
    - Do not hang up until instructed to do so
- Appointed coach contacts designated emergency contact via emergency contact information.
- The appointed coach will clear access to the site and will then meet EMS at the designated meeting site and direct them to the injured athlete.
- Appointed coaches and Athletic Department personnel are to assist with crowd control to ensure that medical personnel have room to function.
    - Appointed coaches will be in charge of moving the team(s) away from the injury site.
- Once EMS arrives, the head coach relays all necessary medical information to EMS from the emergency card.
- If parent/guardian/emergency contact is unavailable, the designated school representative will travel with the athlete.
- Head coach will fill out an incident report and notify certified athletic trainer and athletic director via phone or e-mail within 24 hours.