MISSION STATEMENT

The objective of the athletic training program is to provide the highest level of service to the athletes at Diamond Bar High School. This includes the education, prevention, care, and rehabilitation of athletic injuries as well as helping to direct the nutritional, physiological, and psychological needs of the athlete.

The care provided by the certified athletic trainer will be delivered with objectivity and a conscientious blend of concern for the healing of the athlete’s body and mind.

JOB DESCRIPTIONS AND RESPONSIBILITIES

The certified athletic trainer (AT), with the consultation and direction of physicians, is an integral part of the health care system associated with physical activity and sports. The AT at Diamond Bar High School has the full responsibility for the operational procedures of the athletic training room. These responsibilities include, but are not limited to:

1. Prevention
2. Evaluation and assessment
3. Immediate care
4. Treatment, rehabilitation, and recognition
5. Organization and administration
6. Professional development

Athletic training students are defined as individuals enrolled in a CAATE accredited athletic training education program (ATEP). They have varying responsibilities depending on their skill level and progression through their program. All athletic training students are directly responsible to the AT and are required to stay within the established limitations of their level of clinical skill competency as outlined by their clinical contracts.

Secondary school Student Aides (SA) are exposed to the field of athletic training in an educational environment only. They are limited to observing the daily activities of the athletic training room and certified athletic trainer. If they are CPR/First-aid certified they are allowed to act within the bounds of their certification. Please see the following page for the NATA guidelines on the proper supervision of secondary school student aides.
NATIONAL ATHLETIC TRAINERS’ ASSOCIATION:
OFFICIAL STATEMENT ON PROPER SUPERVISION OF SECONDARY SCHOOL STUDENT AIDES

Introduction:
This Official Statement of the National Athletic Trainers’ Association provides support and guidance to school administrators and athletic trainers in the education and supervision of secondary school students enrolled in sports medicine courses or volunteering in secondary school athletic training programs. The goal of this statement is to continue to foster a positive, safe learning environment where students benefit from the instruction and observation of qualified health care professionals.

Official Statement:
The NATA recognizes that allowing secondary school students the opportunity to observe the daily professional duties and responsibilities of an athletic trainer can be a valuable educational experience. This unique experience may expose students to the foundations of various health related careers as well as provide them with important life skills. Regardless of practice setting, it is understood that all athletic trainers must comply with their state practice acts, the BOC Standards of Practice when certified, and the NATA Code of Ethics when a member. These legal and ethical parameters apply and limit the incorporation of student aides outside of the classroom and within the activities of athletic programs.

Student aides must only observe the licensed/certified athletic trainer outside of the educational environment. Coaches and school administrators must not allow or expect student aides to assist or act independently with regard to the evaluation, assessment, treatment and rehabilitation of injuries. Additionally, it is paramount that student aides not be expected, asked or permitted to make “return to play” decisions.

Specifically, licensed/certified athletic trainers, coaches and administrators must not ask athletic training student aides to engage in any of the following activities:

(1) Interpreting referrals from other healthcare providers
(2) Performing evaluations on a patient
(3) Making decisions about treatments, procedures or activities
(4) Planning patient care
(5) Independently providing athletic training services during team travel

Student Aides: Q and A Document
The NATA Official Statement on Proper Supervision of Secondary School Student Aides (SAs) reflects NATA’s recommendations for the role of SAs. Bottom line: ATs, not aides, are the appropriate individuals to be providing AT services, specifically injury evaluations, treatments, rehab and RTP decisions. An aide can be an extra “hand” but should never be the “head” when providing appropriate medical care. ATs are encouraged to give thought as to the line between what is an AT service and what is first aid. While it is appropriate for students certified in first aid to provide first aid, ATs should work hard to define that line for their coaches and SAs. This Q&A document is designed to assist secondary school ATs in drawing those lines. Additionally, each AT should review his/her state’s practice act for limitations specific to the state on each of the points within the statement.
Can student aides tape injured athletes? It may be appropriate for students to practice taping skills on non-injured individuals and classmates for the purposes of a learning experience, but should not provide protective taping to injured athletes for the management of an injury, nor should they tape non-injured athletes for preventative measures prior to or during athletic activity.

May student aides participate in athletic training facility activities? It is appropriate for student aides to observe an athletic trainer in the athletic training facility; however, activities must not include patient care. Student aides may assist with the educational practice activities listed in the NATA Official Statement such as stocking supplies, cleaning duties, making ice bags and performing inventories. Other suggested activities may include assisting with enforcing athlete sign-in procedures, setting up/breaking down sideline equipment, and acting as “extra eyes and ears” for the certified/regulated athletic trainer.

Can student aides assist with injury evaluation, treatment or rehabilitation? Student aides may be involved in learning and practice evaluation, treatment and rehabilitation techniques on non-injured individuals for a learning experience, but it is professionally unethical and irresponsible for student aides to provide these services or patient care for injured athletes.

Can a student aide assist with filing of patient records or entering injury data into an electronic record system? Due to privacy issues, the athletic trainer should check with the school district administration to determine if this activity is permissible.

If a student aide is certified in first aid, can s/he provide this service to injured athletes? In the secondary school setting, student aides may practice first aid activities. First aid is not a protected skill. However, first aid does not include return to play. A student may perform first aid, but cannot determine whether that athlete may return to play.

Can a student be “stationed” at an athletic event or venue with a walkie-talkie to communicate emergency or injury care needs to the certified athletic trainer located at another site? While student aides may act as “eyes and ears” for the athletic trainer, they should be under the direct supervision of the athletic trainer at all times. Communication to the AT regarding emergencies and on field injuries should take place through a coach or school staff member.

Can student aides travel with a team? Student aides may travel with a team, however, this should only occur under the supervision of the athletic trainer. The student aide may observe the athletic trainer, but it is inappropriate for the student aides to participate in patient care, return to play/activity decisions or perform athletic training services.

Can a student aide apply an ice pack? This is considered first aid so this may be an appropriate activity.

Can a student aide provide stretching exercises to an injured/non-injured athlete? It may be appropriate for the AT to set the patient up, and then have students watch/monitor the patient for compliance and provide feedback on form, etc. The AT is prescribing the exercise, not the student aide.

If certified in CPR/AED can a student aide provide emergency care to an athlete, staff member, official or spectator? Absolutely, they are trained, they are there, and this is first aid.
ATHLETIC CLEARANCE & PRE-PARTICIPATION PHYSICAL EVALUATION

In order to obtain clearance to participate, all athletes must register a free profile on AthleticClearance.com and complete the Sports Physical Form in whole; the packet must be signed by the student, parent/guardian, and physician, and stamped by the physician*.

* Per CIF bylaw 503 the Physical Exam and Physician’s Clearance are only valid if completed by a licensed healthcare practitioner, defined as a medical doctor or doctor of osteopathy (MD or DO only). No other healthcare practitioner may clear an athlete for participation.

1. **AthleticClearance.com:**
   a. Every athlete must register a free profile on AthleticClearance.com.
   b. The athlete profile will include student and parent information, educational history, medical history questions, emergency contact information, and a digital upload of the student’s medical insurance card.

2. **Sports Physical Form:**
   a. **Physician Clearance Form** – athletes will complete the top three lines of this form only. The evaluating physician (MD or DO only) will complete the remainder of the form, including clearance status and specific recommendations. The evaluating physician will affix their contact information and sign and date the clearance form.
   b. **Physical Examination Form** – athletes will complete the top two lines of this form only. The evaluating physician will complete the remainder of the form during the pre-participation screening. The evaluating physician will sign and date the bottom of the form.

The **Sports Physical Form** can be accessed online through the DBHSsports.org website under Brahmas HQ >> Sports Physicals Info.

Any changes in an athlete’s medical history, insurance coverage, or ability to participate should be reported to the AT or athletic office immediately.

Athletes will be restricted from participation until all forms are on file in the athletic office, or returned to the athletic trainer, as requested.
SPORTS & EVENT COVERAGE

1. Activity Coverage  
   a. 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  
   a. The AT will be on site for most scheduled practices. The AT will either be in the athletic training room, 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  
   a. 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  
   a. The AT will be on campus for all DBHS tournament games, however, DBHS-hosted Tournaments will only be covered by the AT with prior arrangements made by the AT, head coach, and athletic director. One week’s notice is needed for arrangements to be made.

5. Travel Coverage  
   a. The AT only travels with varsity football for competitions. Football has the highest incident 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  
   a. 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-WVUSD sponsored event Coverage  
   a. Due to liability the AT will not cover any non-WVUSD event. This includes summer leagues, fall ball, winterfest, 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 WVUSD sponsored events are occurring simultaneously.
ATHLETIC TRAINING ROOM PROCEDURES

1. Athletic Training Room Hours
   a. The athletic training room will be available to all in-season athletes from 12:45-3:30pm. Off-season athletes may be seen during non-peak hours (generally 12:45-1:45pm, 6-7pm) for evaluation only. Off-season evaluations are not guaranteed.
      i. An athlete is considered in-season beginning three weeks prior to the first possible schedule contest (per CIF).
      ii. All off-season injuries may be evaluated (pending availability) and referred to the Health Office for care. The athlete should make an appointment with their primary care physician for further evaluation and treatment.
   b. The athletic training room will open at 12:45pm and remain open until 30 minutes after the last home game or varsity practice, (usually 7pm).
      i. From 12:45-3:30pm the primary focus will be on practice/game preparation (taping, heat, etc.).
         1. The athletic training room is an equal access facility; athletes will be treated on a first-come first-served basis (except for emergencies). Exceptions:
            a. One athlete has a practice time earlier than another.
            b. Athletes preparing for games are given priority over practice athletes.
            c. Emergency situations will take precedence over all others.
      ii. From 3:30pm onward the AT will be located at the football field (Tuesday-Thursday during the fall season only), or at any home game venue (based on level of risk).
         1. Emergency situations for all other sports will be communicated to the AT by the head or assistant coach, in accordance with the Emergency Action Plan protocol.
   c. The athletic training room will only be open on Saturdays for all scheduled competitions, closing 30 minutes after the competition ends.

2. Athletic Training Room Rules
   a. No one is to be in the athletic training room without the permission of the AT. No athletes are to be in the athletic training room without the AT present.
   b. No coaches or administrators will allow athletes into the athletic training room without direct supervision.
   c. No equipment or supplies in the athletic training room may be utilized and/or taken from the athletic training room by any sports team, coach, or athlete without permission from the AT.
      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 room is a coed facility. Appropriate attire must be worn at all times.
   f. The athletic training room 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 room.
      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 room (water is ok).
3. 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 a week or so to see somebody, 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 room at the end of their game or practice for triage and treatment.
   d. Athletes who wait until the following day must report to the athletic training room during the lunch period for evaluation and treatment. This cuts down on missed practice time.

4. 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.

5. Guidelines For Use of the Athletic Training Room
   a. Athletes must sign in on the iPad before receiving any form of treatment.
   b. Athletes will place their belongings on the provided racks, not in the treatment area.

6. Taping Policy
   a. If an athlete requires taping for protection or prevention of an injury, then the athlete must perform rehabilitative exercises to strengthen the area to prevent a reoccurrence.
   b. Athletes who wish to be taped for games only must complete at least 3 days of rehabilitative exercises throughout the week prior to being taped.
   c. 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.

7. Documentation
   a. Injury/Treatment Files
      i. All injuries, and any subsequent treatment performed, must be documented using the iPad Injury Evaluation Form. 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.
      ii. Any athletic injury that is severe enough to warrant the Emergency Action Plan protocol to be administered, or a referral to a physician, or a time-loss greater than two days will be communicated with the Health Office. A WVUSD Accident Report will be completed by either the AT or coach in attendance and submitted to the WVUSD Risk Management Office.
   b. Coaches Reports and Injury Status Updates
      i. Coaches can expect injury status reports and updates via email/text message from the Athletic Trainer. The Athletic Trainer 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 Athletic Trainer will contact the coach as soon as it is feasible and explain the current and future state of the injured athlete, including: participation status and limitations, game status, recovery time, and rehab notes.
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.
   
   ii. Athletes who decide to visit a physician without prior knowledge from the AT risk missing competition time. Therefore, it is advised that all athletes report to the AT prior to seeing a physician. Emergency situations are exempt.
   
   iii. Any athlete requiring a visit to a physician for head injuries must also report to the Health Office upon returning to school. The Health Office requires a physician’s clearance in order to return to classes. See “Concussion Management Policy and Protocol” for more information.

d. Medical Clearance to Participate from MD or DO
   
   i. 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*.
      1. Per CIF bylaw 503 clearance to participate only valid if completed by a licensed healthcare practitioner, defined as a medical doctor or doctor of osteopathy (MD or DO only). No other healthcare practitioner may clear an athlete for participation.
   
   ii. Medical clearances will not be accepted by physical therapists (PT, DPT, MPT, etc.), chiropractors (DC), or other licensed healthcare practitioners.
ADMINISTRATION OF MEDICATION POLICY

1. Pursuant to the Walnut Valley Unified School District policy and Ed. Code 49423, prescription or over-the-counter (i.e. Tylenol, Advil, Motrin, ibuprofen, or cough and cold medicine) medication is not allowed on campus without written authorization from a licensed healthcare provider (physician, podiatrist, and dentist) using the Walnut Valley Unified School District’s Medication Required During School Hours form.
   a. Written authorization must include student name and DOB, specific medication, dosage, timing, and route of delivery.
   b. Medication must be in the container in which it was purchased, with the pharmacy label attached, and must be prescribed to the student to whom it will be administered.
   c. Written authorization must be signed and dated by both the prescribing healthcare provider and the athlete’s parent/guardian.
   d. Written authorization is required for students to carry medication (prescription or over-the-counter) on campus.

2. The certified athletic trainer does not carry medication; however, the certified athletic trainer will assist the athlete in the administration of medication if necessary.
   a. In the event of an emergency (i.e. anaphylactic or insulin shock, diabetic coma) the certified athletic trainer will respond and begin the Emergency Action Plan protocol.
Official Statement from the National Athletic Trainers’ Association on Communicable and Infectious Diseases in Secondary School Sports

The National Athletic Trainers’ Association (NATA) recommends that health care professionals and participants in secondary school athletics take the proper precautions to prevent the spread of communicable and infectious diseases.

Due to the nature of competitive sports at the high school level, there is increased risk for the spread of infectious diseases, such as impetigo, community acquired methicillin-resistant staphylococcus infection (MRSA) and herpes gladiatorum (a form of herpes virus that causes lesions on the head, neck and shoulders). These diseases are spread by skin-to-skin contact and infected equipment shared by athletes, generally causing lesions of the skin.

The following are suggestions from NATA to prevent the spread of infectious and communicable diseases:

- Immediately shower after practice or competition
- Wash all athletic clothing worn during practice or competition daily
- Clean and disinfect gym bags and/or travel bags if the athlete is carrying dirty workout gear home to be washed and then bringing clean gear back to school in the same bag. This problem can also be prevented by using disposable bags for practice laundry.
- Wash athletic gear (such as knee or elbow pads) periodically and hang to dry
- Clean and disinfect protective equipment such as helmets, shoulder pads, catcher’s equipment and hockey goalie equipment on a regular basis
- Do not share towels or personal hygiene products with others
- All skin lesions should be covered before practice or competition to prevent risk of infection to the wound and transmission of illness to other participants. Only skin infections that have been properly diagnosed and treated may be covered to allow participation of any kind
- All new skin lesions occurring during practice or competition should be properly diagnosed and treated immediately.
- Playing fields should be inspected regularly for animal droppings that could cause bacterial infections of cuts or abrasions
- Athletic lockers should be sanitized between seasons
- Rather than carpeting, locker or dressing rooms should have tile floors that may be cleaned and sanitized
- Weight room equipment, including benches, bars and handles should be cleaned and sanitized daily
CONCUSSION MANAGEMENT POLICY & PROTOCOL

These guidelines are being published to clarify the Athletic Training Program’s Policy & Protocol regarding mild traumatic brain injuries (MTBI), or more informally known as concussions. Data and information is based on the most up-to-date research on MTBIs, the Consensus Statement on Concussion in Sport, 5th International Conference on Concussion in Sport, Zurich, 2016. It is our obligation that all athletes, parents, coaches, athletic department personnel, school nurse and health clerk, and team physician become familiar with the following Concussion Management Policy.

Definition of Sports Concussion
A sports concussion is defined as a traumatic brain injury induced by biomechanical forces. Further defined by:

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

Education and 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 & 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 the Diamond Bar High School Concussion Fact Sheet (included in AthleticClearance.com registration). Written verification of receiving and reading this form must be returned to the athletic department. Athletes will not be allowed to practice, condition, weightlift, or compete in any amount without this form on file in the athletics office.

Athletes
Athletes who participate in football, wrestling, basketball, and soccer will 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 each season.

Coaches and 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 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 activity 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 SCAT5 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 the SCAT5 will be given at the time of evaluation.
3. The parent/guardian 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 (must be MD or DO only*); physician’s clearance is required to be submitted to the health office before returning to normal classroom activity.
   b. Following the injury, the athlete and parent/guardian will complete the Post-Concussion Symptom Inventory on a daily basis until the athlete returns to be reevaluated by the certified athletic trainer. This will continue under the supervision of the certified athletic trainer until the athlete is released to full participation.
4. The grade level coordinator (GLC), health office & school nurse will be notified via email, and a letter will be sent to the athlete’s teachers.
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 known as the REBRAIN Program (See Clearance to Participate).
   a. If the licensed healthcare provider prefers a different return to play protocol, that protocol must be attached to the clearance note.

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 health care provider trained in education and management of concussion and receives written clearance to return to play from that health care provider. If a licensed health care 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 a graduated return-to-play protocol of no less than seven (7) full days from the time of diagnosis under the supervision of a licensed health care 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 licensed healthcare providers and medical professionals is defined by California state statues. *This scope of practice will limit the evaluation to a medical doctor (MD) or doctor of osteopathy (DO).
REBRAIN Program
In accordance with Ed. Code 49475 and CIF Bylaw 503.H: the REBRAIN program 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. If any concussion related symptoms occur during the progression, the athlete will drop back to the previous asymptomatic level and attempt to progress again after being free of concussion related symptoms for a further 24-hour period at the lower level. Each stage must be carefully supervised by the diagnosing licensed healthcare provider, or the certified athletic trainer, if authorized by the diagnosing licensed healthcare provider.

Concussion Return-to-Play Protocol
“RE-BRAIN” Program
Per Education Code 49475 in accordance with CIF Bylaw 503.H

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| **R** | **REST** | -Minimum 24 hours of complete rest post-injury  
-Recommended exclusion from school day following injury if still displaying symptoms |
| **E** | **EDUCATE** | -Completion of one regular school day without displaying symptoms (asymptomatic)  
**Must be completed before starting steps 3-7.** |
| **B** | **BIKE** | -15 minutes of stationary biking @ 10-14 mph |
| **R** | **RUN** | -20 minutes of walking/jogging @ 10 min/mile, or 2 miles total |
| **A** | **AGILITY** | -Non-contact, sport-specific drills for 45 minutes  
-Can start weight training |
| **I** | **IN-RED** | Wearing red penny:  
-Limited non-contact practice to:  
-On air, bags or blocking shields, Control drills
**NO FULL-SPEED OR FULL-CONTACT** |
| **N** | **NO LIMITATIONS** | -Full participation in practice |

*CIF Bylaw 503.H:
“...If a licensed health care 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 a graduated return-to-play protocol of no less than seven (7) full days from the time of diagnosis under the supervision of a licensed health care provider...”*
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 only)

Written clearance will be documented in the Concussion Clearance Packet under the “Licensed Health Care Professional Clearance” 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

THE CERTIFIED ATHLETIC TRAINER RESERVES THE RIGHT TO HAVE THE FINAL SAY IN ALL RETURN TO PLAY DECISIONS. IN THE EVENT 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.
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
1. 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 AthleticClearance.com registration.
2. 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
- 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

Factors That Increase the Risk of SCA
- 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

1. SCA suspected
   - Unexpected collapsed or is unresponsive

2. Scene safety

3. Activate EMS
   - Send a bystander to call 911 and retrieve AED (if available)

4. Assess breathing & pulse

5. If absent, begin CPR
   - Hands-only CPR is ok if not certified

6. 30 Chest Compressions
   - Center of the chest at the nipple line; push hard, push fast: 2” deep, 100/minute

7. Open the airway
   - Head-tilt, chin-lift

8. 2 rescue breaths
   - 1 second in duration; if unsuccessful, readjust airway

9. Repeat continuously, only stop when EMS arrives and takes over care
1. Exertional Heat Illness Policy & Procedures
   a. Activity in hot or humid environments can easily cause a number of heat related illnesses. Heat illness can occur in anyone at any time. The signs and symptoms listed below usually do not occur in a stepwise manner and can change rapidly dependent on the person, situation, and activity. All signs and symptoms should be treated as serious and help sought in a timely manner. Categories of heat illness include:
      i. **Heat Syncope** – generally referred to as fainting because of exposure to high environmental temperatures, vasodilatation, reduced cardiac output, and dehydration. This can occur due to long periods of standing, cessation of activity, or movement from a seated to standing position. A person who has suffered syncope will usually be dizzy, pale, and have cool, damp skin.
      ii. **Heat Cramps** – painful muscle cramping of the body usually localized to lower or upper legs, abdomen, or upper extremities. A person suffering from heat cramps will be sweating and thirsty.
      iii. **Heat Exhaustion** – A person suffering from heat exhaustion will have an elevated body temperature but cool damp skin and will continue to sweat. They will be weak, dizzy, and may feel as if they will faint. Other symptoms include nausea, headache, chills, hyperventilation, and thirst.
      iv. **Heat Stroke** – Emergency help is needed immediately! A person suffering from heat stroke will be hot to the touch with dry or non-sweating skin. Due to central nervous system changes they may be disoriented, hysterical, delirious, or unconscious. Heart rate and respiration will be elevated with a decrease in blood pressure.
      v. **Hyponatremia** – Signs and symptoms of hyponatremia include nausea and vomiting, swelling of hands and feet, headache, confusion, apathy and lethargy, and altered consciousness. In severe cases seizures, pulmonary edema, and coma could occur.
   b. Preventing heat illness is a team responsibility. The athlete, coach, and certified athletic trainer must all do their part to keep each athlete safe.
      i. Athletes – must complete the pre-participation physical examination prior to any practice, conditioning session, weightlifting, or competition; are encouraged to attend all workouts, wear the proper clothing and equipment, hydrate their body prior to physical activity, and be aware of how they are feeling while participating in hot weather.
      ii. Coaches – should design their pre-season workouts to acclimatize athletes properly so that their bodies can handle the demands of performing in hot weather; are encouraged to constantly monitor athletes during all practices, games, conditioning sessions, and weightlifting sessions.
      iii. Certified athletic trainer – will monitor the environmental conditions at specific venues prior to the start of practice (see 1.c below for protocol).
   c. Daily monitoring of environmental conditions:
      i. The protocol calls for the determination of environmental conditions at the practice/contest site using the Kestrel 4400 Wet Bulb Globe Thermometer (WBGT).
         1. Media-related temperature readings (such as the Weather Channel, local radio, etc.), or even other readings in the general proximity may not yield adequate results. The readings must be made at the site.
ii. Thirty (30) minutes prior to the start of activity, environmental readings will be taken at the practice/competition site.

iii. The WBGT will indicate the level of risk for that specific site.

![Guidance for Athletic Trainers Table]

- **WBGT**
- **Flag Color**
- **Level of Risk**
- **Comments**

<table>
<thead>
<tr>
<th>WBGT</th>
<th>Flag Color</th>
<th>Level of Risk</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;18°C (&lt;65°F)</td>
<td>Green</td>
<td>Low</td>
<td>Risk low but still exists on the basis of risk factors.</td>
</tr>
<tr>
<td>18-23°C (65-73°F)</td>
<td>Yellow</td>
<td>Moderate</td>
<td>Risk level increases as event progresses through the day.</td>
</tr>
<tr>
<td>23-28°C (73-82°F)</td>
<td>Red</td>
<td>High</td>
<td>Everyone should be aware of injury potential; individuals at risk should not compete.</td>
</tr>
<tr>
<td>&gt;28°C (82°F)</td>
<td>Black</td>
<td>Extreme or Hazardous</td>
<td>Consider rescheduling or delaying the event until safer conditions prevail; if the event must take place, be on high alert.</td>
</tr>
</tbody>
</table>


- d. Athletic department personnel should do the following when risk level rises:

![Guidance for High School Athletics Table]

<table>
<thead>
<tr>
<th>WBGT Reading</th>
<th>Activity Guidelines &amp; Rest Break Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>UNDER 82.0</strong></td>
<td>Normal activities - Provide at least three separate rest breaks each hour of minimum duration of 3 minutes each during workout.</td>
</tr>
<tr>
<td><strong>82.0 - 86.9</strong></td>
<td>Use discretion for intense or prolonged exercise; watch at-risk players carefully; Provide at least three separate rest breaks each hour of a minimum of four minutes duration each.</td>
</tr>
<tr>
<td><strong>87.0 - 89.9</strong></td>
<td>Maximum practice time is two hours! For football: players restricted to helmet, shoulder pads and shorts during practice. All protective equipment must be removed for conditioning activities. For all sports: Provide at least four separate rest breaks each hour of a minimum of four minutes each.</td>
</tr>
<tr>
<td><strong>90.0 - 92.0</strong></td>
<td>Maximum length of practice is one hour, no protective equipment may be worn during practice and there may be no conditioning activities. There must be 20 minutes of rest breaks provided during the hour of practice.</td>
</tr>
<tr>
<td><strong>OVER 92</strong></td>
<td>NO OUTDOOR WORKOUTS! Cancel exercise; delay practice until a cooler WBGT reading occurs.</td>
</tr>
</tbody>
</table>

![GHSA Heat Index Record Sheet. Georgia High School Athletic Association Heat Index Measurement and Record. 2012:1.]

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e. In the event an athlete suffers from heat syncope, heat cramps, heat exhaustion, heat stroke, or hyponatremia the following protocol will be followed:
   i. **Heat Syncope** - The athlete should stop all activity, be moved indoors, or to a shaded area, with the legs elevated above the level of the head. Vital signs will be monitored, and the athlete should begin to rehydrate.
   ii. **Heat Cramps** - The athlete should stop all activity, move to a cool location, replace lost fluids with fluids containing sodium, and begin mild stretching with massage of the muscle spasm.
   iii. **Heat Exhaustion** - Core body temperature will be measured using oral or axillary temperature. Cognitive function and vital signs will be assessed. Excess clothing and uniforms will be removed. The athlete will be moved to the athletic training room where cold whirlpool immersion will begin. Fluid replacement will begin at this time. Transfer to a physician’s care will be facilitated if recovery is not rapid and uneventful.
   iv. **Heat Stroke** - Core body temperature will be measured using oral or axillary temperature. Cognitive function and vital signs will be assessed. Excess clothing and uniforms will be removed. The athlete will be covered in crushed ice and cold water on site. When the athlete begins to stabilize, they will be moved to the athletic training room where cold whirlpool immersion will begin. Fluid replacement will begin at this time. The *Emergency Action Plan* will be initiated. Cognitive function and vital signs will be monitored. The athlete will be removed from further competition until clearance from a physician (MD or DO only) is obtained.
   v. **Hyponatremia** - The athlete will be assessed for differentiation between hyponatremia and heat stroke. If hyponatremia is suspected, immediate activation of EMS will occur per the guidelines of the *Emergency Action Plan*. The athlete with suspected hyponatremia should not be administered fluids until a physician is consulted.

2. **Cold Temperature Policy & Procedures**
   a. 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.
   b. 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).
   c. Athletic department personnel should do the following when there are cold conditions:
      i. Cover the head, neck, and hands.
      ii. Dress in dry layers that can be discarded as the athlete’s body temperature increases.
      iii. Encourage fluid consumption during activity. Dehydration can still occur in cold temperatures.
      iv. 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.
      v. Discourage activity during freezing rain or snowfall. Doing so could intensify cold related injuries.

3. **Thunder & Lightning Policy & Procedures**
   a. In accordance with the “National Athletic Trainers’ Association Position Statement: Lightning Safety for Athletics and Recreation” (Journal of Athletic Training 2000; 35(4): 471–477), the certified athletic trainer will adhere to the following protocol:
i. **Flash-to-Bang Method:**
   1. Begin counting on the lightning strike and stop counting when the associated thunder is heard.
   2. Divide the number (in seconds) by 5 to determine the distance (in miles) to the lightning flash.
      
      For example: If the time in seconds between the lightning being spotted and the thunder is heard is equal to 30, divide that by 5 to get 6 (30/5 = 6). Therefore the lightning is approximately 6 miles away.

b. At the first sign of lightning athletes and coaches should seek a safe structure or location. By the time the flash-to-bang count approaches 30 seconds (or is less than 30 seconds), all individuals should already be inside or should immediately seek a safe structure or location.

c. Once activities have been suspended, there will be at least a 30-minute wait after the last sound of thunder or lightning flash before resuming an activity or returning outdoors. Each time lightning is observed or thunder is heard, the 30-minute clock will be reset.

4. **Air Quality Policy & Procedures**
   a. Exercising in poor quality air can have adverse effects on the heart, blood vessels, and lungs. Air pollution has also been shown to not only worsen asthma symptoms, but cause new cases of asthma in athletes exercising in poor air quality.

b. The Air Quality Index (AQI) for Ozone for the Diamond Bar area will be determined using the AirNow program’s website ([www.airnow.gov](http://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.

<table>
<thead>
<tr>
<th>Air Quality Index (AQI)</th>
<th>Color</th>
<th>Description</th>
<th>Practice Restriction Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 50</td>
<td>Green</td>
<td>Good</td>
<td>Air quality is satisfactory and air pollution poses little or no risk.</td>
</tr>
<tr>
<td>51 - 100</td>
<td>Yellow</td>
<td>Moderate</td>
<td>Air quality is acceptable; however athletes with respiratory illnesses should be closely monitored.</td>
</tr>
<tr>
<td>101 – 150</td>
<td>Orange</td>
<td>Unhealthy for sensitive groups</td>
<td>Those athletes with respiratory illnesses should be removed from outside activity.</td>
</tr>
<tr>
<td>150 – 200</td>
<td>Red</td>
<td>Unhealthy</td>
<td>Those athletes with respiratory illnesses should be removed from outside activity. All other athletes should be closely monitored.</td>
</tr>
<tr>
<td>201 – 300</td>
<td>Purple</td>
<td>Very Unhealthy</td>
<td>ALL athletes should be removed from outside activity.</td>
</tr>
<tr>
<td>&gt; 300</td>
<td>Maroon</td>
<td>Hazardous</td>
<td>ALL athletes should be removed from outside activity.</td>
</tr>
</tbody>
</table>

c. In the event of poor air quality (i.e. pollution, fires, etc.) the athletic trainer will make a recommendation to the Athletic Director, who will determine if practices and/or games will continue, be modified, or cancelled. In the event the Athletic Director is not available, the athletic trainer will make the decision.
Psychological Concerns of Student-Athletes

The following protocol exists to assist the AT, athletic department, and administration in recognizing potential psychological concerns in student-athletes and to establish an effective mechanism for referring the student-athlete into the mental health care system for assessment and treatment by a credentialed mental health care professional. The focus of this protocol is recognition and referral, not treatment; treatment is left to the credentialed mental health care professional.

References, statistics, and data adapted from:

1. Recognition of Psychological Concerns in Student-Athletes
   a. Many student-athletes report higher levels of negative emotional states than non-student-athlete adolescents and have been identified as having higher incidence rates for sleep disturbances, loss of appetite, mood disturbances, short tempers, decreased interest in training and competition, decreased self-confidence, and inability to concentrate.
   b. The stressors of being a student-athlete can trigger new psychological concern, exacerbate an existing concern, or cause a past concern to resurface. Stressors may include:
      i. Overtraining – year-round participation, training with multiple teams, training multiple times each week; often without time for rest and recovery.
      ii. Sport Identity Foreclosure – being cut from a team, dealing with injury, performance challenges, mistakes in play, dealing with success, pressure to overspecialize or overtrain, and early termination from sport.
      iii. Physical, Mental, and Academic Demands – conditioning, injuries, meeting coaches’ expectations, time spent in sport, study time, attaining and maintaining the required grade point average to remain on the team.
      iv. Peer Pressure – portrayed as superhuman or larger than life by their peers.
2. Special Considerations that may Affect the Psychological Health of the Student-Athlete
   a. Response to Injury or the Sudden End of the Playing Career
      i. Injuries that are time limiting, season ending, or perhaps career ending may be a significant source of stress and forces the student-athlete to display a learning curve for handling the physical and emotional responses to pain and disabilities.
      ii. Detecting any symptoms of psychological concern should be the focus of the care plan for the student-athlete.
      iii. A fear of reinjury upon their return to participation is another source of stress for the student-athlete. The AT should monitor the student-athlete for any symptoms that might indicate a developing psychological problem.
   b. Concussions
      i. A student-athlete who sustains a concussion should be monitored for any changes in behavior or self-reported psychological difficulties. Please see the Concussion Management Plan for more details.
   c. Substance Abuse
      i. 86% of US high school students indicate that some classmates drink, smoke, or use drugs during the school day. Despite state laws, student-athletes are exposed to alcohol use in high school. Of collegiate student-athletes who experienced psychological
concerns, particularly depression, 21% reported high alcohol-abuse rates while in high school. Correlations have been found between reported alcohol abuse and self-reported depression and psychiatric symptoms associated with it.

ii. Health care providers should be alert to the possibility of substance and alcohol use among student-athletes to avoid enabling them. Having an untreated mental illness makes it more likely that student-athletes will use substances or alcohol.

d. Eating Disorders

i. A student athlete can be faced with the paradox of eating for health and performance but eating to maintain weight or body fat. Emphasis on body weight or body fat may benefit performance if the guidelines for proper weight are based on sound and reasonable principles.

ii. Recognizing an athlete struggling with an eating disorder is not easy and often the AT will rely on other athletes notifying us concerning a troubled athlete. It must be noted that not all victims of an eating disorder are female.

iii. Some but not all, of the warning signs for eating disorders are:

<table>
<thead>
<tr>
<th>Eating Disorders Warning Signs</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Binge eating and vomiting</td>
<td>5. Not eating in public</td>
</tr>
<tr>
<td>2. Use of laxatives and/or diuretics</td>
<td>6. Exercising in response to eating</td>
</tr>
<tr>
<td>3. Obsession with weight or body image</td>
<td>7. Yellowing teeth</td>
</tr>
<tr>
<td>4. Severe weight loss or continual weight loss</td>
<td>8. Poor gum health</td>
</tr>
<tr>
<td>11. Strict diets</td>
<td></td>
</tr>
</tbody>
</table>

e. Bullying and Hazing

i. Bullying is defined as any unwanted aggressive behavior(s) by another youth or group of youths who are not siblings or current dating partners that involved an observed or perceived power imbalance and is repeated multiple times or is highly likely to be repeated. Bullying may inflict harm or distress on the targeted youth, including physical, psychological, social or educational harm. A young person can be a bully, victim, or both. Bullying can take place via physical, verbal, or social methods of aggression and can occur in person or through technology (cyberbullying).

<table>
<thead>
<tr>
<th>Signs that a student is being bullied</th>
<th>Signs that a student is bullying others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unexplained injuries</td>
<td>Frequently getting into verbal or physical fights</td>
</tr>
<tr>
<td>Loss of personal items</td>
<td>Having unexplained money or belongings</td>
</tr>
<tr>
<td>Sudden loss of friends</td>
<td>Increasing aggression</td>
</tr>
<tr>
<td>Difficulty sleeping</td>
<td>Having friends who are antagonistic</td>
</tr>
<tr>
<td>Frequent headaches</td>
<td>Being overly concerned with popularity</td>
</tr>
<tr>
<td>Complaints of stomach discomfort</td>
<td>Displaying exclusivity in their associates</td>
</tr>
<tr>
<td>Faking illness or injuries</td>
<td></td>
</tr>
</tbody>
</table>

ii. Best practices: If the AT suspects a student is either bullying or being bullied they should first contact the head coach and then the GLC. The AT is not expected to directly address the problem with the student but rather ensure that a school professional has been notified and will address the concern appropriately.

iii. Hazing is defined as any humiliating or dangerous activity expected of a student who wants to belong to a group, regardless of his or her willingness to participate. Hazing
rituals may lead student-athletes to have feelings of apathy, mistrust, anxiety, depression and isolation, loss of self-esteem and self-confidence, increase in stress levels, and risk of posttraumatic stress disorder.

3. Behaviors to Monitor
   a. Since the AT, athletic department personnel, and administration are in positions to observe and interact with student-athletes on a daily basis, it is essential that student-athlete behavior is monitored for any stressors that may be affecting mental health.

<table>
<thead>
<tr>
<th>Behaviors to Monitor</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Changes in eating and sleeping habits</td>
<td>• Loss of emotion or sudden changes in emotion within a short period of time</td>
</tr>
<tr>
<td>• Unexplained weight loss or weight gain</td>
<td>Problems concentrating, focusing, or remembering</td>
</tr>
<tr>
<td>• Drug or alcohol abuse</td>
<td>• Frequent complaints of fatigue, illness, or being injured that prevent participation</td>
</tr>
<tr>
<td>• Gambling issues</td>
<td>• Unexplained wounds or deliberate self-harm</td>
</tr>
<tr>
<td>• Withdrawal from social contact</td>
<td>• Becoming more irritable or having problems managing anger</td>
</tr>
<tr>
<td>• Decreased interest in activities that have been enjoyable or taking up risky behavior</td>
<td>• Irresponsible, lying</td>
</tr>
<tr>
<td>• Talking about death, dying, or “going away”</td>
<td>• Legal concerns, fighting, difficulty with authority</td>
</tr>
</tbody>
</table>

4. Referral of the Student-Athlete for Psychological Evaluation and Care
   a. Team Approach
      i. The team should include the student-athlete’s physician, AT, school nurse, the student-athlete’s GLC, and community-based mental health care professionals.
      ii. The AT and GLCs should meet at the beginning of the school year to discuss information to best serve the student-athletes.
      iii. In the case of emergent referrals for mental health problems, the AT can obtain the contact information for the local crisis intervention specialists.
      iv. The school nurse and GLCs can advise the AT regarding legal limitations, confidentiality considerations, and the school’s current plan of action.
   b. Approaching the Student-Athlete With a Potential Psychological Concern
      i. Approaching a student-athlete with a concern about mental well-being can be an uncomfortable experience.
      ii. Prior to arranging a meeting, it is important to have accurate facts, with context, relative to the behavior of concern.
      iii. Focus on the student-athlete as a person, not as an athlete. Listen empathetically and encourage the student-athlete to talk about what is happening.
iv. Questions to ask to encourage discussion:

<table>
<thead>
<tr>
<th>Question</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>“How are things going for you?”</td>
<td>“Tell me how those cuts [or other wounds] got there.”</td>
</tr>
<tr>
<td>“Tell me what is going on.”</td>
<td>“Perhaps you would like to talk to someone about this issue?”</td>
</tr>
<tr>
<td>“Your behavior [mention the incident or incidents] has me concerned for</td>
<td>“I want to help you, but this type of issue is beyond my scope as [coach,</td>
</tr>
<tr>
<td>you. Can you tell me what is going on, or is there something I need to</td>
<td>athletic trainer, administrator]. I know how to refer you to someone</td>
</tr>
<tr>
<td>know to understand why this incident happened?”</td>
<td>who can help.”</td>
</tr>
<tr>
<td>“Tell me more [about the incident].”</td>
<td></td>
</tr>
<tr>
<td>“How do you feel about this [the incident or the facts presented]?”</td>
<td></td>
</tr>
<tr>
<td>“Tell me how those cuts [or other wounds] got there.”</td>
<td></td>
</tr>
<tr>
<td>“Perhaps you would like to talk to someone about this issue?”</td>
<td></td>
</tr>
<tr>
<td>“I want to help you, but this type of issue is beyond my scope as [coach,</td>
<td></td>
</tr>
<tr>
<td>administrative]. I know how to refer you to someone who can help.”</td>
<td></td>
</tr>
</tbody>
</table>

c. Confidentiality
   i. It is important to notify student-athletes of the limits of confidentiality.
   ii. **Mandated Reporting** – If the student-athlete discusses a personal concern that becomes an emergent psychological concern, then the AT is mandated by state law to report the issue by following the procedures set forth by the school district.
   iii. Contacting parents – The AT should emphasize that parents and coaches are concerned about the welfare of the student-athlete and that informing them about psychological health is no different than informing them about physical health.

5. Emergency Action Plan for Psychological Concerns in the Student-Athlete
   a. If a mental health crisis were to occur after school hours, when school administrators, counselors or nurses may not be available, the athletic trainer (AT) may be central in managing the situation. Intervention and reporting must be managed appropriately, without further risk of harm or escalation. It is equally important that the AT stay within their scope of practice outlined by the Board of Certification and/or applicable state practice act.
   b. **Emergency Situation – POTENTIAL VIOLENCE**
      i. Recognition – Any “yes” answer should be considered an emergency:
         1. Am I concerned the student-athlete may harm self?
         2. Am I concerned the student-athlete may harm others?
         3. Am I concerned the student-athlete is being harmed by someone else?
         4. Did the student-athlete make verbal or physical threats?
         5. Is the student-athlete exhibiting unusual ideation or thought disturbance that may or may not be due to substance use?
         6. Does the student-athlete have access to a weapon?
         7. Is there potential for danger or harm in the future?
      ii. Management – If immediate risk to safety:
          1. Remain calm – maintain calm body language and tone of voice.
          2. Listen to the student-athlete. Allow him/her to express his/her thoughts. Provide him/her the opportunity to be heard. It’s OK to have a moment of silence between you and the student athlete.
          3. Avoid judging the student-athlete; provide positive support.
          4. Keep yourself safe – try to keep a safe distance between the student athlete in distress and others in the area.
          5. Alert designated school officials and/or colleagues available at that time of day (i.e. school counselor/nurse, school administrator, etc.). Have the school contact the student-athlete’s parents or emergency contact.
6. 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.
7. Follow campus and department protocols and policies.
8. If you call 911, provide the following information:
   a. Student-athlete’s name and contact information.
   b. Physical description of the student-athlete (ie. height, weight, hair and eye color, clothing, etc.).
   c. Description of the situation and assistance needed.
   d. Exact location of the student-athlete.
   e. If student-athlete leaves the area or refuses assistance, note direction in which he/she leaves.

   c. Emergency situation – NON-VIOLENT
      i. Offer a quiet and secure place to talk
      ii. Show your genuine concern.
      iii. Avoid judging the student-athlete; provide positive support.
      iv. Provide support and a positive tone. Do not try to solve his or her problem; it is not within your scope as an AT.
      v. Help the student-athlete understand that he or she is not alone - others have been through this too.
      vi. Listen to the student-athlete. Allow him/her to express his/her thoughts. Provide him/her the opportunity to be heard. It’s OK to have a moment of silence between you and the student athlete.
      vii. Ask questions that encourage conversation. Asking these important questions will NOT plant the idea in his/her head:
          a. Can you tell me what is troubling you?
          b. Are you thinking of hurting yourself?
          c. Is someone hurting you?
          d. Have you thought about suicide?
      viii. If the student-athlete is expressing suicidal ideation:
           a. Determine if he or she has formulated a plan.
           b. Emphasize ensuring the athlete’s safety, while being aware of your own.
           c. Do not leave the student alone.

   d. Alert designated school officials and/or colleagues available at that time of day (i.e. school counselor/nurse, school administrator, etc.). Have the school call the student-athlete’s parents or emergency contact.

   e. 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.”

   f. 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.
EMERGENCY CONTACT NUMBERS

GLCs:
Marc Natividad 9/A-K x33571
Ginger Auten 9/L-Z x33570
Rich Gonzales 10/A-L x33268
Sonja Burns 10/L-Z x33269
Dave Desmond 11/A-L x33580
Jenna Brummet 11/L-Z x33425
Kevin Patterson 12/A-K x33611
Stephanie Duenas 12/L-Z x33251
Julie Salas Pwys x 33351

School Psychologist:
Stacy Woodward x33252
Lori Lowe x33253
Wellness Center x33254

School Nurse:
Lorraine Gomez (Health clerk) x33110
Terry Guest, RN x33133

Principal:
Reuben Jones x33101

Assistant Principal:
David Hong x33105

Athletic Director:
Albert Lim x43511

Child Welfare/Protective Services:
1 (800) 540-4000

Crisis Hotline:
National Suicide Prevention 1 (800) 273-8255
LA Co. Dept. of Mental Health 1 (800) 854-77771
1. Athletic training personnel must adhere to all of the following risk management procedures:
   a. Report all faulty equipment immediately.
   b. Dangerous materials (i.e. solvents, cleaners, caustic, or corrosive chemicals) must be stored no higher than 2 feet. These items should be stored in OSHA approved cabinets. If security is an issue, these cabinets should be locked.
   c. Read thoroughly and understand all product precautions prior to use. If product precautions recommend eye protection, a mask, or proper ventilation, athletic training personnel are responsible for abiding by them.
   d. Never place equipment or park staff vehicles in an unsafe proximity to athletic practices or events.
   e. Items weighing more than 10 pounds should not be stored higher than four feet.
   f. If work related tasks involve the assistance of a step stool or ladder, the condition of these items should be inspected prior to use.
   g. Thoroughly clean and dry all spills created by athletes or staff within the athletic training room. This will lessen the possibility of slip and fall situations. Wet floor signs should be posted during clean up and until the area is completely dry.
   h. Use proper lifting techniques, and get assistance with heavier items.
   i. Use caution when entering and exiting through doors to avoid accidental injury.
   j. Exercise great caution when using and disposing of medical sharps (i.e. needles or scalpel blades). Disposal should be into OSHA approved sharps containers.
   k. Use proper personal protection equipment when addressing any potential infectious waste contamination situation.
   l. Disposal of soiled objects into biohazard containers
   m. Be familiar with the location and proper use of fire alarms and extinguishers in the area.
   n. Be familiar with all evacuation plans and be prepared (through periodic drills) to assist others in the event that emergency evacuation is necessary.
   o. Report athletic playing surface hazards to the proper personnel immediately (Athletic Director and Operations Manager). If the hazard appears potentially dangerous, no one should be allowed to use the surface until repaired. Reports are made both in writing and verbally.
   p. Always use assistance when lifting or transporting injured athletes.
   q. Always wear proper personal protective equipment in a well-ventilated area when working with toxins or adhesives.
   r. Work closely with coaches and the equipment manager, to ensure the safety of all required protective athletic equipment. All equipment should meet required national standards, and be in good working condition. In addition, athletes should never be allowed to modify equipment. Doing so may increase the chances of injury. It may also void any claim of manufacture’s negligence if an athlete is injured as a result of faulty equipment.
   s. Annual reconditioning of protecting equipment is the responsibility of the coaching staff of each sport.

2. Equipment Inspection And Maintenance
   a. The therapeutic modalities and other necessary equipment are subjected to high volume usage. Therefore, for the athlete and athletic training personnel’s safety, and from a risk management standpoint, all electronic modalities and other equipment shall undergo annual inspections and scheduled maintenance.
b. Athletic training personnel should use the following procedures pertaining to modality and equipment inspection and maintenance:

i. All maintenance and service agreements are located in the “Athletic Training Binder” in the athletic training room, filed under MKH Electronics.

ii. Never attempt to internally clean or service any piece of equipment that is under warranty. Doing so could void existing warranties or service agreements.

iii. Perform regularly scheduled non-invasive functional inspections of all modalities and equipment on a monthly basis. Professional service should be performed pursuant to pre-established service agreement dates.

iv. The athletic trainer will authorize repairs and service performed on modalities, equipment, or vehicles.

v. Inspect, clean, and restock all emergency medical equipment after each practice or event as needed. This equipment may be relied upon at some point to save a life, and should be ready for immediate use at all times.

vi. Immediately inform the athletic trainer concerning any equipment malfunctions.
COMMUNICATION METHODS AND EQUIPMENT

1. Conventional phones, cell phones, e-mail, letters, faxes, and face-to-face conversations are all forms of communication used by Diamond Bar High School staff.

2. Phone Communication
   a. The athletic training room phone is the staff’s single most important method of external communication. All athletic training personnel must abide by the following phone use guidelines:
      i. Athletic training room’s phones should be answered promptly.
      ii. Do not allow the voice mail system to answer the phone.
      iii. Athletic training students should accurately record and deliver messages to the athletic trainer promptly.

3. Coach and Staff Member Communication Methods
   a. Athletic training personnel are encouraged to use the following criteria to maintain a strong professional working relationship with the coaches:
      i. Always provide the coaching staff with the most accurate and prompt injury/illness reports possible.
      ii. Never get involved in coach/athlete disputes.
      iii. Never get involved in team-related issues (i.e. negative statements made by players or coaches, or coach/player disputes). Athletic training personnel should discourage these conversations if overheard.
      iv. Abide by any team policies that directly affect them.
      v. Coaches are expected to quickly address and (if necessary) impose disciplinary action on non-compliant, unruly, or disrespectful athletes.
      vi. Athletic training students should inform the coach that it is the policy of the athletic trainer for ATSs never to determine an athlete’s playing status from a health standpoint (i.e. make a return to play decision).
         1. In the absence of either the athletic trainer or team physician, it is the head coach’s responsibility to determine an athlete’s playing status from a health standpoint.
SAFETY

1. Playing Conditions Policy
   a. It is within the scope of practice for the athletic trainer to make safety checks of all playing surfaces prior to use.
   b. Athletic practice or playing surfaces may present such obstacles as pot holes, large rocks, broken glass, old nails, forgotten golf balls, poorly recessed sprinkler heads, loose boards, gaps or tears in artificial turf surfaces, as well as faulty, or out dated equipment.
   c. In conjunction with risk management personnel and the coaching staff, all athletic training personnel should check for these hazards at all facilities on a regular basis. However, the day-to-day demands of athletic training make it difficult for all playing surfaces to be checked on a daily basis. The coaches are encouraged to do daily checks for obvious hazards to athlete health.
   d. Prior to all competitions (both home and away), a visual walkthrough to inspect the venue’s playing surface should be performed. Discovered hazards must be reported to the coach and Athletic Director immediately.

2. Dangerous Plants, Chemicals, Animals, and Insects
   a. Athletic training personnel should be cautious of the dangers associated with various plants, chemicals, solvents, fertilizers, paints and varnishes. All of these can be very harmful if ingested, inhaled, or exposed to the eyes or skin.
   b. Animal or insect bites, stings, infestations, and their associated diseases are considered very dangerous (i.e. rats, mice, squirrels, gophers, wasps, bees, and hornet swarms, fire ants, roaches, and venomous snakes) and require medical referral if there is an allergic reaction or possible poisoning.
   c. Frequent insecticide spraying, poison baiting, and trap setting by a licensed exterminator, and good communication with facility and grounds personnel should limit potential problems.

3. Bite, Sting, and Exposure Recommendations
   a. Athletic training personnel, athletes, or others who have been bitten, stung, or who have been exposed to dangerous chemicals or diseases, should begin immediate emergency first aid procedures.
   b. If possible, note the type of insect, animal, or substance that affected the victim.
   c. If the victim is stable, consult Poison Control at 1-(800)-222-1222, and contact the victim’s emergency contact located on the Emergency Contact List.
   d. If the victim’s signs or symptoms appear more severe, rescuers should initiate the pre-established Emergency Action Plan.

4. Blood-borne Pathogen Exposure Control Plan
   a. It is a goal of the certified athletic trainer to provide all community members with a safe work environment. This includes steps to contain infectious material and fluids, and limit disease transmission.
   b. The following guidelines have been established for the protection of employees against HBV/HIV and other infections:
      i. All student workers and others who may (in the course of carrying out their assigned duties) come in contact with blood-borne pathogens are required to know and follow universal precautions, as described by the Center for Disease Control.
      ii. The use of universal precautions does not negate the need for other isolation precautions as identified in the Center of Disease Control Guidelines for Isolation Precautions.
iii. The specific infection control policies and procedures are listed herein and are provided to staff and student workers.

5. Personal Protective Equipment
   a. By order of OSHA and the county health department, all health care personnel must wear personal protection equipment whenever possible exposure situations present themselves. The following protective equipment is strongly recommended when addressing bodily fluid situations:
      i. Non-latex, nitrile, or vinyl gloves
      ii. Safety glasses (clear)
      iii. Mouth and nose mask
      iv. Disposable gowns (if needed)
      v. One-way valve CPR mask
   b. It is further recommended that all athletic training personnel engage in proper post-treatment sanitation practices (such as personal protective equipment disposal, and antibacterial hand and forearm scrubbing).
   c. Training on equipment is available and proper use of and repair/replacement procedures are provided. Students are provided personal protective equipment as outlined in the Blood-borne Pathogens Exposure Control Plan.

6. Universal Precautions
   a. Hands should always be washed:
      i. Before and after contact with each patient.
      ii. After removal of gloves and other protective equipment
      iii. With soap and warm water for a minimum of twenty seconds or with a bactericidal or virucide gel.
   b. Non-latex gloves are provided to all coaches and students. Glove use is indicated for:
      i. All patient care which involves potential exposure to blood or body fluids
      ii. Cleaning of obvious or suspected blood or body fluids and decontamination procedures of work areas.
      iii. When cleaning instruments contaminated with blood or body fluids prior to sterilization and which are capable of causing puncture or cut wounds.
      iv. If the staff member has cuts, abraded skin, chapped hands, dermatitis, or other non-intact skin.
   c. Gowns or plastic aprons are indicated if blood and/or body fluid splattering are likely.
   d. Masks and protective goggles should be worn if splattering is likely to occur.
   e. To minimize the need for mouth-to-mouth resuscitation, CPR masks, face shields, other ventilation devices are strategically located in the athletic training room and in each athletic training kit.
   f. All personal protective equipment must be removed and placed in the appropriate disposal site prior to leaving the work area.
   g. Approved and labeled sharps disposal containers and hazardous waste containers are to be used for all contaminated supplies.
   h. All equipment and work surfaces must be cleaned with a solution capable of killing bacteria, viruses such as MRSA and HIV, and fungus after contact with blood or other potentially infectious material and also at the end of the workday.
   i. Towels contaminated with blood or body fluid should be placed and sealed in a red hazardous waste bag and taken directly to the laundry room where they are washed separately in a hot cycle.
   j. Other regulated waste includes:
i. Liquid or semi-liquid blood or other potentially infectious materials
ii. Contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed
iii. Items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling
iv. Pathological and microbiological wastes containing blood, or other potentially infectious materials.
k. Such regulated waste must be placed in the hazardous waste container or in a sealed red hazardous waste bag.

7. Causative Factors and Health Consequences
   a. HIV, HBV, HCV are transmitted through direct contact with infected blood or blood components, direct sexual contact, and prenatal mother to baby contact. High-risk behaviors such as sexual intercourse and sharing needles with persons who are infected have been identified as the most common sources of transmission of the viruses.
   b. These policies are developed to accomplish the following:
      i. Minimize contact with blood and body fluids by staff and student
      ii. Minimize likelihood of transmission of specific organisms, such as: Hepatitis B virus, HIV virus, Tuberculosis, Staphylococcus, and Streptococcus.
      iii. Consistently practice appropriate sharp disposal procedures.
      iv. Increase confidence for patients by using the same precautions for all patients.
      v. Consistent practice appropriate infection control procedures.

8. Accidental Exposure
   a. Any athletic training personnel that feels they have been exposed to a patient's bodily fluids should do the following immediately:
      i. Do not panic! If the exposure involved a wound, it should be cleaned thoroughly for at least five minutes.
      ii. Report the possible exposure to the athletic trainer. An incident report must be filled out.
      iii. The exposed individual should report to a nearby hospital for testing, and treatment (if needed).
      iv. If possible, the patient should be tested for hepatitis A, B, and C, tuberculosis, and HIV.
      v. NOTE: The confidentiality rule will be in effect for any cases involving possible exposure situations.
   b. The best advice to all athletic department personnel is safety first. Remember that non-puncture exposures carry the lowest chance contracting diseases.
EMERGENCY ACTION PLANS

DIAMOND BAR HIGH SCHOOL
21400 Pathfinder Road, Diamond Bar, CA 91765

Chase Paulson, MS, ATC
Head Athletic Trainer
(909) 594-1405 X33811 office
(909) 917-3578 cell
Emergency Personnel and other numbers of importance:
- Chase Paulson, Head Athletic Trainer (909) 594-1405 x33811 office (909) 917-3578 cell
- Albert Lim, Athletic Director (909) 594-1405 x43511 office
- Reuben Jones, Principal (909) 594-1405 x33101 office
- Mike Bromberg, Operations Manager (909) 594-1405 x33115 office
- EMS 911

Emergency Equipment in the Athletic Training Room:
- CPR mask
- Blood Kit
- Splint Bag
- Crutches
- Athletic Training Kit
- Cervical Spine Collar

Chain of Command for Designating First Responder:
- Certified athletic trainer
- Head coach/assistant coach
- Athletic Department Personnel
- Athletic Training Students (If CPR certified)

Athletic Training Room Hours
- Open 6th period – 6:00pm
  - In the event of a competition, hours will be extended accordingly.
- During the fall season, the certified athletic trainer will be located at varsity football practice from 3:30-6pm, Tuesday and Wednesday.

For all sports, at all levels, there is to be *Emergency Cards* with information for every player, a first aid kit, and water on site at every competition and practice.

Emergency Action Plan Components:
- **Implementation**
  - All members of the Athletic Department will be invited to the annual review of the Emergency Action Plan.
  - Members that cannot make the annual practice will be given a copy of the EAP to review. Each member must sign off on the annual review sheet.
- **Personnel**
  - The certified athletic trainer (AT), athletic training students (ATS), head coaches, assistant coaches, sport officials, Emergency Medical Personnel, and Athletic Department Personnel.
- **Hierarchy**
  - The supervising AT working the event will assume responsibility of the care of the athlete until emergency personnel arrive.
  - Once emergency personnel arrive, the EMTs or Paramedics will assume responsibility of the care.
    - If at any time emergency personnel take action that the AT believes will cause harm to the athlete, the AT has the right to take over care of the athlete.
  - At no time will any other school official, bystander, parent, or guardian assume control over the care of the injured athlete unless allowed by the supervising AT.
• **Duties**
  
  o **Certified athletic trainer (AT):**
    - Responsible for health care of the injured athlete and activating the EAP.
      - This includes but is not limited to: first aid, CPR, injury assessment, implementation of the EAP, decision to move or not to move the athlete, and AED use (if available).
    - Responsible for maintaining cervical stabilization in the event of a possible C-spine injury.
  
  o **Athletic Training Students (ATS):** Responsible for assisting the ATC as directed:
    - Attending to injured athlete
    - Calling EMS
    - Meeting EMS at designated location and guide toward the scene
    - Retrieving *Emergency Cards* for ATC and EMS
  
  o **Head coach:** Responsible for calling EMS, ensuring access to the site, and directing the emergency vehicles to the injured athlete. Responsible for communication with parents when absent from the event. Responsible for emergency first-aid in the absence of the AT.
  
  o **Assistant coaches:** Responsible for retrieving the *Emergency Cards*, for crowd control pertaining specifically to the athletes of both teams, communicating with parents present at event, and accompanying injured athlete during transportation from event.
  
  o **Sports Officials:** responsible for helping with crowd control.
  
  o **Emergency Medical Personnel:** Responsible for the care and transport of the athlete.

• **Credentials**
  
  o The AT must hold a current certification by the Board of Certification, Inc.
  
  o The AT must hold a current CPR/AED certification (professional rescuer or BLS level).
  
  o Athletic Department personnel, and coaches must hold a current CPR/First-aid certification.
  
  o Athletic Training Students (ATS) are encouraged to become CPR certified.

• **Equipment**
  
  o Availability:
    - First-aid supplies, splints, and crutches will be present at all sporting venues during competitions and events.
  
  o Training:
    - ATs must be trained in splinting and spine boarding.
    - ATs, Coaches, and athletic administrators must be trained in CPR & first-aid.
  
  o Maintenance:
    - First-aid supplies, splints, & crutches will be inspected before each athletic event.

• **Communication**
  
  o The primary means of communication is cell phones.
  
  o The secondary means of communication is landlines.
  
  o Email will be utilized for follow-up communication.
  
  o Communication with parents:
    - In the event an athletic injury requires transportation to the hospital, urgent care, or emergency room the parents of the athlete must be contacted by the AT, head coach, or assistant coach.
      - The athlete’s emergency card can be found on Home Campus. The coach is encouraged to keep a copy on them at all times, or access through their cell phone.
Transportation
- The head coach or designated assistant coach will ensure EMS access is available in the event of an emergency.
- An ambulance will be on-site for all home varsity football games.
- In the case of a non-life threatening injury that requires transportation to an emergency care facility, the designated emergency contact will be responsible for transport.
  - If the designated emergency contact is unavailable, EMS will transport the athlete and a designated school representative will travel with athlete.

Documentation
- The ATC is responsible for:
  - Documenting the events of the incident. The WVUSD Incident Report will also be completed in the event transportation is required.
  - Follow-up evaluation of the EAP response
  - Annual rehearsal and review of the EAP
  - Annual personnel training
  - Equipment maintenance
- Athletic Department personnel are responsible for documenting any legal actions taken and any further communication with parents or other third parties about the handling of the incident.
Policy on special scenarios:

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.

Diamond Bar High School and its affiliates are not responsible for any damages sustained to personal belongings in the event of an emergency.

<table>
<thead>
<tr>
<th>ILLNESS</th>
<th>DEFINITION &amp; CAUSE</th>
<th>PRESENTING SYMPTOMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seizures</td>
<td>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</td>
<td>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.</td>
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</table>

- 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.
- EMS must be activated for all grand mal seizure victims.

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<td>Asthma attack</td>
<td>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.</td>
<td>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</td>
</tr>
</tbody>
</table>

- 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 parents immediately.

- Allow the athlete to rehydrate while keeping their breathing under control
- If athlete is struggling to control their breathing, or the prescribed inhaler is not effective, activate EMS contact the athlete’s parents immediately.

### ILLNESS

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| 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.

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<td>Heat exhaustion</td>
<td>Prolonged sweating, dehydration, and inability to sustain adequate cardiac output</td>
<td>Excessive thirst, dry mouth, weight loss, fatigue, weakness, mental fatigue, low urine volume, slightly elevated body temperature</td>
</tr>
</tbody>
</table>

- 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.
  - Any loss of consciousness warrants an immediate activation of EMS.
- Administer small quantities of fluids to the athlete in order to begin rehydration.
- Monitor the athlete for signs of shock.

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<td>Heat stroke</td>
<td>Sudden thermoregulatory failure</td>
<td>Abrupt onset; nervous system abnormalities: headache, dizziness, fatigue; flushed skin; less sweating that heat exhaustion; rapid pulse rate; increased respiration rate; relatively normal blood pressure; rapid rise in body temperature (103°F+)</td>
</tr>
</tbody>
</table>

- 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.
  - 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:
Lay the athlete in an unfolded tarp, blanket, or towel and submerge their body as best as possible.

Monitor the athlete for signs of shock.

- Monitor the athlete for signs of shock.

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<td>Hyponatremia</td>
<td>Fluid/electrolyte disorder; low sodium concentration in the blood</td>
<td>Progressively worsening headache, nausea and vomiting, swelling in hands and feet, lethargy or apathy</td>
</tr>
</tbody>
</table>

- 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.

Emergency Action Plan for Psychological Concerns in the Student-Athlete

6. If a mental health crisis were to occur after school hours, when school administrators, counselors or nurses may not be available, the athletic trainer (AT) may be central in managing the situation. Intervention and reporting must be managed appropriately, without further risk of harm or escalation. It is equally important that the AT stay within their scope of practice outlined by the Board of Certification and/or applicable state practice act.

7. Emergency Situation – POTENTIAL VIOLENCE
   a. Recognition – Any “yes” answer should be considered an emergency:
      i. Am I concerned the student-athlete may harm self?
      ii. Am I concerned the student-athlete may harm others?
      iii. Am I concerned the student-athlete is being harmed by someone else?
      iv. Did the student-athlete make verbal or physical threats?
      v. Is the student-athlete exhibiting unusual ideation or thought disturbance that may or may not be due to substance use?
      vi. Does the student-athlete have access to a weapon?
      vii. Is there potential for danger or harm in the future?
   b. Management – If immediate risk to safety:
      i. Remain calm – maintain calm body language and tone of voice.
      ii. Listen to the student-athlete. Allow him/her to express his/her thoughts. Provide him/her the opportunity to be heard. It’s OK to have a moment of silence between you and the student athlete.
      iii. Avoid judging the student-athlete; provide positive support.
      iv. Keep yourself safe – try to keep a safe distance between the student athlete in distress and others in the area.
      v. Alert designated school officials and/or colleagues available at that time of day (i.e. school counselor/nurse, school administrator, etc.). Have the school contact the student-athlete’s parents or emergency contact.
      vi. 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.
      vii. Follow campus and department protocols and policies.
      viii. If you call 911, provide the following information:
         1. Student-athlete’s name and contact information.
2. Physical description of the student-athlete (ie. height, weight, hair and eye color, clothing, etc.).
3. Description of the situation and assistance needed.
4. Exact location of the student-athlete.
5. If student-athlete leaves the area or refuses assistance, note direction in which he/she leaves.

8. Emergency situation – **NON-VIOLENT**
   a. Offer a quiet and secure place to talk
   b. Show your genuine concern.
   c. Avoid judging the student-athlete; provide positive support.
   d. Provide support and a positive tone. Do not try to solve his or her problem; it is not within your scope as an AT.
   e. Help the student-athlete understand that he or she is not alone - others have been through this too.
   f. Listen to the student-athlete. Allow him/her to express his/her thoughts. Provide him/her the opportunity to be heard. It’s OK to have a moment of silence between you and the student athlete.
   g. Ask questions that encourage conversation. Asking these important questions will NOT plant the idea in his/her head:
      ii. Can you tell me what is troubling you?
      iii. Are you thinking of hurting yourself?
      iv. Is someone hurting you?
      v. Have you thought about suicide?
   b. If the student-athlete is expressing suicidal ideation:
      ii. Determine if he or she has formulated a plan.
      iii. Emphasize ensuring the athlete’s safety, while being aware of your own.
      iv. Do not leave the student alone.

4. Alert designated school officials and/or colleagues available at that time of day (i.e. school counselor/nurse, school administrator, etc.). Have the school call the student-athlete’s parents or emergency contact.

5. 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.”

6. 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.
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—
  begins performing appropriate emergency protocol to care for patient.
- Assistant coach retrieves the emergency card and communicates to head coach while head
  coach contacts EMS.
- The head coach will relay information to the EMS dispatch:
  - Name, title/position, address and specific location on campus, telephone number, age
    of individual injured, condition of injured, first-aid treatment given, specific
    directions to enter campus, other information as requested.
- The assistant coach will clear access to the site and will then meet EMS at the designated
  meeting site and direct them to the injured athlete.
- Officials, assistant coaches, and other 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.
- Other trained personnel (coaches and administrators) may assist the AT until EMS arrives.
- Once EMS arrives, the head coach relays all necessary medical information to EMS from the
  emergency card. The AT will relay information regarding the current situation.
- If parent/emergency contact is unavailable, EMS will transport the athlete and the designated
  school representative will travel along.
- The AT will complete the appropriate medical documentation and continue to contact the
  athlete’s emergency contact.
COMPETITION or PRACTICE: (certified athletic trainer on campus)

- Head coach ensures scene safety and makes the primary evaluation with assessment of the CABs—begins performing appropriate emergency protocol to care for patient.
- If the athlete is unconscious or in need of immediate emergency care, assistant coach contacts EMS via cell phone and locates the athlete’s emergency card.
- The assistant coach will relay information to the EMS dispatch
  - Name, title/position, address and specific location on campus, telephone number, age of individual injured, condition of injured, first-aid treatment given, specific directions to enter campus, other information as requested.
- Assistant coach then contacts athletic trainer via cell phone.
- Athletic trainer arrives on site and assumes leadership role of EAP
- Head coach contacts designated emergency contact via emergency contact information.
- The assistant coach 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 other 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.
- Other trained personnel (coaches and athletic administrators) may be used to assist the AT in charge until EMS arrives.
- Once EMS arrives, the head coach relays all necessary medical information to EMS from the emergency card.
- If parent/emergency contact is unavailable, the designated school representative will travel with athlete.
- AT will complete appropriate medical documentation.

PRACTICE: (no certified athletic trainer on campus)

- Head coach ensures scene safety and makes the primary evaluation with assessment of the CABs—begins performing appropriate emergency protocol to care for patient.
- If the athlete is unconscious or in need of immediate emergency care, assistant coach contacts EMS via cell phone and locates athlete’s emergency card.
- The assistant coach will relay information to the EMS dispatch
  - Name, title/position, address and specific location on campus, telephone number, age of individual injured, condition of injured, first-aid treatment given, specific directions to enter campus, other information as requested.
- Assistant coach contacts designated emergency contact via emergency contact information.
- The Assistant coach 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 other 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.
- Once EMS arrives, the head coach relays all necessary medical information to EMS from the emergency card.
- If parent/emergency contact is unavailable, the designated school representative will travel with 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.
National Athletic Trainers’ Association Official Statement on Athletic Health Care Provider “Time Outs” Before Athletic Events

The National Athletic Trainers’ Association recommends a “time out” system be adopted for athletic health care. Before the start of each athletic event – practice or competition – a time out should be held to convene the athletic health care professionals who comprise the emergency response team. The purpose of the meeting is to go through a pre-athletic event checklist reviewing the venue’s emergency action plan (EAP).

Time out is a common term both in athletics and medicine. Time outs are taken immediately before surgery when all operating room participants stop to verify the procedure, patient identity, correct site and side. Coaches and athletes call time out to gather the team together and discuss game strategies or call a play. This new application of time out is expected to save lives by ascertaining all those involved in emergency care are properly briefed and ready before a potentially dangerous or life-threatening injury occurs.

A time out will help produce a decisive, coordinated emergency response and outcome. Typically the athletic trainer is the first person to respond to an athletic emergency situation. Other individuals also are involved – physicians, EMTs – and need to be part of the pre-event briefing so they are fully informed. Effective communication with all relevant parties is critical to ensure the athlete receives the best care when an emergency arises.

EAP Time Out: Pre-Athletic Event Checklist
- Athletic health care providers meet before start of each practice or competition to review the emergency action plan.
- Determine the role and location of each person present (i.e., AT, EMT, MD)
- Establish how communication will occur (i.e., voice commands, radio, hand signals). What is the primary means of communication? What is the secondary or back-up method of communication?
- An ambulance should be present at all high-risk events. Where is it physically located? What is the planned route for entrance/exit and is the route unencumbered? Is the ambulance a dedicated unit or on stand-by? If an ambulance is not on site, what is the mechanism for calling one?
- In the event of emergency transport, what is the designated hospital? Consider the most appropriate facility for the injury/illness when selecting the hospital.
- What emergency equipment is present? Where is it located? Has it been checked to confirm it is in working order and fully ready for use?
- Are there any issues that could potentially impact the emergency action plan (i.e., construction, weather, crowd flow)?
Emergency Personnel and other numbers of importance:
- Chase Paulson, Head Athletic Trainer (909) 594-1405 x33811 office (909) 917-3578 cell
- Albert Lim, Athletic Director (909) 594-1405 x43511 office
- Reuben Jones, Principal (909) 594-1405 x33101 office
- Mike Bromberg, Operations Manager (909) 594-1405 x33115 office
- EMS 911

Emergency Equipment in the Athletic Training Room:
- CPR mask
- Blood Kit
- Splint Bag
- Crutches
- Athletic Training Kit
- Cervical Spine Collar

Chain of Command for Designating First Responder:
- Certified athletic trainer
- Head coach/assistant coach
- Athletic Department Personnel
- Athletic Training Students
  (If CPR certified)

For all sports, at all levels, there is to be an Emergency Card with information for every player, a first aid kit, and water on site at every competition and practice.

General Procedures:
1. The first responder should conduct a scene size-up and primary survey to determine the level of care necessary.
2. If the situation is a medical emergency then activate EMS. The head coach or other Athletic Department personnel will be designated to call 911 and give the appropriate information:
   a. If calling from a cell phone, tell this to the dispatch so your location can be triangulated.
   b. Name, title/position, address and specific location on campus, telephone number, age of individual injured, condition of injured, first-aid treatment given, specific directions to enter campus, other information as requested.
   c. Do not hang up until instructed to do so.
3. An assistant coach or other athletic department personnel should place a call to the student’s emergency contact located on the emergency card.
4. Assistant coach or other athletic department personnel will be designated to perform crowd control and limit the scene to first-aid providers. Empty the venue of other students.
5. The assistant coach or other athletic department personnel who called EMS will meet emergency medical personnel at the designated location stated and direct them towards the scene.
Venue Directions: The Athletic Training Room is located in between the boy’s and girl’s locker rooms, just south of the gymnasium. EMS will enter from the North side of school off Pathfinder Rd and head through the parking lot towards the gym. Access to the locker rooms will be from the gate directly to the East of the gym.
Emergency Personnel and other numbers of importance:
- Chase Paulson, Head Athletic Trainer (909) 594-1405 x33811 office
  (909) 917-3578 cell
- Albert Lim, Athletic Director (909) 594-1405 x43511 office
- Reuben Jones, Principal (909) 594-1405 x33101 office
- Mike Bromberg, Operations Manager (909) 594-1405 x33115 office
- EMS 911

Emergency Equipment in the Athletic Training Room:
- CPR mask
- Blood Kit
- Splint Bag
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- Athletic Training Kit
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Chain of Command for Designating First Responder:
- Certified athletic trainer
- Head coach/assistant coach
- Athletic Department Personnel
- Athletic Training Students
  (If CPR certified)

For all sports, at all levels, there is to be an Emergency Card with information for every player, a first aid kit, and water on site at every competition and practice.

General Procedures:

1. The first responder should conduct a scene size-up and primary survey to determine the level of care necessary.

2. If the situation is a medical emergency then activate EMS. The head coach or other Athletic Department personnel will be designated to call 911 and give the appropriate information:
   a. If calling from a cell phone, tell this to the dispatch so your location can be triangulated.
   b. Name, title/position, address and specific location on campus, telephone number, age of individual injured, condition of injured, first-aid treatment given, specific directions to enter campus, other information as requested.
   c. Do not hang up until instructed to do so.

3. An assistant coach or other athletic department personnel should place a call to the student’s emergency contact located on the emergency card.

4. Assistant coach or other athletic department personnel will be designated to perform crowd control and limit the scene to first-aid providers. Empty the venue of other students.

5. The assistant coach or other athletic department personnel who called EMS will meet emergency medical personnel at the designated location stated and direct them towards the scene.
Venue Directions: The Stadium is located on the West side of campus, just south of the tennis courts. EMS will enter from Brea Canyon Rd. through the access gate.
Diamond Bar High School Emergency Action Plan (EAP)
Gymnasium, Wrestling Room, Weight Room

Emergency Personnel and other numbers of importance:
- Chase Paulson, Head Athletic Trainer (909) 594-1405 x33811 office
  (909) 917-3578 cell
- Albert Lim, Athletic Director (909) 594-1405 x43511 office
- Reuben Jones, Principal (909) 594-1405 x33101 office
- Mike Bromberg, Operations Manager (909) 594-1405 x33115 office
- EMS 911

Emergency Equipment in the Athletic Training Room:
- CPR mask
- Blood Kit
- Splint Bag
- Crutches
- Athletic Training Kit
- Cervical Spine Collar

Chain of Command for Designating First Responder:
- Certified athletic trainer
- Head coach/assistant coach
- Athletic Department Personnel
- Athletic Training Students
  (If CPR certified)

For all sports, at all levels, there is to be an Emergency Card with information for every player, a first aid kit, and water on site at every competition and practice.

General Procedures:

1. The first responder should conduct a scene size-up and primary survey to determine the level of care necessary.

2. If the situation is a medical emergency then activate EMS. The head coach or other Athletic Department personnel will be designated to call 911 and give the appropriate information:
   a. If calling from a cell phone, tell this to the dispatch so your location can be triangulated.
   b. Name, title/position, address and specific location on campus, telephone number, age of individual injured, condition of injured, first-aid treatment given, specific directions to enter campus, other information as requested.
   c. Do not hang up until instructed to do so.

3. An assistant coach or other athletic department personnel should place a call to the student’s emergency contact located on the emergency card.

4. Assistant coach or other athletic department personnel will be designated to perform crowd control and limit the scene to first-aid providers. Empty the venue of other students.

5. The assistant coach or other athletic department personnel who called EMS will meet emergency medical personnel at the designated location stated and direct them towards the scene.
Venue Directions: The Gymnasium is located on the Northwest side of campus, just south of the parking lot. EMS will enter from the North side of school off Pathfinder Rd. and head through the parking lot towards the gym. Access to the gymnasium will be via the North entrance.
Diamond Bar High School Emergency Action Plan (EAP)
Varsity & JV Baseball Fields

Emergency Personnel and other numbers of importance:
- Chase Paulson, Head Athletic Trainer (909) 594-1405 x33811 office
  (909) 917-3578 cell
- Albert Lim, Athletic Director (909) 594-1405 x43511 office
- Reuben Jones, Principal (909) 594-1405 x33101 office
- Mike Bromberg, Operations Manager (909) 594-1405 x33115 office
- EMS 911

Emergency Equipment in the Athletic Training Room:
- CPR mask
- Blood Kit
- Splint Bag
- Crutches
- Athletic Training Kit
- Cervical Spine Collar

Chain of Command for Designating First Responder:
- Certified athletic trainer
- Head coach/assistant coach
- Athletic Department Personnel
- Athletic Training Students
  (If CPR certified)

For all sports, at all levels, there is to be an Emergency Card with information for every player, a first aid kit, and water on site at every competition and practice.

General Procedures:
1. The first responder should conduct a scene size-up and primary survey to determine the level of care necessary.
2. If the situation is a medical emergency then activate EMS. The head coach or other Athletic Department personnel will be designated to call 911 and give the appropriate information:
   a. If calling from a cell phone, tell this to the dispatch so your location can be triangulated.
   b. Name, title/position, address and specific location on campus, telephone number, age of individual injured, condition of injured, first-aid treatment given, specific directions to enter campus, other information as requested.
   c. Do not hang up until instructed to do so.
3. An assistant coach or other athletic department personnel should place a call to the student’s emergency contact located on the emergency card.
4. Assistant coach or other athletic department personnel will be designated to perform crowd control and limit the scene to first-aid providers. Empty the venue of other students.
5. The assistant coach or other athletic department personnel who called EMS will meet emergency medical personnel at the designated location stated and direct them towards the scene.
Venue Directions: The Varsity Baseball Field, JV Baseball & Softball Fields are located on the South side of campus. EMS will enter from Evergreen Springs Dr. through an access gate in the Northeast corner of campus. EMS can Follow the access road South and make a right turn towards the infield of the Varsity Baseball Field.
Diamond Bar High School Emergency Action Plan (EAP)
Varsity & JV Softball Fields

Emergency Personnel and other numbers of importance:
- Chase Paulson, Head Athletic Trainer (909) 594-1405 x33811 office
  (909) 917-3578 cell
- Albert Lim, Athletic Director (909) 594-1405 x43511 office
- Reuben Jones, Principal (909) 594-1405 x33101 office
- Mike Bromberg, Operations Manager (909) 594-1405 x33115 office
- EMS 911

Emergency Equipment in the Athletic Training Room:
- CPR mask
- Blood Kit
- Splint Bag
- Crutches
- Athletic Training Kit
- Cervical Spine Collar

Chain of Command for Designating First Responder:
- Certified athletic trainer
- Head coach/assistant coach
- Athletic Department Personnel
- Athletic Training Students
  (If CPR certified)

For all sports, at all levels, there is to be an *Emergency Card* with information for every player, a first aid kit, and water on site at every competition and practice.

General Procedures:

1. The first responder should conduct a scene size-up and primary survey to determine the level of care necessary.

2. If the situation is a medical emergency then activate EMS. The head coach or other Athletic Department personnel will be designated to call 911 and give the appropriate information:
   a. If calling from a cell phone, tell this to the dispatch so your location can be triangulated.
   b. Name, title/position, address and specific location on campus, telephone number, age of individual injured, condition of injured, first-aid treatment given, specific directions to enter campus, other information as requested.
   c. Do not hang up until instructed to do so.

3. An assistant coach or other athletic department personnel should place a call to the student’s emergency contact located on the emergency card.

4. Assistant coach or other athletic department personnel will be designated to perform crowd control and limit the scene to first-aid providers. Empty the venue of other students.

5. The assistant coach or other athletic department personnel who called EMS will meet emergency medical personnel at the designated location stated and direct them towards the scene.
Venue Directions: The Varsity Softball field is located on the south side of campus just east of the Stadium. EMS will enter from Evergreen Springs Dr. through an access gate in the northeast corner of campus. EMS can Follow the access road south and make a right turn towards the infield of the Varsity Baseball Field. EMS will make a left turn towards the Varsity Softball outfield and proceed towards the skybox of the Stadium.
Diamond Bar High School Emergency Action Plan (EAP)
Tennis Courts

Emergency Personnel and other numbers of importance:
- Chase Paulson, Head Athletic Trainer (909) 594-1405 x33811 office
  (909) 917-3578 cell
- Albert Lim, Athletic Director (909) 594-1405 x43511 office
- Reuben Jones, Principal (909) 594-1405 x33101 office
- Mike Bromberg, Operations Manager (909) 594-1405 x33115 office
- EMS 911

Emergency Equipment in the Athletic Training Room:
- CPR mask
- Blood Kit
- Splint Bag
- Crutches
- Athletic Training Kit
- Cervical Spine Collar

Chain of Command for Designating First Responder:
- Certified athletic trainer
- Head coach/assistant coach
- Athletic Department Personnel
- Athletic Training Students
  (If CPR certified)

For all sports, at all levels, there is to be an Emergency Card with information for every player, a first aid kit, and water on site at every competition and practice.

General Procedures:
1. The first responder should conduct a scene size-up and primary survey to determine the level of care necessary.
2. If the situation is a medical emergency then activate EMS. The head coach or other Athletic Department personnel will be designated to call 911 and give the appropriate information:
   a. If calling from a cell phone, tell this to the dispatch so your location can be triangulated.
   b. Name, title/position, address and specific location on campus, telephone number, age of individual injured, condition of injured, first-aid treatment given, specific directions to enter campus, other information as requested.
   c. Do not hang up until instructed to do so.
3. An assistant coach or other athletic department personnel should place a call to the student’s emergency contact located on the emergency card.
4. Assistant coach or other athletic department personnel will be designated to perform crowd control and limit the scene to first-aid providers. Empty the venue of other students.
5. The assistant coach or other athletic department personnel who called EMS will meet emergency medical personnel at the designated location stated and direct them towards the scene.
Venue Directions: The Tennis Courts are located on the west side of campus, just north of the Stadium. EMS will enter from Brea Canyon Rd. through the access gate located north of the courts. EMS will proceed south towards the court entrances.
Diamond Bar High School Emergency Action Plan (EAP)
Aquatics Complex

**Emergency Personnel and other numbers of importance:**
- Chase Paulson, Head Athletic Trainer  
  (909) 594-1405 x33811 office  
  (909) 917-3578 cell
- Albert Lim, Athletic Director  
  (909) 594-1405 x43511 office
- Reuben Jones, Principal  
  (909) 594-1405 x33101 office
- Mike Bromberg, Operations Manager  
  (909) 594-1405 x33115 office
- EMS  
  911

**Emergency Equipment in the Athletic Training Room:**
- CPR mask
- Blood Kit
- Splint Bag
- Crutches
- Athletic Training Kit
- Cervical Spine Collar

**Chain of Command for Designating First Responder:**
- Certified athletic trainer
- Head coach/assistant coach
- Athletic Department Personnel
- Athletic Training Students
  (If CPR certified)

For all sports, at all levels, there is to be an *Emergency Card* with information for every player, a first aid kit, and water on site at every competition and practice.

**General Procedures:**

1. The first responder should conduct a scene size-up and primary survey to determine the level of care necessary.

2. If the situation is a medical emergency then activate EMS. The head coach or other Athletic Department personnel will be designated to call 911 and give the appropriate information:
   a. If calling from a cell phone, tell this to the dispatch so your location can be triangulated.
   b. Name, title/position, address and specific location on campus, telephone number, age of individual injured, condition of injured, first-aid treatment given, specific directions to enter campus, other information as requested.
   c. Do not hang up until instructed to do so.

3. An assistant coach or other athletic department personnel should place a call to the student’s emergency contact located on the emergency card.

4. Assistant coach or other athletic department personnel will be designated to perform crowd control and limit the scene to first-aid providers. Empty the venue of other students.

5. The assistant coach or other athletic department personnel who called EMS will meet emergency medical personnel at the designated location stated and direct them towards the scene.
Venue Directions: The Aquatics Complex is located on the west side of campus, just south of the Locker Rooms. EMS will enter from Brea Canyon Rd. through the access gate located north of the courts. EMS will proceed south towards the entrance.
APPENDIX

1. Sports Physical Forms
2. ASCIP Accident Report
3. Physician Referral Form
4. WVUSD Form: Medication Required During School Hours
5. Concussion Clearance Packet
6. SCAT5
7. Heat Stroke Treatment Authorization Form

REFERENCES