CARLSBAD HIGH SCHOOL
EMERGENCY ACTION PLAN

Overview:

While interscholastic sports promote health, competition, and teamwork, the risks of catastrophic injury and sudden death exists during both practice and competition. The purpose of the Emergency Action Plan (EAP) is to facilitate a prompt, efficient, coordinated response in the case of a medical emergency.

All Carlsbad medical staff members, coaches, and athletic personnel should be familiar with this document and their role and responsibility in an emergency. Annual review and update of the EAP should be conducted with all athletic personnel so that each member of the emergency care team is aware of their respective role in the event of an emergency. Any questions should be directed to the Athletic Trainer (or school administrator, in the absence of a Certified Athletic Trainer).

Situations When 911 Should be Called Are: -

- An athlete is not breathing
- An athlete has lost consciousness
- It is suspected that an athlete may have a neck or back injury (spinal)
- An athlete has an obvious or open fracture (bone has punctured through the skin)
- Severe heat exhaustion or suspected heat stroke
- Severe bleeding that cannot be stopped

Emergency Personnel:

The first responder in an emergency situation during an athletic practice or competition is typically a member of the certified athletic trainer. However; the first responder may also be a coach, another member of the school personnel, a student or even a bystander. Certification in cardiopulmonary resuscitation (CPR), first aid, automated external defibrillator (AED), prevention of disease transmission, and emergency plan review is required for all athletics personnel associated with practices, competitions, skill instructions, and strength and conditioning. Copies of training certificates and/ or cards are maintained with the athletic director. The sports medicine team must remain current with all their certifications including CPR/ AED/ First Aid.

Emergency Team Members:

Carlsbad Athletic Trainer:

ALWAYS Notify immediately in the event of an athletic emergency occurring on campus

1. Responsibilities:

a. Evaluate scene and provide appropriate care.

b. Activate EMS by calling 911.

c. Assign coach/ bystander (if present) to give EMS directions to venue.

Carlsbad Coaches:

1. Responsibilities:

a. Act as First Responder when Athletic Trainer is not present

b. If Athletic Trainer is not readily available, call 911

c. Assign an athlete or bystander (if present) to notify Athletic Trainer that EMS has been activated.

d. Assist in emergency situations by keeping the players and surrounding bystanders a significant distance from the scene of the injury.

e. Assist Athletic Trainer as instructed.

Carlsbad Administrators/ Supervisors:

1. Responsibilities:

a. Notify their presence to visiting team's coach prior to each contest

b. Keep players, parents, and spectators a significant distance away from the scene of an injury

c. Assist the Athletic Trainer and Coaching staff as instructed *Roles of these individuals will vary depending on different factors such as team size, athletic venue, preference of Athletic Trainer, etc.

Medical Care Chain of Command:

The Athletic Training staff will always act as primary caregivers at the site of injury or accident (when on-site) and will manage the situation according to the following rank:

1. Team Physician/ Medical Director

2. Athletic Trainer

In the event that the Athletic Trainer is not on-site at the time of injury the following chain of command will be used:

1. Head Coach

2. Assistant Coach

3. Student

The welfare of the injured athlete is always first and foremost, therefore immediate care is vital. By no means should care wait to be undertaken until the Athletic Trainer arrives on the scene. Proceed as judgment dictates until help arrives.

If a severe medical emergency occurs while an Athletic Trainer is not present, immediately call 911 to activate the emergency medical system, and then call the Athletic Trainer to notify him/ her of the situation.

Emergency Medical Care Responsibilities:

1. Provide immediate direct medical care during practices and games to any injured athlete and activate the emergency action plan if catastrophic incident occurs.

2. Assist with scene management during an emergency medical event including coordinating with EMS, fire, and police as appropriate.

3. Direction of EMS to scene.

4. Serves as a liaison between visiting teams and Carlsbad's medical resources.

5. Serve as a medical care provider to visiting teams traveling without an Athletic Trainer.

6. Make referral decisions concerning injured athletes.

7. Communicate with other healthcare organizations providing direct care to the injured athlete.

Local Medical Facilities

HOSPITALS

Tri City Medical Center
4002 Vista Way Oceanside CA, 92056 760-724-8411

Scripps Memorial Hospital Encinitas
354 Santa Fe Dr Encinitas, CA 92024 760-633-6501

Rady's Children's Hospital
3020 Children's Way San Diego, CA 92124 858-576-1700

URGENT CARE FACILITIES

MEDHERO Advanced Urgent Care (8AM-8PM)
3416 Via Mercato Ste 106 La Costa, CA 92009

Oceanside Urgent Care & Family Practice (9AM-5PM)
616 S. Coast Hwy Oceanside, CA 92054 760-433-1800

Rady Children's Hospital Oceanside Urgent Care (4PM-10PM)
3605 Vista Way Unit 172 Oceanside, CA 92056 760-547-1000

828 Urgent Care (8AM-8PM)
4171 Oceanside Blvd Unit 109 Oceanside, CA 92056 760-216-6253

Urgent Care 3D (8AM-8PM)
6010 Hidden Valley Rd Unit 150 Carlsbad, CA 92011 760-544-8233

Carbon Health Urgent Care (8AM-6PM)
6971 El Camino Real #101 Carlsbad CA 92009

La Costa Urgent Care & Family Practice (9AM-8PM M-F, 10AM-3PM S/S)
6971 El Camino Real Unit 101 Carlsbad, CA 92011 760-603-3221

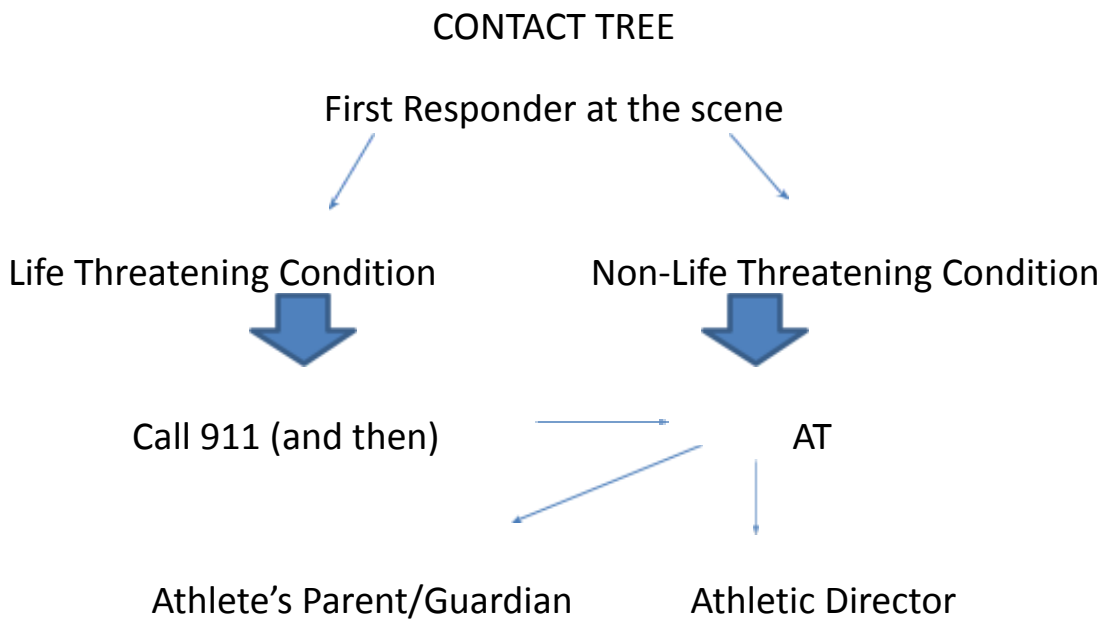
Kaiser Urgent Care (10AM-8PM M-F 9AM-5PM S/S)
400 Craven Rd San Marcos, CA 92037 619-528-5000

Other Important Phone Numbers:

Fire Department/Ambulance (EMS): 911
Police Department: 911 or 760-931-2197
Poison Control: 1 800-222-1222
Carlsbad High School Main Office: 1 760-331-5100
High School Principal: Julie Redfield 760-331-5199
Athletic Director: Tom Bloomquist 760-331-5196
Athletic Trainer: Brianna Millard 760-331-5149

Emergency Communications:

In the event of an emergency situation, the first responder must ensure the proper order of communication. Before any calls are made the first responder must decide the student-athlete's condition: life-threatening or non-life threatening.



Life-Threatening Emergency:

Defined as an injury in which the individual's life is placed in danger and/ or there is risk of permanent disability. In this situation the individual will need immediate and proper medical attention and transportation to the hospital. During a life-threatening emergency activate EMS by calling 911, provide appropriate first aid care, and provide EMS with the following:

1. Identify yourself and your role in the emergency

2. Specify your location and telephone number (if calling by phone)

3. Give age/ condition of injured/ ill athlete(s)

4. Give care being provided (CPR/ AED/ First Aid)

5. Give specific directions to the scene of the emergency

6. Do not hang up until directed to do so by the EMS dispatcher

a. Monitor vital signs

b. Calm and reassure the athlete

c. Notify Athletic Trainer as soon as possible

The Athletic Trainer will contact student-athlete's parent(s) as well as the Athletic Director. The Athletic Director is then responsible for making the Principal/Superintendent aware of the incident.

HOW TO USE AN AED

STEP-BY-STEP GUIDE

1 Assess the Situation & Call an Ambulance.

2 Retrieve the AED

3 Locate the nearest AED. If one is not available, continue CPR until emergency help arrives.

4 Follow Voice and Visual Prompts

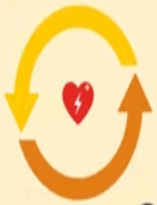
5 Expose the Chest and Apply Electrode AED Pads

6 Ensure Clear Contact, Analyse Heart Rhythm and Deliver Shock if Advised

AED Saves Lives

From sudden cardiac arrest to a second chance at life, these portable heroes make all the difference. Don't wait, be prepared!

7 Continue CPR and Follow AED Prompts



TESTntel SUPPORTED BY DATA

NON-Life-Threatening Emergency:

Defined as a situation that does not have an immediate impact on breathing, circulation, or brain function, but may still require medical attention. These injuries can be divided into those needing EMS services, and those needing Athletic Training services.

Emergencies Requiring EMS Services Include:

- Fractured limbs that are difficult to splint
- dislocated joints where the person cannot be placed in a comfortable position
- head injuries where the athlete's condition deteriorates upon re-evaluation
- severe bleeding that is not life threatening.

Action Plan:

1. Stabilize the athlete
2. Call the Athletic Trainer (if not present)
3. Monitor ABC's
4. Decision to call for EMS will be made jointly by the coach and/ or the Athletic Trainer 5. When EMS personnel arrive, the coach releases care of the person to the paramedic or EMT

Emergencies Requiring Athletic Training Services Include:

- Fractures
- severe sprains of major joints
- joint dislocations
- Concussion
- large contusions
- open wounds that may need stitches
- This may include any injury that is difficult to move without increasing the pain to the athlete.

Action Plan:

1. Provide appropriate first aid care
2. Notify Athletic Trainer
3. If unable to contact the Athletic Trainer or unsure of the severity of the injury, send the athlete to the appropriate medical care facility if necessary
4. Notify the parent of the student-athlete if necessary
5. Direct student-athlete to report to the Athletic Training Room the next day

CARLSBAD HIGH SCHOOL
Emergency Action Plan: STADIUM
3557 Monroe St Carlsbad CA 92008

This is the plan of action for this athletic arena in the event of an emergency during an athletic practice or competition.

Important Phone Numbers AT: Brianna Millard 818-399-6876 AD: Tom Bloomquist 760-846-6306

Directions: EMS will drive through small football lot gates off Basswood St. and Monroe St. Working administrator, coach, or player will meet EMS at the gate and escort them on the field.

Response team:
Responder 1: Immediate care of the injured person

- Establish scene safety
- Check Circulation, Airway, Breathing
- Provide CPR if needed
- Provide First Aid if needed
- Activate EMS if needed

Responder 2: Activate EMS

- Call 9-1-1 and stay with injured person
- Provide 911 Operator will all necessary information and relay directive of dispatcher's instructions – do not hang up until instructed to do so
- Assist with CPR or First Aid as needed

Responder 3: Emergency Equipment Retrieval

- Retrieve AED (Sports med facility when AT present or equipment room west end of stadium)
- Designate individuals to meet EMS and direct towards the emergency site, admin, head coach, or custodian will have keys to all gates/locks.

Additional Responders: Scene control

- Move bystanders away who are not providing first aid
- Ask individuals to refrain from taking pictures or filming

CPR:

(non-responsive, no signs of normal breathing)

1.
2. Position the victim on their back on a hard flat surface.
3. Put one hand on top of the other on the middle of the person's chest.Keeping arms straight, push hard and fast, (120 compressions/minute.) Let the chest completely recoil after each compression.
4. Take turns with other responders as needed

AED: Stadium Equipment Room

1. Turn on AED and follow prompts
2. Remove clothing from the chest and attach electrode pads as directed Stand clear while AED analyzes heart rhythm.
3. Keep the area clear if AED advises a shock.
4. Follow device prompts for further action and continue until EMS arrives and takes over
5. If AED is deployed, it must be returned to the school for data download

CARLSBAD HIGH SCHOOL

Emergency Action Plan: BASEBALL FIELD

3557 Monroe St Carlsbad CA 92008

This is the plan of action for this athletic arena in the event of an emergency during an athletic practice or competition.

Important Phone Numbers AT: Brianna Millard 818-399-6876 AD: Tom Bloomquist 760-846-6306

Directions: EMS will drive through the baseball parking lot off basswood between Monroe and Valley, just past the football field. Working administrator, coach, or player will meet EMS at the gate and escort them on the field.

Response team:

Responder 1: Immediate care of the injured person

- Establish scene safety
- Check Circulation, Airway, Breathing
- Provide CPR if needed
- Provide First Aid if needed
- Activate EMS if needed

Responder 2: Activate EMS

- Call 9-1-1 and stay with injured person
- Provide 911 Operator will all necessary information and relay directive of dispatcher's instructions – do not hang up until instructed to do so
- Assist with CPR or First Aid as needed

Responder 3: Emergency Equipment Retrieval & Notify Custodian of Emergency

- Retrieve AED (Sports med facility when AT is present or Old gym)
- Designate individuals to meet EMS and direct towards the emergency site, custodian will have keys to all gates/locks.

Additional Responders: Scene control

- Move bystanders away who are not providing first aid
- Ask individuals to refrain from taking pictures or filming

CPR:

(non-responsive, no signs of normal breathing)

1. Position the victim on their back on a hard flat surface.
2. Put one hand on top of the other on the middle of the person's chest.Keeping arms straight, push hard and fast, (120 compressions/minute.) Let the chest completely recoil after each compression.
3. Take turns with other responders as needed

AED: Baseball Dugout Equipment Room

1. Turn on AED and follow prompts
2. Remove clothing from the chest and attach electrode pads as directed Stand clear while AED analyzes heart rhythm.
3. Keep the area clear if AED advises a shock.
4. Follow device prompts for further action and continue until EMS arrives and takes over
5. If AED is deployed, it must be returned to the school for data download

CARLSBAD HIGH SCHOOL

Emergency Action Plan: SOFTBALL FIELD

3557 Monroe St Carlsbad CA 92008

This is the plan of action for this athletic arena in the event of an emergency during an athletic practice or competition.

Important Phone Numbers AT: Brianna Millard 818-399-6876 AD: Tom Bloomquist 760-846-6306

Directions: EMS will enter through Carlsbad main lot 4000 gates, drive through both gyms corridors and meet admin/coach to direct to injured athlete on field.

Response team:

Responder 1: Immediate care of the injured person

- Establish scene safety
- Check Circulation, Airway, Breathing
- Provide CPR if needed
- Provide First Aid if needed
- Activate EMS if needed

Responder 2: Activate EMS

- Call 9-1-1 and stay with injured person
- Provide 911 Operator will all necessary information and relay directive of dispatcher's instructions – do not hang up until instructed to do so
- Assist with CPR or First Aid as needed

Responder 3: Emergency Equipment Retrieval & Notify Custodian of Emergency

- Retrieve AED (Sports med facility when AT is present or Old gym)
- Designate individuals to meet EMS and direct towards the emergency site, custodian will have keys to all gates/locks.

Additional Responders: Scene control

- Move bystanders away who are not providing first aid
- Ask individuals to refrain from taking pictures or filming

CPR:

(non-responsive, no signs of normal breathing)

1. Position the victim on their back on a hard flat surface.
2. Put one hand on top of the other on the middle of the person's chest.Keeping arms straight, push hard and fast, (120 compressions/minute.) Let the chest completely recoil after each compression.
3. Take turns with other responders as needed

AED: Softball Snack Bar

1. Turn on AED and follow prompts
2. Remove clothing from the chest and attach electrode pads as directed Stand clear while AED analyzes heart rhythm.
3. Keep the area clear if AED advises a shock.
4. Follow device prompts for further action and continue until EMS arrives and takes over
5. If AED is deployed, it must be returned to the school for data download

CARLSBAD HIGH SCHOOL

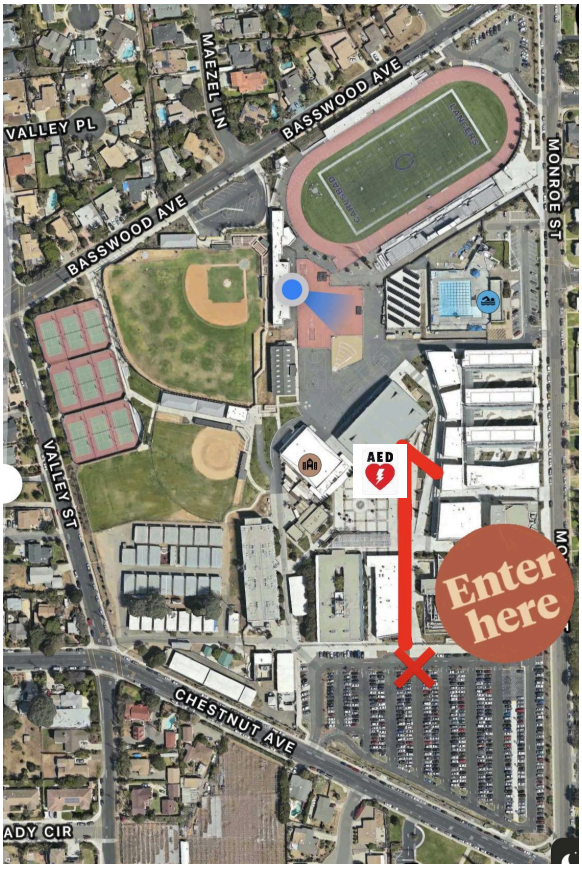
Emergency Action Plan: LANCER ARENA

3557 Monroe St Carlsbad CA 92008

This is the plan of action for this athletic arena in the event of an emergency during an athletic practice or competition.

Important Phone Numbers AT: Brianna Millard 818-399-6876 AD: Tom Bloomquist 760-846-6306

Directions: EMS will enter through Carlsbad main lot 4000 gates and meet admin/coach at NW arena door



Response team:

Responder 1: Immediate care of the injured person

- Establish scene safety
- Check Circulation, Airway, Breathing
- Provide CPR if needed
- Provide First Aid if needed
- Activate EMS if needed

Responder 2: Activate EMS

- Call 9-1-1 and stay with injured person
- Provide 911 Operator will all necessary information and relay directive of dispatcher's instructions – do not hang up until instructed to do so
- Assist with CPR or First Aid as needed

Responder 3: Emergency Equipment Retrieval & Notify Custodian of Emergency

- Retrieve AED (Sports med facility when AT is present or Old gym)
- Designate individuals to meet EMS and direct towards the emergency site, custodian will have keys to all gates/locks.

Additional Responders: Scene control

- Move bystanders away who are not providing first aid
- Ask individuals to refrain from taking pictures or filming

CPR:

(non-responsive, no signs of normal breathing)

1. Position the victim on their back on a hard flat surface.
2. Put one hand on top of the other on the middle of the person's chest.Keeping arms straight,push hard and fast, (120 compressions/minute.) Let the chest completely recoil after each compression.
3. Take turns with other responders as needed

AED: NW wall of gym (boys home locker room)

1. Turn on AED and follow prompts
2. Remove clothing from the chest and attach electrode pads as directed Stand clear while AED analyzes heart rhythm.
3. Keep the area clear if AED advises a shock.
4. Follow device prompts for further action and continue until EMS arrives and takes over
5. If AED is deployed, it must be returned to the school for data download

CARLSBAD HIGH SCHOOL

Emergency Action Plan: OLD GYM

3557 Monroe St Carlsbad CA 92008

This is the plan of action for this athletic arena in the event of an emergency during an athletic practice or competition.

Important Phone Numbers AT: Brianna Millard 818-399-6876 AD: Tom Bloomquist 760-846-6306

Directions: EMS will enter through Carlsbad main lot 4000 gates and meet admin/coach at NW old gym door

Response team:

Responder 1: Immediate care of the injured person

- Establish scene safety
- Check Circulation, Airway, Breathing
- Provide CPR if needed
- Provide First Aid if needed
- Activate EMS if needed

Responder 2: Activate EMS

- Call 9-1-1 and stay with injured person
- Provide 911 Operator will all necessary information and relay directive of dispatcher's instructions – do not hang up until instructed to do so
- Assist with CPR or First Aid as needed

Responder 3: Emergency Equipment Retrieval & Notify Custodian of Emergency

- Retrieve AED (Sports med facility when AT is present or Old gym)
- Designate individuals to meet EMS and direct towards the emergency site, custodian will have keys to all gates/locks.

Additional Responders: Scene control

- Move bystanders away who are not providing first aid
- Ask individuals to refrain from taking pictures or filming

CPR:

(non-responsive, no signs of normal breathing)

1. Position the victim on their back on a hard flat surface.
2. Put one hand on top of the other on the middle of the person's chest.Keeping arms straight,push hard and fast, (120 compressions/minute.) Let the chest completely recoil after each compression.
3. Take turns with other responders as needed

AED: Along window inside volleyball office

1. Turn on AED and follow prompts
2. Remove clothing from the chest and attach electrode pads as directed Stand clear while AED analyzes heart rhythm.
3. Keep the area clear if AED advises a shock.
4. Follow device prompts for further action and continue until EMS arrives and takes over
5. If AED is deployed, it must be returned to the school for data download

CARLSBAD HIGH SCHOOL

Emergency Action Plan: TENNIS COURTS

3557 Monroe St Carlsbad CA 92008

This is the plan of action for this athletic arena in the event of an emergency during an athletic practice or competition.

Important Phone Numbers AT: Brianna Millard 818-399-6876 AD: Tom Bloomquist 760-846-6306

Directions: EMS will enter through tennis gates off basswood and valley. Coach/admin will meet and direct to injured athlete.

Response team:

Responder 1: Immediate care of the injured person

- Establish scene safety
- Check Circulation, Airway, Breathing
- Provide CPR if needed
- Provide First Aid if needed
- Activate EMS if needed

Responder 2: Activate EMS

- Call 9-1-1 and stay with injured person
- Provide 911 Operator will all necessary information and relay directive of dispatcher's instructions – do not hang up until instructed to do so
- Assist with CPR or First Aid as needed

Responder 3: Emergency Equipment Retrieval & Notify Custodian of Emergency

- Retrieve AED (Sports med facility when AT is present or Old gym)
- Designate individuals to meet EMS and direct towards the emergency site, custodian will have keys to all gates/locks.

Additional Responders: Scene control

- Move bystanders away who are not providing first aid
- Ask individuals to refrain from taking pictures or filming

CPR:

(non-responsive, no signs of normal breathing)

1. Position the victim on their back on a hard flat surface.
2. Put one hand on top of the other on the middle of the person's chest.Keeping arms straight,push hard and fast, (120 compressions/minute.) Let the chest completely recoil after each compression.
3. Take turns with other responders as needed

AED: Softball snack bar

1. Turn on AED and follow prompts
2. Remove clothing from the chest and attach electrode pads as directed Stand clear while AED analyzes heart rhythm.
3. Keep the area clear if AED advises a shock.
4. Follow device prompts for further action and continue until EMS arrives and takes over
5. If AED is deployed, it must be returned to the school for data download

CARLSBAD HIGH SCHOOL

Emergency Action Plan: POOL

3401 Monroe St. Carlsbad CA 92008

This is the plan of action for this athletic arena in the event of an emergency during an athletic practice or competition.

ALL EMS EMERGENCIES THAT HAPPEN AT THE POOL WILL BE HANDLED BY POOL PERSONNEL WHO MUST FOLLOW CITY PROTOCOL.

Please still call in the event of an emergency, as we need to be notified of all student injuries.

Important Phone Numbers AT: Brianna Millard 818-399-6876 AD: Tom Bloomquist 760-846-6306

CARLSBAD HIGH SCHOOL

Emergency Action Plan: OFF CAMPUS SPORTS

Off CAMPUS XC/GOLF/TRACK

- Athletes should always have their phones
- Athletes shall run/participate in groups or partners, no athlete shall be alone
- Coach to be aware of athletes with asthma/allergies needing an inhaler or epi pen
    - Athlete's need to carry their own devices or coach needs to know where to find
- If on campus block, call AT. If off campus call 911, then notify parent, and then AT/AD

Important Phone Numbers AT: Brianna Millard 818-399-6876 AD: Tom Bloomquist 760-846-6306

CARLSBAD HIGH SCHOOL

Emergency Action Plan:ALL CAMPUS ATHLETICS AED MAP

Guidelines for Players/ Spectators During a Serious On-Field Injury:

• Players and coaches should go to and remain in the bench area once medical assistance arrives.
• Adequate lines of vision between the medical staff and all available emergency personnel should be established and maintained.
• Players, parents and non-authorized personnel should be kept a significant distance away from the seriously injured player or players.
• Players and non-medical personnel should not touch, move or roll an injured athlete.
• Once the medical staff begins to work on an injured player, they should be allowed to perform services without interruption or interference.
• Players and coaches should avoid dictating medical services to the Athletic Trainer, team physician, or EMS or taking up their time to perform such services.

Catastrophic Event—Multiple Victims:

If a catastrophic event that involves multiple victims occurs, the scene must be quickly assessed and triaged. Follow the same chain of command for any serious injury. When speaking to 911 dispatchers, give location and number of victims (overestimate). Victims that can walk should be led away from the scene and triaged. Those with life-threatening injuries will be given priority.

Head & Neck Injury:

Athletic participation carries with it the risk of catastrophic cervical spine injury. Because of the potential for permanent neurological injury or death associated with cervical spine injury, proper on-field management is of utmost importance. Sports medicine professionals support the practice of not removing football helmets and shoulder pads when there is even the slightest chance of cervical spine injury for the following reasons:

1. The football helmet and/ or shoulder pads do not hinder proper head and neck immobilization techniques.
2. The football helmet does not hinder the ability of the examiner to visualize facial and cranial injuries.
3. The football helmet with the facemask removed and/ or shoulder pads allows for proper management and control of the airway during CPR.
4. The football helmet will tend to protect against hyper-flexion of the cervical spine in the presence of shoulder pads.

Evaluation:

• If an athlete has a suspected cervical spine injury, the first action should be to apply manual cervical spine stabilization
    o Calmly instruct the athlete not to move.
• Assess breathing/ circulatory status (normal 10-30 breaths per minute)
• Assess pulse (quality, rate, and rhythm)
• Assess neurologic status/ level of consciousness
• If conscious, ask patient what symptoms they are experiencing

• Palpate cervical spine and surrounding musculature
• Perform upper/ lower extremity sensory and motor assessment (if appropriate)
• If assessment reports abnormal finding, prepare for emergency transport

Clinical Indicators Warranting Activation of Cervical Spine Injury Management Protocol:

1. Unconsciousness (or altered consciousness)
2. Bilateral neurologic complaints/ findings
3. Significant cervical spine pain (with or without palpation)
4. Obvious spinal column deformity

Immediate Care of All Suspected Spine Injuries:

• 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, or circulation.
• If the athlete must be moved to maintain airway, breathing, or 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.
• EMS must be activated immediately.

Football Face Mask Removal:

• It is imperative that all coaches, athletic trainers, team physicians and EMS personnel practice the use of the different face mask removal tools and familiarize themselves with how the face mask is to be removed from every helmet currently on the market.
• The face mask should be removed prior to transportation, regardless of the athlete's respiratory status.
• Those involved in the pre-hospital care of injured football players should have the tools for face mask removal readily available.

Football Helmet Removal:

1. The helmet and chin strap should only be removed:

• If the helmet and chin strap do not hold the head securely, such that immobilization of the helmet does not also immobilize the head.
• If the design of the helmet and chin strap is such that even after removal of the face mask the airway cannot be controlled or ventilation provided.
• If the face mask cannot be removed after a reasonable time period.
• If the helmet prevents immobilization for transportation in an appropriate position.

2.If the helmet does need to be removed:

• Spinal immobilization must be maintained while removing the helmet
• Helmet removal should be frequently practiced under proper supervision. Specific guidelines for helmet removal need to be developed.
• In most circumstances, it may be helpful to remove cheek padding and/ or deflate air padding prior to helmet removal.

Weather/ Lightning Policy & Procedures:

All coaches and athletes will use the guidelines set forth by the NATA in the event of lightning. Weather and lightning conditions will be monitored by the Athletic Trainer. The Athletic Trainer will alert coaches prior to practice of forecasted storms. The Athletic Trainer will give coaches lightning alerts in the follow sequence:

Lightning Alerts:	Lightning Distance:	Action:
Heads up	Within 15mi	Be prepared to activate safety procedures
Clear field	Within 10mi	Initiate safety procedures
danger	Within 8mi	All athletes, coaches, spectators should be in building
All Clear	Lightning has not been detected at 10mi for 30min	Safe to resume activity

Locations not safe from lightning: Picnic & park shelters, athletic storage sheds, dugouts, tents, press box, open garages, metal coverings, & mobile refreshment stands.

If the Athletic Trainer is not present to provide alerts in person, coaches will receive alerts in any of the following ways: 1.) Athletic Trainer comes and alerts coach in person; 2.) Athletic Trainer calls head coach; 3.) Athletic Trainer calls assistant coach (if head coach did not answer initial phone call); 4.) Athletic Trainer text messages head and assistant coaches. Coaches may also use their own discretion if at any time lightning is visible, and/ or they feel their athletes are in an unsafe situation.

Event Procedures (Lightning):

Prior to Competition: The Athletic Trainer will greet officials, explain that we have means to monitor lightning, and offer to notify the officials during the game if there is imminent danger from lightning.

Announcement of Suspension of Activity: Once it is determined that there is danger of lightning in the area, the Athletic Trainer will notify the head coach and officials, and subsequently summon athletes from the playing field.
Evacuation of the Playing Field: Immediately following the announcement of suspension of activity, all athletes, coaches, officials, support staff, and fans are to evacuate to an enclosed grounded structure.
Evacuation of Stands: During competition, once the officials signal to suspend activity, a member of the Athletic Department support staff will announce via PA system: *"May I have your attention. We have been notified of approaching inclement weather. Activity will be cease until we have determined it is safe and the risk of lightning is diminished. We advise you to seek appropriate shelter in the gym. Though protection from lightning is not guaranteed, you may seek shelter in automobiles. Thank you for your cooperation."*
Resumption of Activity: Activity may resume once the Athletic Trainer gives permission. Thirty (30) minutes after the last lightning strike within 10 miles.

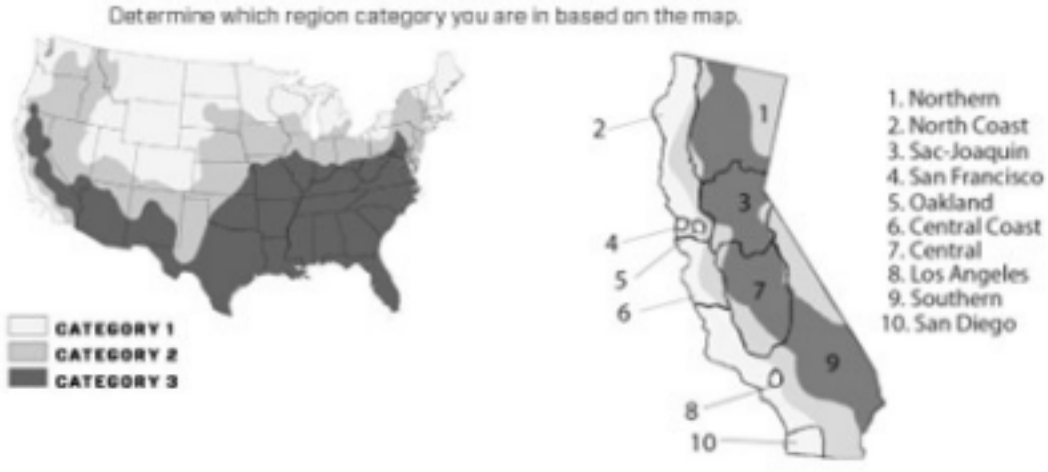
Extreme Heat and Air Quality Policy

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

Extreme Heat Procedures:
The WetBulb Globe Temperature (WBGT) is a measure of the heat stress in direct sunlight, which takes into account: temperature, humidity, wind speed, sun angle, and cloud cover (solar radiation). This differs from the Heat Index, which takes into consideration temperature and humidity and is calculated for shady areas. The WBGT is especially valuable in environments where people are physically active, such as sports, as it provides a better assessment of the risk of heat-related conditions during physical exertion. The CIF requires that schools use the WBGT for the most accurate measurement.

Depending on your Category Region (see map below), it is mandated for the benefit of the health and safety of our student athletes that practice/games be canceled, or delayed until cooler when WBGT exceeds these levels:
- Region Category 1 >86.2°F
- Region Category 2 >89.9°F
- Region Category 3 >92.0°F

We at Carlsbad and almost ALL of San Diego are in Region Category 1.



2024-25

WBGT Readings (Note: Temperatures listed in the chart below are calculated using a WBGT and are **not** basic air temperatures). Readings will be taken from the Kestrel Instrument by the AT or AD multiple times daily. Readings may also be taken by coaches from https://www.weather.gov/tsa/wbgt. All readings will be recorded daily in a google spreadsheet found here heat data. Coaches will receive communication through text from AT or AD on what zone and its corresponding activities allowed.

Cat 3	Cat 2	Cat 1	Activity Guidelines
< 82.0°F <27.8°C	< 79.7°F <26.5°C	< 76.1°F <24.5°C	Normal Activities – Provide at least three separate rest breaks each hour with a minimum duration of 3 min 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 min 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 practice time is 2 h. For Football: 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. For All Sports: Provide at least four separate rest breaks each hour with a minimum duration of 4 min each.
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	Maximum practice time is 1 h. For Football: No protective equipment may be worn during practice, and there may be no conditioning activities. For All Sports: There must be 20 min of rest breaks distributed throughout the hour of practice.
≥ 92.1°F ≥ 33.4°C	≥ 89.8°F ≥32.1°C	≥ 86.2°F ≥30.1°C	No outdoor workouts. Delay practice until a cooler WBGT is reached.

CIF Fall Outdoor Sports Acclimatization Policy

Given the extreme heat issues typically experienced at the start of the Fall sports season, heat acclimatization is crucial for high school athletes to help them adapt to hot weather conditions and reduce the risk of heat-related illnesses. The following is a four-step plan for heat acclimatization in outdoor high school sports:

1. Gradual Increase in Activity:
    - Start with light workouts in cooler conditions to prepare athletes for increased heat exposure.
    - Gradually increase the intensity and duration of practice sessions over 10-14 days.
2. Hydration Education:
    - Teach athletes the importance of staying hydrated and recognizing signs of dehydration.
    - Encourage regular water breaks during practice and games and always provide access to water.
3. Modify Practice Schedules:
    - Schedule outdoor practices during cooler times, like early morning or late evening.
    - Allow frequent breaks and shade to help athletes cool down and recover.
4. Monitor Athlete Health:
    - Educate coaches, trainers, and athletes on the signs of heat-related illnesses (heat exhaustion and heat stroke).
    - The school will have available a method to institute whole-body cooling to treat a student-athlete with exertional heat illness, especially heat stroke (e.g., ice tub, “taco tarp”, ice towels) which is easily accessible at all practice and contest venues.

Safety should always be the top priority when acclimating high school athletes to hot weather conditions. This plan helps athletes adapt while minimizing the risk of heat-related issues.

For All Outdoor Fall Sports

Five-Day Acclimatization Period. Preseason practice shall begin with a five-day acclimatization period for all Fall student athletes. All student-athletes, including those who arrive at preseason practice after the first day of practice, are required to undergo a five-day acclimatization period. The five-day acclimatization period shall be conducted as follows:

(a) Participants shall not engage in more than one on-field practice per day during the five-day acclimatization period. On field practices shall last no longer than two hours.

For Football Only

(b) During the first three days of practice or testing activity, helmets shall be the only protective equipment student-athletes may wear. During the next two days of practice or testing activity, helmets, and shoulder pads shall be the only protective equipment student-athletes may wear. Student-athletes may practice in full pads on the sixth day of practice or testing activity.

Exertional Heat Illness:

Heat illnesses are a spectrum of illnesses that occur due to heat exposure. This heat exposure can come from either environmental heat (air temperature) or simply intense exercise. As with all emergency conditions, there are measures that can be taken to prevent heat illnesses. The key determinant for good prognosis following a heat illness is rapid recognition and treatment.

Heat Cramps—Painful cramps involving abdominal muscles and extremities caused by intense, prolonged exercise in the heat and depletion of salt and water due to sweating.

- Prevention:
  - o Acclimatizing athletes to environment o Gradual progression of intensity and duration of practice/ exercise on Educating athletes to replace fluids and salt lost in their sweat
  - o Maintain a balanced electrolyte level before, during, and after athletic event.
- Symptoms:
  - o Dehydration, thirst, sweating, transient muscle cramps and fatigue
  - o Painful, involuntary muscle spasms (usually occurring in the legs) associated with exercise in the heat when athletes have been sweating profusely
  - o A precursor to the initial onset of cramps involves muscle twitches or fasciculations.
    - ▪ If this occurs, remove athlete from the heat and encourage rehydration with an electrolyte beverage
- Treatment:
  - o Remove athlete from exercise session or practice and have them rest in the shade or an air-conditioned room
  - o Stretch, massage and knead the muscles that are cramping in its full-length position
  - o Provide the athlete with cold fluids, such as water or an electrolyte sports drink to replace sweat losses
  - o Provide food high in salt content to replenish the electrolytes lost from sweat.
  - o In cases of heat cramps that persist, use ice massage on the affected muscle. May return to activity when cramps are gone, providing they display no other signs or symptoms of other illness. If systemic cramps do not subside after one hour of rest and other treatment outlined above, they will be referred to a physician.

Heat Syncope—Weakness, fatigue and fainting due to loss of salt and water in sweat and exercise in the heat.

- Prevention:
  - o Acclimatizing athletes to environment o Gradual progression of intensity and duration of practice/ exercise
  - o Educating athletes to replace fluids and salt lost in their sweat
- Symptoms:
  - o Dizziness or lightheadedness or Loss of consciousness
  - o Pale or sweaty skin
  - o Weakness or Tunnel vision
  - o Decreased or weak pulse
- Treatment:
  - o Typical recovery within 10-15 minutes
  - o Move athlete to shaded/ cool area to decrease body temperature or sit or lie down as soon as the athlete begins to feel symptoms

o Monitor vital signs to ensure the athlete does not also acquire another medical condition
o Elevate legs to promote blood returning to the heart
o Rehydrate with water or sports beverage May return to activity once symptoms have resolved and any other medical conditions have been ruled out and cleared by the athletic trainer.

Heat Exhaustion—Inability to continue exercise in the heat due to cardiovascular insufficiency and energy depletion that may or may not be associated with physical collapse.

- Prevention:
  - o Acclimatizing athletes to environment
  - o Gradual progression of intensity and duration of practice/ exercise
  - o Educating athletes to replace fluids and salt lost in their sweat
  - o Appropriate work to rest ratios based on environmental conditions
- Symptoms:
  - o Fatigue
  - o Nausea o Fainting
  - o Weakness o Vomiting
  - o Dizziness/ light-headedness
  - o Pale
  - o Chills
  - o Diarrhea o Heavy sweating
  - o Decreased urine output/ dehydration
  - o Irritability
  - o Headache
  - o Sodium loss
  - o Decreased blood pressure
  - o Decreased muscle coordination o Hyperventilation
  - o Core body temperature between 36-40°C (96.8-104°F)
- Treatment:
  - o Removed from activity
  - o Move athlete to shaded/ cool area to decrease body temperature
  - o Elevate legs to promote venous return
  - o Cool the athlete with fans, rotating ice towels, or ice bags
  - o Provide oral fluids for rehydration If signs/ symptoms do not subside, the athlete will be referred to a physician for evaluation.

Heat Stroke—An acute medical emergency related to thermoregulatory failure. Associated with nausea, seizures, disorientation, and possible unconsciousness or coma. It may occur suddenly without being preceded by any other clinical signs. The individual is usually unconscious with a high body temperature and a hot dry skin (heat stroke victims, contrary to popular belief, may sweat profusely).

- Prevention:
  1. Ensure Hydration.

- Athletes should not lose more than 2% of their pre-workout weight By the time next practice begins, athletes should ingest fluids and weight the original weight.
- Encourage drinking throughout practice

2. Wear loose-fitting, absorbent or moisture wicking clothing
3. Practice and perform conditioning drills at appropriate times during the day, avoid the hottest part of the day (10:00-17:00).
4. Ensure proper body cooling methods are available, including a cold water immersion tub, ice towels, access to water & ice; equipment will be prepared prior to practice beginning.
5. Pre-season heat acclimatization will be followed.

- Symptoms:
  - Core temperature greater than 104°F (40°C)
  - Irrational behavior, irritability, emotional instability
  - Altered consciousness, coma
  - Disorientation or dizziness
  - Headache
  - Confusion or just look “out of it”
  - Nausea or vomiting
  - Diarrhea
  - Muscle cramps, loss of muscle function/ balance, inability to walk
  - Collapse, staggering or sluggish feeling
  - Profuse sweating
  - Decreasing performance or weakness
  - Dehydration, dry mouth, thirst
  - Rapid pulse, low blood pressure, quick breathing

- Treatment:
  - CALL AT ASAP
  - Remove all equipment and excess clothing
  - Cool the athlete as quickly as possible within 30 minutes via whole body ice water immersion. Sports Med Facility has both a cold tub and TARP available. If immersion is not possible, cover athlete in ice bags or move to shaded, cool area and use rotating cold, wet towels to cover as much of the body surface as possible.
  - Maintain airway, breathing and circulation
  - After cooling has been initiated, activate EMS
  - Monitor vital signs including oral temperature if athlete’s condition permits
  - Cold water and/ or electrolyte drinks may be given if level of consciousness permits

- Return to Play: After an EHS episode occurs, there may be physiological changes, such as heat tolerance, that are temporarily, and occasionally, permanently compromised. Long-term complications and morbidity are directly related to the time that the core body temperature remained above the critical threshold. To safely return an athlete to full participation following an EHS, a specific return-to-play (RTP) strategy should be implemented as seen below:

- Physician clearance prior to return to physical activity. The athlete must be asymptomatic and lab tests must be normal.
- The length of recovery time is primarily dictated by the severity of the incident.
- The athlete should avoid exercise for at least one (1) week after the incident.
- The athlete should begin a gradual RTP protocol in which they are under the direct supervision of an appropriate health-care professional such as an athletic trainer or physician.
- The type and length of the RTP program may vary among individuals, but a general program may include:
    - Easy-to-moderate exercise in a climate-controlled environment for several days, followed by strenuous exercise in a climate-controlled environment for several days
    - Easy-to-moderate exercise in the heat for several days, followed by strenuous exercise in the heat for several days
    - If applicable to the individuals sport: easy-to-moderate exercise in the heat with equipment for several days, followed by strenuous exercise in the heat with equipment for several days

Pictured: Air quality index chart with corresponding PM2.5 µg/m3.

Air Quality and Sport Participation: CIF Position Statement

Recent catastrophic and historical fires in California continue to raise numerous questions regarding safe participation in sport and practice for young athletes. This position statement serves as a resource to coaches, administrators, parents and students who have questions about participation in outdoor activity during periods of diminished air quality for California high school sport.

Healthy athletes are at increased risk for inhaling pollutants in the air. Physical activity increases ventilation and the number of pollutants that are inhaled are increased compared to periods of rest. During physical activity, air is often inhaled directly into the mouth, bypassing the built-in nasal filtration system. Deep inhalation diffuses pollutants into the bloodstream more quickly during exercise. These risks are increased if an athlete has a pre-existing medical condition such as asthma or a cardiac condition.

A valid and reliable standardized national air quality resource is the National Weather Service (NWS) Air Quality Forecast System. This system provides constant monitoring of ozone, particulate matter and pollutants with accurate and advanced notice to prevent the adverse effects of decreased air quality. The key component of the standardized air quality resource is the NWS Air Quality Index (AQI). The AQI provides real time monitoring and alerts in response to changing air quality levels. Five different pollutants are tracked in this system including the following: 1) ground level ozone 2) particle pollution 3) carbon monoxide 4) sulfur dioxide 5) nitrogen dioxide. Ground level ozone and particulate matter are the most concerning pollutants for outdoor physical activity. The AQI is reported as a single number based on a scale of 0 to 500 with 0 being completely safe and 500 indicating the most hazardous levels of air pollution.

1) Monitoring of local AQI and associated air quality alerts, especially during times of extreme

environmental conditions is recommended. Advice and monitoring is completed by AT, AD, or coach.

2) Practices and events may be shortened or canceled 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, removing such athletes at risk from practice or competition is recommended.

3) At AQI values above 150 serious consideration should be given to rescheduling the activity or moving it indoors if possible. Prolonged exposure and heavy exertion should be avoided.

4) The Preparticipation Physical Examination for Sport will be used as a tool to identify students at risk for smoke inhalation exposure such as asthma, cardiac disease and respiratory disease.

6) Emphasize to student athletes that the wearing of masks, such as for protection against COVID-19 does not protect against exposure to hazardous air quality. Consequently, wearing masks will not allow competition or practices when AQI is at hazardous levels.

Hypo/ Hyperglycemia:

Type I Diabetes Mellitus, or insulin-dependent diabetes, is a condition where the pancreas does not produce any or enough insulin.

Type II Diabetes Mellitus occurs when the body becomes resistant to the effects of insulin or doesn't make enough insulin to handle all the glucose in the blood. Type II Diabetes usually begins with insulin resistance. The pancreas can keep up with the resistance by producing more insulin, but in time will lose the ability to secrete insulin in effective doses.

Hypoglycemia (low blood glucose, 180mg/dL)—does not typically have an acute risk of death; however, it does carry long-term consequences.

Prevention:

- Know who your diabetic athletes are
- Take medications in appropriate doses at recommended times
- Eat regular meals and snacks
- Establish and follow diabetes care plan
    - For Sports & Exercise:
        - Check blood glucose before activity
        - Avoid exercise if glucose level:
            - <100mg/dL
            - >250mg/dL with ketones present
            - >300mg/dL regardless of ketones presence
- Plan meals/snacks to be eaten before & after activity (Should contain carbohydrate and protein)
- Consult physician on altering insulin dosages before activity
- Special considerations: insulin delivery via pump

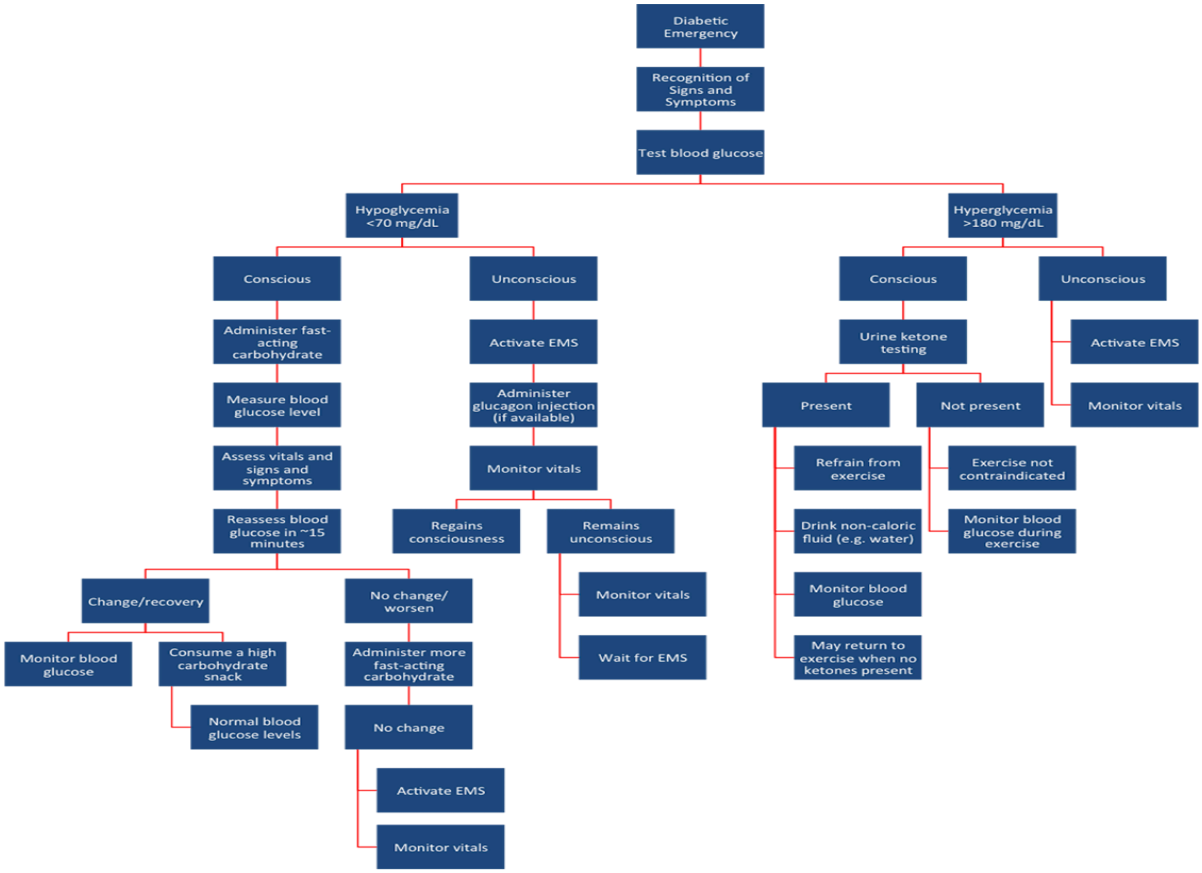
    - Pump should be disconnected for collision sports
    - Athlete should monitor blood glucose carefully during participation when pump is disconnected
    - Pumps do not need to be disconnected for non-collision sports, however:
        - Exercise facilitates glucose uptake by muscle
        - Not as much insulin will be necessary
        - Type of exercise affects glucose levels differently
- Check blood glucose during and after activity
- Type I diabetic athletes can experience late hypoglycemia after exercise. These athletes should consume carbohydrates before bed to prevent hypoglycemia while sleeping

Recognition:

- Normal blood glucose is 72-100mg/dL

Hypoglycemia (<70mg/dL)	
Signs & Symptoms	**Causes**
Hunger	Missed Meal/ Snack
Shakiness	Delayed Meal/ Snack
Nervousness	Not Eating Enough
Pallor	Physical Activity
Cool, Clammy Skin	Alcohol
Dizziness/ Light Headed	Environmental Heat Stress
Sleepiness	
Confusion	
Difficulty Speaking	
Anxiety	
Weakness	

Hyperglycemia (>180mg/dL)	
Signs & Symptoms	**Causes**
Gradual Onset	Insulin Not Taken
Flushed, Warm Skin	Miscalculated Insulin Dosage
Frequent Urination	Pump Malfunction
Irregular Breathing	Consumed More Than Planned
Fruity/ Acidic Breath	Exercise Less Than Planned
Nausea	Emotional Stress
Drowsiness	
Disorientation	



Sudden Cardiac Arrest

Sudden cardiac arrest (SCA) is the number one cause of exercise related death in young athletes and is due to a cardiovascular disorder. For youth congenital cardiac conditions are the majority of causes for exercise related SCD. In the United States SCD is seen in all sports but mostly in basketball and football due to higher participation levels. Males are more likely to suffer from this condition as well as athletes of the African-American ethnicity.

Prevention:

- Practice EAP to ensure that all members of the Athletic Department are ready to appropriately act if this condition occurs
- Educating athletes, coaches, and parents on recognition of signs/ symptoms of coronary artery disease (CAD)
- Placing automated external defibrillators (AED's) strategically around campus and having an AED at athletic events
- Include cardiac related examinations in the preparticipation exam (PPE) to screen for family history of heart disease
- Push Athletes to attend free cardiac screens offered in San Diego

Signs & Symptoms:

Men:

- Chest pain, angina and/ or ear/ neck pain
- Severe headache
- Vague malaise
- Dizziness/ palpitations
- Increasing fatigue
- Indigestion/ heartburn/ gastrointestinal symptoms

Women:

- Center chest pain, comes and goes
- Lightheadedness
- Shortness of breath with/ without chest discomfort
- Uncomfortable pressure/ squeezing/ fullness
- Nausea/ vomiting
- Cold sweat
- Pain/ discomfort one or both (arms/ back/ neck/ jaw/ stomach)

Treatment:

- Activate EMS
- Attach AED
- Perform CPR as instructed
- Responsive Individual:
    - Monitor vitals
    - Health History:
        - S—Signs/ Symptoms
        - A—Allergies
        - M—Medications
        - P—Past Health Information
        - L—Last Intake
        - E—Events Leading Up
- Unresponsive Individual:
    - Assess Airway, Circulation, & Breathing
    - AED—rhythm assessment
    - Check for pace maker & medical alert bracelet
    - Ask questions to bystanders

Return-to-Play:

When cleared by cardiologist.

Commotio Cordis:

Commotio Cordis refers to the sudden arrhythmic death caused by a low/ mild chest wall impact. Commotio Cordis is seen mostly in athletes between the ages of 8 and 18 who are partaking in sports with projectiles such as baseballs, hockey pucks, or lacrosse balls. These projectiles can strike the athletes in the middle of the chest with a low impact but enough to cause the heart to enter an arrhythmia. The heart is most vulnerable when it is struck at the beginning of the T-wave, if chest is hit by projectile during this time period Commotio Cordis is likely to occur. Without immediate CPR and

defibrillation, the prognosis of Commotio Cordis is not very good. This condition is extremely dangers with rare survival.

Prevention:

- Have athletic trainer present at practices and games
- Educate coaches, parents, and athletes how to perform CPR and use an AED
- Educate coaches, parents, and athletes of signs of Commotio Cordis
- Have an AED accessible near playing fields at all times
- Ensure coaches know where to locate the AED
- Ensure there is an EAP in place
- Ensure protective equipment is properly fitted
- Teach athletes how to avoid being hit with the ball/ puck
- Avoid strength disparities among participants and coaches

Symptoms of Commotio Cordis:

- Mechanism of injury – being hit in chest by projectile
- There should be no apparent trauma
- The athlete will typically stumble forward for a few seconds, which is followed by unconsciousness, no breathing, and no pulse
- An AED will indicate the athlete is in ventricular fibrillation

Treatment:

- Use AED and defibrillate as quickly as possible
    - For every 1 minute delay in getting shocked by the AED there is a 10% decline in survival rate
    - Using an AED is the best practice and gives the athlete the greatest chance of survival
- Immediately activate EMS and EAP
- Continue AED use and CPR until EMS arrives and takes over

Return-to-Play:

- Before returning to play the athlete should have a full cardiac evaluation by a physician and/ or cardiologist
- Physician and/ or cardiologist clearance is necessary
- The athletic trainer should use clinical judgement during RTP and should carefully watch the athlete to ensure a cardiac episode does not occur
- Adjust practice by adding personal protection such as chest padding or switching to safety balls to decrease the chance of another incident

Rhabdo:

Rhabdomyolysis is a rare muscle injury where your muscles break down. This is a life-threatening condition that can happen after an injury or excessive exercise without rest. If you notice symptoms like weak and sore muscles and color changes in your pee, contact your healthcare provider.

Prevention:

- Starting an exercise program slowly, and listening to your body. If you feel especially sore or tired during a workout, stop and rest. Don’t push yourself beyond safe limits.

- Staying hydrated and avoid getting overheated. Take breaks in the shade if you're doing physical activity in the heat.
- Avoiding addictive substances like alcohol and drugs.
- Talking to your healthcare provider about any medications you're taking that may increase your risk of developing rhabdomyolysis.

Symptoms:

- Muscle swelling.
- Weak muscles.
- Tender and sore muscles.
- Extreme muscle cramping (multiple muscles)
- Dark pee that's brown, red or tea-colored or lack of urine
- Dehydration
- Nausea
- Headaches

Treatment:

- Give fluids/salt (gatorade, powerade, liquid IV)
- If muscle cramps are extreme and painful, activate EMS
- Receiving fluids and electrolytes intravenously (through a vein).
- Blood labs to measure CK levels
- Proper sleep, nutrition, and hydration while resting first 72 hours
- Return to play will be dependent on proper blood labs. Start with light activity and progress daily. Pre and post weigh ins. Monitor symptoms. Continue to eat and drink proper food/fluids with high sodium and potassium.

Return-to-Play:

- Rest 48-72 hours in a controlled environment
- Increase fluids and electrolytes
- CK levels must be back to normal
- When cleared by MD to start light RTP, gradually increase
- Monitor daily symptoms
- Pre and post practice weigh-ins-athlete cannot lose more than 2lbs per practice.

Mental Health Crisis

Emergency Situation – Potential Violence Recognition

Any 'yes' answer should be considered an emergency:

- Am I concerned the student-athlete may harm himself/herself?
- Am I concerned the student-athlete may harm others?
- Am I concerned the student-athlete is being harmed by someone else?
- Did the student-athlete make verbal or physical threats?
- Is the student-athlete exhibiting unusual ideation or thought disturbance that may or may not be due
- to substance use?

- Does the student-athlete have access to a weapon?
- Is there a potential for danger or harm in the future?

Management If immediate risk to safety:

- Remain calm – maintain calm body language and tone of voice.
- Listen to the student-athlete. Allow him/her to express his/her thought. Provide them an opportunity
- to be heard. It's OK to have a moment of silence between you and the student-athlete.
- Avoid judging the student-athlete: provide positive support.
- Keep yourself safe – do not attempt to intervene if there is eminent threat of harm or violence.
- Keep others safe – try to keep a safe distance between the student-athlete in distress and others in the
- area.
- Alert designated school officials and/or colleagues such as school counselor, nurse, and/or
- administrator. Have the school contact the student-athlete's parent or emergency contact.
- If the student-athlete seems volatile or disruptive, get help from a co-worker or other adult. Do not
- leave the student-athlete alone, but do not put yourself in harm's way if he/she tries to leave.
- If you call 911, provide the following information:
  o Student-athlete's name and contact information.
  o Physical description of the student-athlete (i.e. height, weight, hair and eye color, clothing, etc.)
  o Description of the situation and assistance needed.
  o Exact location of the student-athlete.
  o If student-athlete leaves the area or refuses assistance, note direction in which he/she leaves.

Emergency Contact Numbers:

PERT (Psychological Emergency Response Team): Carlsbad Police Department (PD): 760-931-2100

Mobile Crisis Response Team (MCRT): (888) 724-7240

Principal: Julie Redfield 760.331.5199

Suicide & Crisis Hotline: 988

Child Welfare:1-844-264-5437

Emergency Situation – Nonviolent Management:

- Offer a quiet and secure place to talk.
- Show your genuine concern.
- Avoid judging the student-athlete; Provide positive support.
- Do not offer advice or try to solve their problem. It's not in the scope of athletic trainers or coaches.
- Help the student-athlete understand that he or she is not alone – other have been there too.
- Listen to the student-athlete and allow them to express their thoughts. Provide them an opportunity to
- be heard. It's OK to have a moment of silence between you and the student-athlete.
- Ask questions that encourage conversation. Asking these important questions will NOT plant the idea in their head:
  o Can you tell me what's troubling you?
  o Are you thinking of hurting yourself?
  o Is someone hurting you?
  o Have you thought about suicide?
  If the student-athlete is expressing suicidal ideation:
  o Determine if he or she has formulated a plane
  o Emphasize ensuring the athlete's safety while being aware of your own
  o Do NOT leave this person alone
- Alert designated school officials. Have the school call the student-athlete's parents or emergency contact.
- You may offer a positive reinforcement, such as: "It took courage for you to disclose this information to me. And, by telling me, it says you want to do something about what is going on. Let's get you in contact with someone who specializes in this type of situation, so you can get the care you need."
- Document and communicate your concerns and refer to the school counselor. School staff may be aware of past or current circumstances that you are not privy to, including abusive home environment, emerging psychological condition/mental illness, etc.

Confidentiality

Student-athletes often trust their coach with personal information or concerns. While in the majority of situations, utmost confidentiality is afforded to the athlete, state and federal laws require the coach to report certain situations involving minors. Cases in which an individual poses a risk to themselves or others, or where the individual is being abused in any way must be reported. While state laws vary, it is imperative that the coach understand the mandatory reporting laws on both state and federal levels, as well as the policies of the school and/or district in which they work. Policies and procedures should include a detailed plan of the appropriate reporting processes for various situations, dependent on the level of risk or harm. The expectation must be made clear to the student-athlete, especially those under the age of eighteen, that even if they do not want the information shared, the coach is obligated to notify school officials and/or local authorities these situations