A Policies and Procedures Manual for the Secondary School Athletic Trainer

by

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A creative project submitted to

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in

Kinesiology

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7/1/16

Date

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ABSTRACT

The Sports Medicine Staff in the Department of Athletics at Maria Carrillo High School is responsible for the coordination of health care to the student-athletes within the high school athletic program. Included in this responsibility are various administrative and clinical duties that are carried out by the Sports Medicine Staff. The administrative duties include development and implementation of an emergency medical plan, medical record maintenance, compiling injury statistics, instituting medical coverage and staffing policy as it relates to practices and events, and budget management for the athletic training facility (ATF). Clinically, the staff is responsible for the prevention, evaluation, management, treatment, and rehabilitation of athletic injuries. This also includes coordination of physician referrals, determination of participation status, and the counseling and education of student-athletes. Additionally the Sports Medicine Staff coordinates the health care of student-athletes relating to general medical illnesses and conditions as they may affect student-participation, which involves referrals to the Health Center, Counseling Center or other off-campus health care providers. Decisions regarding medical clearance and participation are the sole responsibility of the Head Athletic Trainer, and the student-athlete's health care provider.

This Policies and Procedures Manual delineates the Standards for Professional Practice for an Athletic Trainer at MCHS within the Santa Rosa City School District and will hopefully be adopted district-wide. This manual includes:
1.) Administration - Definition of Athletic Training, Definition of a Certified Athletic Trainer [AT], Maria Carrillo High School [MCHS] Mission Statement, MCHS Athletic Training Mission Statement, National Athletic Trainers' Association [NATA] Mission Statement, NATA Code of Ethics, Board of Certification for Athletic Trainers [BOC] Standard of Professional Practice, Duties and Responsibility of the ATC and Personnel;
2.) General Policies - Athletic Training Facility (ATF) Hours, ATF Policies, ATF Rules and ATF Responsibilities;
3.) Professionalism - Medication Policy, Visiting Team Policy and Professional Attire;
4.) Athletic Training Students - General Conduct and Ethics/Professionalism, On/off the field conduct, Dress Code, NATA Official Statement, SRCS Letter to Parents, SRCS Permission Slip and SRCS Confidentiality Agreement;
5.) Record Keeping & Student-Athlete Clearance - Common Medical Abbreviations, Daily Treatment Logs, Injury Documents, Emergency Contacts, Pre-participation Medical Examination, Student-Athlete Insurance, Student-Athlete Clearance and Injury Clearance for Concussion & Musculoskeletal Conditions;

6.) Injuries - MCHS Athletic Injuries, Visiting Team Injuries, Non-MCHS Athletic Injuries, Non-Athletic Injuries, First aid for Spectators, First aid During Road Trips, Guidelines for Transportation of Student-Athlete, Responsibilities of the Student-Athlete and Evaluation of Injuries;
7.) General Rehabilitation Guidelines - Ankle Sprains, Hamstring Strains, Shoulder and Elbow;
8.) Home Competition Set Up – Fall, Winter and Spring;
9.) Inventory - Inventory and Budget, Equipment and First-Aid Kits;
10.) OSHA Policies - Blood Borne Pathogens, MRSA, Biohazard Control, Blood on Uniforms, Equipment, skin, etc. and Communicable Diseases;
11.) HIPAA and FERPA Policies;
12.) Standard Care Protocols For Acute Injuries;
13.) Concussion Management - Concussion Information, ImPACT Testing, Assessment Tools, Suspected Concussion Protocol, Return-to-Classroom, Return-to-Play Decisions and MCHS Concussion Policy for Baseline testing, Baseline re-testing & Post-injury testing;
14.) Emergency Procedures – Introduction, Hospitals and Local Medical Programs, Communication, Equipment, Duties, Emergency Phone Numbers
Specific Emergency Action Plans (Gymnasium, Football Field, Multi-use Room, Softball, Baseball & Tennis Courts) AED Locations Policies & Procedures, Parental Notification, Map of MCHS and Lightning Weather Policies;
15.) Heat Related Illnesses – Identification (Heat Stroke, Heat Exhaustion, Heat Syncope, External Hyponatremia & Heat Cramps) General Treatment, Position Statement and Sickle Cell Trait;
16.) Hydration;
17.) Eating Disorder Response - Types & Definitions, Signs & Symptoms, Treatment and Reporting Protocol;
18.) Health Related Protocols – Diabetes and Asthma
19.) Non-Athletic Related Protocols - Child Abuse, Sexual Abuse, Alcohol/Substance Abuse and Pregnancy Related to Athletic Participation;
20.) Websites and Numbers of Hotlines for Professional Help and Advice; and
21.) Supplies Ordering – Supplies and Vendor Contacts

Chair: _____
Signature

MA Program: Kinesiology

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A Policy and Procedures Manual for the Secondary School Athletic Trainer

Chapter 1- Introduction

Background

According to the 2013-2014 annual High School Athletics Participation Survey, almost 7.8 million high school students participated in athletics (NFHS, 2014). According to the Centers for Disease Control and Prevention [CDC], more than half of the estimated two million high school athletic injuries are preventable (Stop Sport Injuries, 2014). Included in the prevention of injuries is the use of proper medical care at practices and games. Providing quality athletic health care to the student-athletes of a secondary school athletic program should be the priority of every athletic department. Certified Athletic Trainers [ATCs] are available to provide this level of quality health care for student-athletes. The profession of athletic training is a recognized allied health care profession of highly educated, nationally certified, and in most states, regulated professionals (NATA.org). Certified athletic trainers are defined as "health care professionals who collaborate with physicians to provide preventative services, emergency care, clinical evaluation and diagnosis, therapeutic intervention and rehabilitation of injuries and medical conditions" (NATA.org, 2013). ATCs have been recommended to be at secondary schools by the American Medical Association since 1998. Unfortunately, less than 50% of secondary schools employ part-time and/or full-time ATCs, leaving the coach, athletic director, or even a volunteer parent to care for the injured athlete.

With the increase in athletic related catastrophic injuries, many secondary schools are finding the funding to hire at least one part-time ATC. Often, these schools hire ATCs without much understanding of the athletic training profession, and/or have not established any policies and procedures for the position. This lack of understanding by the schools and districts, leads to newly hired ATCs struggling to create and implement athletic training policies and procedures due to time constraints, limited budgets, and conflicts with coaches or administrators. Without documented policies and procedures, a significant portion of this newly hired ATC's time is spent on administrative duties such as creating policies and procedures, rather than increasing the safety of their student-athletes and performing the primary duties of an athletic trainer which centers on injury prevention.

Many universities, colleges, and a few high schools with established ATCs have policy and procedures manuals. Typically, these programs consist of at least one full-time athletic trainer, and a team physician. These policy and procedures manuals are comprised of valuable information that is used by the sports medicine and administrative staff which includes emergency action plans specific to certain areas of the school, athletic training facility rules, pre-participation physicals, heat protocols, calibration of modalities, game and practice coverage, CPR and first aid certification, etc. (NATA.org, 2015). These manuals are updated regularly to meet the demands of new laws, protocols, and the ever-changing profession of athletic training. Typically, part-time athletic trainers are only paid for working around 20 hours per week, which is spent

tending to the needs of their student-athletes, covering practices and games, or documenting daily injuries and treatments. They have little time to create essential policies and procedures during their 20 hours work week. Nevertheless having a policies and procedures manual is vital to maximize their efficiency, decrease liability, provide a consistency in the approach for decision-making under various circumstances, and create a transparency of care and preparedness for many situations, while adhering to standards of appropriate care and laws for the secondary school setting.

Statement of Purpose

The purpose of expanding this athletic training manual is to have an existing document that secondary school ATCs and administrators can use to create an effective sports medicine department that provides the best possible care for their student-athletes, while upholding the standards of the National Athletic Trainers' Association [NATA] and other professional organizations related to healthcare, athletics, and secondary school administration.

Limitations

The goal is to expand the existing comprehensive manual, but it will continue to have limitations. No manual, no matter how comprehensive, can include every detail of the daily operations of an athletic training facility. Many of the topics discussed in the manual are simple guidelines, but are not applicable to all injuries or emergency situations as each are handled on an individual basis.

This manual cannot attempt- and does not claim- to comply with all NATA or other organization recommendations, nor to follow every law that may apply to secondary school athletics. This manual will try to reflect all laws and the recommendations that apply, but many laws and protocols are currently being created or updated. This manual will need to be regularly updated to comply with new standards and laws.

Chapter 2- Review of Literature

Written policies and procedures are essential for the success of any organization or department. According to Prentice (2011), the term policy is defined as "a clear and accurate written statement that identifies the basic rules and principles (the what and why) used to control and expedite decision making" (p. 37). Procedures are described as "the process by which something is done (the how)" (p. 37). Procedures are essentially the daily routine of an organization or program. Together, the terms policy and procedure may be used to create a manual that is a living document outlining the basics of daily functions of an organization or program. Without these distinct vital guidelines, an organization or program is at risk of liability and it raises concerns regarding the efficiency of how the organization or program is functioning. Policies and procedures are developed to ensure that laws and proper protocols are being followed, and to increase the accountability of the organization or program's staff.

An athletic training program, like any other organization, must create policies that clearly display the values of its governing institution that benefits staff members and student-athletes. The NATA publishes position and consensus statements about relevant topics within the athletic training profession, and many of these statements are applicable to the secondary school setting for the daily function and emergency situations that occur in the unique environment of high school athletics. These position statements are written by a variety of sports-related medical associations to provide guidance to any ATC seeking to provide the best possible care of their athletes. Policies and

procedures manuals can be created by using the recommendations of these NATA position and consensus statements and are adapted based on the demands and needs of an individual athletic training program.

Developing an athletic training program in some high schools can be extremely difficult due to the lack of education of parents, athletes, teachers, coaches, and administration about the athletic training profession. Clear and concise policies and procedures are an effective way to decrease this frustration for many reasons. Public secondary school athletic training programs have a greater number of laws and protocols to follow because their funding is received from the government. Most high school student-athletes are under age, which requires their parents or guardians to be involved in the treatment and management of any injury that occurs. School administrators and athletic directors may take on many roles outside their job descriptions, including supervising athletic trainers. However, athletic directors are not typically healthcare professionals and have limited knowledge of the standards, which athletic trainers are to be held. According to Mathewson and Walker (2014), "practicing athletic training without establishing policies and procedures could be a violation of the NATA Code of Ethics and the BOC Standards of Professional Practice" (p. 19). A policies and procedures manual is necessary in order to hold a secondary school, the athletic training program and staff, the parents, and the student-athletes accountable for the healthcare of the student-athlete. These manuals also assist an athletic trainer by providing guidelines that describe what

should happen in a variety of situations, and aide in the decision making process in emergency situations.

The development of a comprehensive policies and procedures manual is a time consuming endeavor, but the benefits are great for any organization, especially for an athletic training facility. Prentice's *Principals of Athletic Training* (2011) lists the following topics that should be included in any policies and procedures manual: goals and objectives, mission statements, scope of operation, facility cleaning, sanitation, and hygiene, documentation and maintenance of medical records, budget and purchasing of supplies and equipment, emergency procedures, chain of command, safety and security considerations, and incident reports (p. 38). These manuals should also include job descriptions, licensure, dress codes, sexual harassment policies, and staff attendance policies. In a study performed by McLeod et al. (2013), researchers found that of the 4,045 certified athletic trainers who completed the study's Web-based survey, the secondary school athletic trainers are "relatively young, early-stage to mid-stage providers, working alone, and typically supervised by a non-health care provider, in a small to midsize school" (McLeod et al., 2013). For many secondary school settings, recently hired ATCs are newly certified graduates and new to fully independent decision-making. Although these ATCs have the knowledge and preparation to run an athletic training program, the knowledge that comes from their experiences are limited. For these newly certified ATCs, a detailed policies and procedures manual is essential as a

guideline of the daily functions in the athletic training program as it is for the administrators and parents.

Currently, Maria Carrillo High School (MCHS) does not have a written policies and procedures manual for their athletics department. Each existing policy is a mandate from a variety of sources related to the community, California, and National regulations, while the procedures are developed based on the needs and available resources of the school's athletic programs. While MCHS adheres to the laws and rules placed on them by California Interscholastic Federation (CIF) and the National Federation of State High School (NFHS) associations, the school desires to have more than the minimal care for its athletic program. By hiring of a full-time athletic trainer, MCHS has taken the initial steps to provide the best possible and immediate health care for all student-athletes. By developing a comprehensive policies and procedures manual, MCHS will be able to reduce the risk of liability, enable the full-time ATC to focus on patient care, and improve the efficiency of the athletic training program. With the development of a policies and procedures manual, MCHS hopes to maximize the full scope of the ATC's skills and to maximize the influence the ATC has on the student-athletes, schools, and local community.

Chapter 3 – Methodology

The purpose of this manual is to enable the ATC to incorporate the NATA, BOC, CIF, and NFHS standards and recommendations of best care into the Athletic Training Program at Maria Carrillo High School. MCHS is a public high school in Northern California with a student population of approximately 1,630 students in grades 9-12. There is one full-time Board of Certification [BOC] Certified Athletic Trainer employed by the Santa Rosa City Schools district to service approximately 700 student-athletes who participate in the Maria Carrillo's High School Athletics Program. The ATC strives to uphold the principles and standards set forth in the NATA Code of Ethics and the BOC Standards of Professional Practice, as well as the high school athletics governing bodies: the California Interscholastic Federation (CIF) and the National Federation of State High Schools (NFHS) Associations.

The Maria Carrillo High School Athletic Training Program is responsible for the coordination of health care to the student-athletes within the high school's athletic program. Included in this responsibility are various administrative and clinical duties that are carried out by the ATC entailing the development and implementation of an emergency action plan, medical record maintenance, compiling injury statistics, instituting medical coverage, and budget management for the athletic training facility. Clinically, the ATC is responsible for the prevention, evaluation, management, treatment and rehabilitation of athletic injuries. The objective of the Maria Carrillo High School Athletic Training Program

is to provide the highest level of evidence-based service to the student-athletes. The care provided by the ATC will be delivered with objectivity and a conscientious blend of concern for the healing of the student-athlete's body and mind.

This project will start with an Athletic Training Guidelines and Procedures Manual produced for Petaluma High School [PHS] in May 2015 by SSU Kinesiology Masters Graduate Danielle Stevensvold. The proposed MCHS manual will further develop the PHS Manual in order to provide an informational resource for athletic department administrators, coaches, student-athletes, and parents. Currently, this manual discusses major topics of concern in any athletic training facility and lays out the general procedures that should occur in daily operations. However, it lacks information about local medical specialists, maps to local hospitals, supplies ordering procedures, websites and phone numbers of hotlines for professional help and advice, eating disorder response protocols, diabetes protocols, etc. Most of the information in this manual will be derived from the NATA and recommendations of other sports-related medical associations. Each section of the manual will include definitions of important terms, the rationale for the section's importance in any athletic training facility policies and procedures manual, and specific details that pertain to MCHS. There will also be forms for specific protocols such as concussion information and concussion management for parents and student-athletes. The proposed manual will be a hard copy with all of the policies, procedures and forms. An electronic version will be included to enable future edits and updates based on the new and

ever-changing information provided by the athletic training governing bodies, as well as, for it to be adapted to the other four high schools in the Santa Rosa City Schools district.

Proposed Manual Sections (bold will be added to existing manual)

I. Administration

- **a. Definition of Athletic Training**
- **b. Definition of a Certified Athletic Trainer (ATC)**
- **c. MCHS Mission Statement**
- **d. MCHS Athletic Training Mission Statement**
- e. NATA Mission Statement
- f. NATA Code of Ethics
- **g. BOC Standard of Professional Practice**
- h. Duties and Responsibilities of the ATC
- i. Personnel
  - i. Chain of Command
  - ii. Communication
  - **iii. List of Local Medical Specialists**

II. General Policies

- a. Athletic Training Facility (ATF) Hours
- b. ATF Policies
- c. ATF Rules
- d. ATF Responsibilities

III. Professionalism

a. Medication Policies

b. Visiting Team Policies

c. Professional Attire

IV. **Athletic Training Students**

a. **General Conduct and Ethics/Professionalism**

b. **Dress code**

V. Record Keeping and Student-Athlete Clearance

a. **Common Medical Abbreviations**

b. Daily treatment log

c. Injury documents

d. Emergency Contacts

e. **Pre-participation Medical Examination**

f. Student-Athlete Insurance

g. Student-Athlete Clearance

h. **Injury Clearance**

i. **Concussion**

ii. **Musculoskeletal**

VI. **Injuries**

a. **MCHS Athletic Injuries**

b. **Visiting Team Injuries**

c. **Non-MCHS Athlete Injuries**

d. **Non-Athletic Injuries**

e. **First aid for Spectators**

f. **First aid during road trips**

g. **Responsibilities of the student-athlete**

h. **Evaluation of injuries**

VII. **General Rehabilitation Guidelines**

a. **Ankle Sprains**

b. **Hamstring Strains**

c. **Shoulder**

d. **Elbow**

VIII. Home Competition Set-up

a. Fall sports

b. Winter sports

c. Spring sports

IX. Inventory

a. Inventory and budgeting

b. Equipment

c. First Aid Kits

X. OSHA Policies

a. Blood Borne Pathogens

b. MRSA

c. **Biohazard Control**

d. **Blood on Uniforms, Equipment, skin, etc.**

e. **Communicable Disease**

XI. HIPAA and FERPA Policies

XII. Standard Care For Acute Injuries

XIII. Concussion Management

a. Information

b. ImPACT Testing

c. **Assessment tools**

d. Suspected Protocol

e. **Return-to-Play Decisions**

f. **MCHS Concussion Policy**

i. **Baseline testing**

ii. **Baseline re-testing**

iii. **Post-injury testing**

XIV. Emergency Procedures

a. Introduction

b. **Hospitals and Local Medical Programs**

c. **Specific Emergency Action Plans**

i. **Gymnasium**

ii. **Stadium field**

iii. **Multi-purpose room**

iv. **Softball field**

v. **Baseball field**

vi. **Tennis courts**

Emergency Procedures continued

d. AED

i. Locations

ii. Policies and procedures

e. **Transportation of athlete**

f. **Parental Notification**

g. **Map of MCHS**

h. **Hand Signals**

i. Lightning Weather

XV. Heat Related Illnesses

a. **Definitions of heat stroke and heat exhaustion**

b. **Signs and Symptoms of each**

c. Immediate care for each

XVI. Hydration

XVII. **Eating Disorder Response**

a. **Types and definitions**

b. **Signs and symptoms**

c. **Reporting protocol**

XVIII. **Health Related Protocols**

a. **Diabetes**

b. **Asthma**

c. **Heart conditions**

XIX. **Non-athletic Related Protocols**

a. **Child Abuse Protocols**

b. **Alcohol/substance Abuse Protocols**

c. **Pregnancy and Sports**

XX. **Websites and Numbers for Hotlines for Professional Help and Advice**

XXI. **Supplies Ordering**

a. **Bid sheet**

b. **Vendor Contacts**

c. **District Ordering Protocol**

Chapter 4- Results

Maria Carrillo High School Policies and Procedures Manual

Please refer to the appendix for the completed Policies and Procedures Manual for the Maria Carrillo High School Athletic Training Department.

Chapter 5- Conclusions

According to the National Athletic Trainers' Association (NATA), athletic training is "practiced by athletic trainers who are health care professionals that collaborate with physicians to optimize activity and participation of patients and clients." The mission of the NATA is to "enhance the quality of health care provided by certified athletic trainers and to advance the athletic training profession. As an active member of the NATA, I strive to uphold the standards of the Board of Certification, and the mission of the NATA in all aspects of my position. As a certified athletic trainer at a secondary school with roughly 700 student-athletes, there is not enough time to create policies and procedures to expand on the existing manual made by Danielle Stensvold, and attend every practice and home competition that occurs throughout each season. According to Principal 2 in the NATA Code of Ethics, it states "members shall comply with the laws and regulations governing the practice of athletic training." One of the most simple ways for a secondary school athletic training program to maximize the efficiency, communication, transparency, and accountability for the medical care provided to their student-athletes would be to create a written policies and procedures manual that describes what to do in specific situations, which Ms. Stensvold and I have done. From experience, I believe this manual will be an essential tool for the Santa Rosa City Schools District, and other secondary schools in the area.

Danielle Stensvold created a great foundation of a policies and procedures manual that was based off current professional guidelines and

recommendations for best practices within the scope of certified athletic trainers, but it was missing information that is crucial to an athletics program. Expanding on the existing manual enabled me to be exposed to current evidence-based practices for certified athletic trainers to use in their positions. I was given the opportunity to help create concussion management protocols and return-to-learn protocols for student-athletes in the Santa Rosa City School District. I have also been exposed to protocols that other high schools and universities deemed important to include in their own policies and procedures manuals, including assisting student-athletes with diabetes or asthma, rules and regulations for athletic training students, supplies ordering procedures, and how to treat injuries for the home team, visiting team, non-athletic injuries, non-MCHS athlete injuries, and spectator injuries. I also was given the opportunity to expand my knowledge on non-athletic related protocols, including child abuse reporting, sexual abuse reporting, and pregnancy and sports. The information I received was interesting, and will be very useful for me professionally, as well as, academically. I will be able to apply these tools to my profession throughout my career.

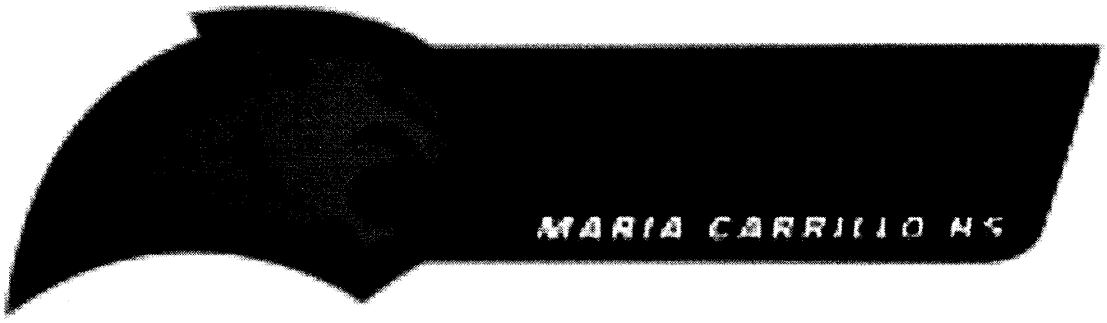
Limitations that occurred during the process of expanding on this policies and procedures manual included available resources, and the availability for school administrators to review and edit sections of the manual. Many of the essential components of this manual may be found online at the main websites of the appropriate medical organization or the athletics program governing bodies, including the National Athletic Trainers' Association, Board of Certification, California Interscholastic Federation, etc. This final product is comprehensive,

but includes information that is necessary to provide the best possible care for the student-athletes in the Santa Rosa City School District. Due to the ever-changing nature of athletic training, many of the policies will need to be updated in the future.

Further additions should be done to this manual, as well as updates on the current policies and procedures that are listed in the manual. As stated in the purpose, this policies and procedures manual is a living document to assist certified athletic trainers and all involved in secondary school athletics programs to adhere to the best practices within the field of athletic training. The next steps with this manual is to get it approved by the Santa Rosa City School District, and to have it reviewed by their legal representatives. This manual may be shown to other local high schools that do not have certified athletic trainers to show exactly what we do, and how hiring a certified athletic trainer will benefit their athletics programs. The most useful aspect of this policies and procedures manual is the electronic version of the complete manual so that other certified athletic trainers can edit or update any information provided. Other certified athletic trainers will have the option to make the manual specific to their setting, including changing the emergency action plan to fit their needs, their contact information, or any other information that would be useful to them. With this policies and procedures manual, the Santa Rosa City School District will be one step closer to applying to be a nationally recognized "Safe Sports School."

Appendix A
Maria Carrillo High School Athletic Training Department Policies and Procedures Manual

Maria Carrillo High School
Athletic Training Department



Policies and Procedures Manual

Athletic Trainer:
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Athletic Directors:
Jerry Deakins
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Update June 2016

Table of Contents

Administration Policies

The Sports Medicine Staff in the Department of Athletics at Maria Carrillo High School is responsible for the coordination of health care to the student-athletes within the high school athletic program. Included in this responsibility are various administrative and clinical duties that are carried out by the Sports Medicine Staff. The administrative duties include, but are not limited it, development and implementation of an emergency medical plan, medical record maintenance, compiling injury statistics, instituting medical coverage and staffing policy as it relates to practices and events, and budget management for the athletic training facility (ATF). Clinically, the staff is responsible for the prevention, evaluation, management, treatment, and rehabilitation of athletic injuries. This also includes coordination of physician referrals, determination of participation status, and the counseling and education of student-athletes. Additionally, the Sports Medicine Staff coordinates the health care of student-athletes relating to general medical illnesses and conditions as they may affect student-participation, which involves referrals to the Health Center, Counseling Center or other off-campus health care providers. Decisions regarding medical clearance and participation are the sole responsibility of the Head Athletic Trainer, and the student-athlete's health care provider.

Definition of Athletic Training

Athletic Training is practiced by athletic trainers who are health care professionals that collaborate with physicians to optimize activity and participation of patients and clients. Athletic training encompasses the preventions, diagnosis, and intervention of emergency, acute and chronic medical conditions involving impairment, functional limitations, and disabilities (www.nata.org).

The Certified Athletic Trainer (AT)

Certified Athletic Trainers have fulfilled the requirements for certification established by the Board of Certification (BOC)(www.bocatc.org).

Maria Carrillo High School Mission Statement

The staff at Maria Carrillo High School, in partnership with students, parents, guardians, and community members, provides a challenging, caring, and safe educational environment that prepares students to mature into: powerful producers, universal citizens, masterful communicators, and active learners.

Maria Carrillo High School Athletic Training Department Mission Statement

The Maria Carrillo High School Athletic Training Department is committed to provide the highest quality of comprehensive health care services to all student-athletes, within its scope of practice. The sports medicine staff and volunteers at Maria Carrillo High School serve to provide preventative measures, injury recognition, immediate care, treatment, and rehabilitation of both emotional and physical needs of our student-athletes. Our primary objective is to prevent sport-related injuries from occurring. The certified athletic trainer possesses the knowledge and skills for injury prevention, recognition, evaluation, treatment, and rehabilitations of sport-related injuries. The Maria Carrillo High School Athletic Training Department strives to administer an evidence-based approach of care to every student athlete.

Nation Athletic Trainers' Association Mission Statement

The mission of the National Athletic Trainers' Association is to enhance the quality of health care provided by certified athletic trainers and to advance the athletic training profession.

NATA CODE OF ETHICS

September 28, 2005

PREAMBLE

The National Athletic Trainers' Association Code of Ethics states the principles of ethical behavior that should be followed in the practice of athletic training. It is intended to establish and maintain high standards and professionalism for the athletic training profession.

The principles do not cover every situation encountered by the practicing athletic trainer, but are representative of the spirit with which athletic trainers should make decisions. The principles are written generally; the circumstances of a situation will determine the interpretation and application of a given principle and of the Code as a whole. When a conflict exists between the Code and the law, the law prevails.

PRINCIPLE 1:

Members shall respect the rights, welfare and dignity of all.

1.1 Members shall not discriminate against any legally protected class.

1.2 Members shall be committed to providing competent care.

1.3 Members shall preserve the confidentiality of privileged information and shall not release such information to a third party not involved in the patient's care without a release unless required by law.

PRINCIPLE 2:

Members shall comply with the laws and regulations governing the practice of athletic training.

2.1 Members shall comply with applicable local, state, and federal laws and institutional guidelines.

2.2 Members shall be familiar with and abide by all National Athletic Trainers' Association standards, rules and regulations.

2.3 Members shall report illegal or unethical practices related to athletic training to the appropriate person or authority.

2.4 Members shall avoid substance abuse and, when necessary, seek rehabilitation for chemical dependency.

PRINCIPLE 3:

Members shall maintain and promote high standards in their provision of services.

3.1 Members shall not misrepresent, either directly or indirectly, their skills, training, professional credentials, identity or services.

3.2 Members shall provide only those services for which they are qualified through education or experience and which are allowed by their practice acts and other pertinent regulation.

3.3 Members shall provide services, make referrals, and seek compensation only for those services that are necessary.

3.4 Members shall recognize the need for continuing education and participate in educational activities that enhance their skills and knowledge.

3.5 Members shall educate those whom they supervise in the practice of athletic training about the Code of Ethics and stress the importance of adherence.

3.6 Members who are researchers or educators should maintain and promote ethical conduct in research and educational activities.

PRINCIPLE 4:

Members shall not engage in conduct that could be construed as a conflict of interest or that reflects negatively on the profession.

4.1 Members should conduct themselves personally and professionally in a manner that does not compromise their professional responsibilities or the practice of athletic training.

4.2 National Athletic Trainers' Association current or past volunteer leaders shall not use the NATA logo in the endorsement of products or services or exploit their affiliation with the NATA in a manner that reflects badly upon the profession.

4.3 Members shall not place financial gain above the patient's welfare and shall not participate in any arrangement that exploits the patient.

4.4 Members shall not, through direct or indirect means, use information obtained in the course of the practice of athletic training to try to influence the score or outcome of an athletic event, or attempt to induce financial gain through gambling.

BOC Standards of Professional Practice

Implemented September 2016

INTRODUCTION

The BOC Standards of Professional Practice is reviewed by the Board of Certification, Inc. (BOC) Standards Committee and recommendations are provided to the BOC Board of Directors. The BOC Standards Committee is comprised of Athletic Trainer members and one Public member. The BOC Board of Directors approves the final document. The BOC Board of Directors includes six Athletic Trainer Directors, one Physician Director, one Public Director, and one Corporate/Educational Director.

I. Practice Standards

PREAMBLE

The primary purpose of the Practice Standards is to establish essential duties and obligations imposed by virtue of holding the ATC credential. Compliance with the Practice Standards is mandatory.

The BOC does not express an opinion on the competence or warrant job performance of credential holders; however, every Athletic Trainer and applicant must agree to comply with the Practice Standards at all times.

Standard 1: Direction

The Athletic Trainer renders service or treatment under the direction of, or in collaboration with a physician, in accordance with their training and the state's statutes, rules and regulations.

Standard 2: Prevention

The Athletic Trainer implements measures to prevent and/or mitigate injury, illness and long-term disability.

Standard 3: Immediate Care

The Athletic Trainer provides care procedures used in acute and/or emergency situations, independent of setting.

Standard 4: Examination, Assessment and Diagnosis

The Athletic Trainer utilizes patient history and appropriate physical examination procedures to determine the patient's impairments, diagnosis, level of function and disposition.

Standard 5: Therapeutic Intervention

The Athletic Trainer determines appropriate treatment, rehabilitation and/or reconditioning strategies. Intervention program objectives include long and short-term goals and an appraisal of those, which the patient can realistically be expected to achieve from the program. Appropriate patient-centered outcomes assessments are utilized to document efficacy of interventions.

Standard 6: Program Discontinuation

The Athletic Trainer may recommend discontinuation of the intervention program at such time the patient has received optimal benefit of the program. A final assessment of the patients' status is included in the discharge note.

Standard 7: Organization and Administration

The Athletic Trainer documents all procedures and services in accordance with local, state and federal laws, rules and guidelines.

II. Code of Professional Responsibility

PREAMBLE

The Code of Professional Responsibility (Code) mandates that BOC credential holders and applicants act in a professionally responsible manner in all athletic training services and activities. The BOC requires all Athletic Trainers and applicants to comply with the Code. The BOC may discipline, revoke or take other action with regard to the application or certification of an individual that does not adhere to the Code. The Professional Practice and Discipline Guidelines and Procedures may be accessed via the BOC website, www.bocatc.org.

Code 1: Patient Care Responsibilities

The Athletic Trainer or applicant:

1.1 Renders quality patient care regardless of the patient's age, gender, race, religion, disability, sexual orientation, or any other characteristic protected by law

1.2 Protects the patient from undue harm and acts always in the patient's best interests and is an advocate for the patient's welfare, including taking appropriate action to protect patients from healthcare providers or athletic training students who are, impaired or engaged in illegal or unethical practice

1.3 Demonstrates sound clinical judgment that is based upon current knowledge, evidence-based guidelines, and thoughtful and safe application of resources, treatments and therapies

1.4 Communicates effectively and truthfully with patients and other persons involved in the patient's program, while maintaining privacy and confidentiality of patient information in accordance with applicable law

1.4.1 Demonstrates respect for cultural diversity and understanding of the impact of cultural and religious values

1.5 Develops and maintains a relationship of trust and confidence with the patient and/or the parent/guardian of a minor patient and does not exploit the relationship for personal or financial gain

1.6 Does not engage in intimate or sexual activity with a patient and/or the parent/guardian of a minor patient

1.7 Informs the patient and/or the parent/guardian of a minor patient of any risks involved in the treatment plan

1.7.1 Does not make unsupported claims about the safety or efficacy of treatment

Code 2: Competency

The Athletic Trainer or applicant:

2.1 Engages in lifelong, professional and continuing educational activities to promote continued competence

2.2 Complies with the most current BOC recertification policies and requirements

Code 3: Professional Responsibility

The Athletic Trainer or applicant:

3.1 Practices in accordance with the most current BOC Practice Standards

3.2 Practices in accordance with applicable local, state and/or federal rules, requirements, regulations and/or laws related to the practice of athletic training

3.3 Practices in collaboration and cooperation with others involved in a patient's care when warranted; respecting the expertise and medico-legal responsibility of all parties

3.4 Provides athletic training services only when there is a reasonable expectation that an individual will benefit from such services

3.5 Does not misrepresent in any manner, either directly or indirectly, their skills, training, professional credentials, identity, or services or the skills, training, credentials, identity or services of athletic training

3.5.1 Provides only those services for which they are prepared and permitted to perform by applicable local, state and/or federal rules, requirements, regulations and/or laws related to the practice of athletic training

3.6 Does no guarantee the results of any athletic training service

3.7 Complies with all BOC exam eligibility requirements and ensures that any information provided to the BOC in connection with any certification application is accurate and truthful

3.8 Does not possess, use, copy, access, distribute, or discuss certification exams, score reports, answer sheets, certificates, or applicant files, documents, or other materials without proper authorization

3.9 Takes no action that leads, or may lead, to the conviction, plea of guilty or plea of nolo contendere (no contest) to any felony or to a misdemeanor related to public health, patient care, athletics, or education; this includes, but is not limited to: rape, sexual abuse or misconduct; actual or threatened use of violence; the prohibited sale or distribution of controlled substances, or the possession with intent to distribute controlled substances; or improper influence of the outcome or score of an athletic contest or event

3.10 Reports any suspected or known violation of applicable local, state and/or federal rules, requirements, regulations and/or laws by him/herself and/or by another Athletic Trainer that is related to the practice of athletic training

3.11 Reports any criminal convictions (with the exception of misdemeanor traffic offenses or traffic ordinance violations that do not involve the use of alcohol or drugs) and/or professional suspension, discipline, or sanction received by him/herself or by another Athletic Trainer that is related to athletic training

3.12 Cooperates with BOC investigators into alleged illegal or unethical activities. Cooperation includes, but is not limited to, providing candid, honest, and timely responses to requests for information

3.13 Complies with all confidentiality and disclosure requirements of the BOC and existing law

3.14 Does not endorse or advertise products or services with the use of, or by reference to, the BOC name without proper authorization

Code 4: Research

The Athletic Trainer or applicant who engages in research:

4.1 Conducts research according to accepted ethical research and reporting standards established by public low, institutional procedures and/or the health professions

4.2 Protects the human rights and well-being of research participants

4.3 Conducts research activities intended to improve knowledge, practice, education, outcomes, and/or public policy relative to the organization and administration of health systems and/or healthcare delivery

Code 5: Social Responsibility

The Athletic Trainer of applicant:

5.1 Strives to serve the profession and the community in a manner that benefits society at large

5.2 Advocates for appropriate health care to address societal health needs and goals

Code 6: Business Practices

The Athletic Trainer of applicant:

6.1 Does not participate in deceptive or fraudulent business practices

6.2 Maintains adequate and customary professional liability insurance

6.3 Acknowledges and mitigates conflicts of interest

Duties and Responsibilities of the Certified Athletic Trainer

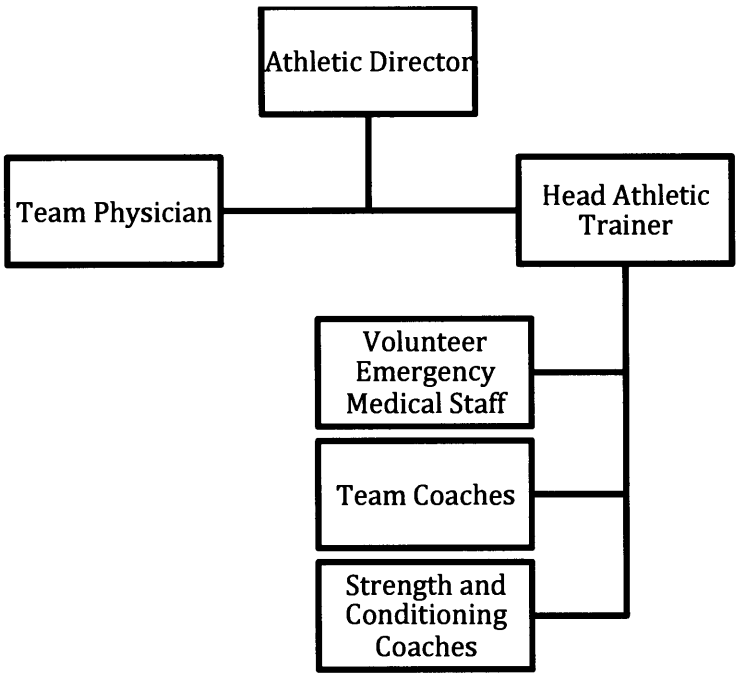
Certified athletic trainers (ATs) are health care professionals who collaborate with physicians to optimize participation and safety of patients. The profession of

athletic training encompasses the prevention, diagnosis, and intervention of emergency, acute, and chronic medical conditions. (NATA.org, 2013)

The Maria Carrillo High School Athletic Trainer and facilities operates under the supervision of the high school principal, consulting physician, and student-athlete's personal physician, in collaboration with the Athletic Director. Initial evaluation, first aid care, appropriate referral(s) of injuries, assessment, treatment, rehabilitation and disposition of minor injuries, as well as injury prevention and education shall be conducted by the certified athletic trainer as part of the daily operation of the athletic training facilities. The athletic trainer will perform emergency medical care, as needed, to any athlete at home events and coordinate emergency services with local emergency personnel.

Personnel

Chain of Command



Communication

Proper communication is critical for high quality and progressive health prevention and care to its student-athletes. The athletic trainer will maintain communication with the athletic director, coaching staff, parents/guardians, and physicians concerning student-athletes' injuries and activity levels.

Athletic Director:

The supervisor of the athletic trainer, coaching staffs, and medical volunteers involved in MCHS athletics. The athletic director will be notified of all serious injuries and the actions taken to care for them. The athletic director may have final say over a student-athlete's participation depending on the unique situation.

School Nurse/ Psychologist:

Communication between the campus nurse and psychologist becomes necessary when a student-athlete's injury effects school work or emotional state. Proper communication and referrals are needed for individual injuries.

Coaches:

Proper communication is essential to a positive athletic trainer/coach relationship. The coach should be kept informed on the injury status of all their athletes. Common courtesy, respect, and ethics are necessary for the safety and proper care of athletes. Recognize that the head athletic trainer has the ultimate authority regarding the safety and health of all student-athletes during scheduled practices and competition. In the event of injury or illness, the head coach or the coach in charge of a specific group will be given the student-athlete's status as soon as possible. All head coaches, assistant coaches, and volunteer coaches, must be CPR/First Aid/AED certified and act as a First Responder in the absence of a Certified Athletic Trainer. It is the expectation of the athletic training staff that coaches will not attempt to evaluate, treat, or rehabilitate athletic injuries/illnesses.

Local Physicians and Medical Professionals:

The Athletic Trainer works closely with local physicians (MD/DO), EMTs, and Physical Therapists to provide comprehensive medical care for Maria Carrillo High School student-athletes. The physicians supervise the athletic trainers care of athletic injuries, insure a safe environment for the student-athletes' participation, and are accessible to the team AT for consultation. Physicians participate in pre-season physical examinations. Following an injury requiring medical care, both the physician and the AT must approve the athlete's return to play. Volunteer physicians, paramedics, and other medical professionals are greatly appreciated at all home and away competitions for MCHS athletics.

Parents:

Communication of a student-athlete's parent(s)/ guardian(s) is mandatory for all injuries requiring more than general first-aid. It is the parent's responsibility to notify the athletic trainer if his or her student-athlete has a disease, serious ailment, or chronic injury that requires modification of participation or medication. This information should be stated in the pre-participation exam and emergency information card and is used in order to reduce the risk of a life-threatening situation.

Student-Athletes:

Student-athletes are responsible for communicating with their athletic trainer, coaches, and parent(s)/guardian(s). Communication includes acute or chronic injuries, disease, required accommodations to participation, as well as, concerns regarding their health as it applies to their sport.

List of Local Medical Specialists

North Coast Concussion Management:

Ty Affleck, MD
Santa Rosa Sport & Family Medicine
707-546-9400

Todd Weitzenberg, MD
Kaiser Permanente Sports Medicine
707-393-2255

Robert Neid, MD
Kaiser Permanente Sports Medicine
707-393-2255

Steve Wolf, MD
Sutter Pacific Health Foundation
707-521-7777

Telephone Numbers & Addresses

Maria Carrillo High School
6975 Montecito Blvd.
Santa Rosa, Ca 95409
707-528-5790

Santa Rosa City School District
211 Ridgeway Ave.
Santa Rosa, Ca 95401
707-528-5388

Certified Athletic Trainer
Stephanie Patterson, ATC

707-889-1695

Medical or Emergency Assistance

Emergency	911
Counseling Center	707-528-5449
Health Center	707-528-5459

Coaches' Contact Information

Football:
Head Coach- Jay Higgins

Women's Soccer:
Head Coach- Debra LaPrath

Men's Soccer:
Head Coach- Mike Mastin

Volleyball:
Head Coach- Ally Deal

Cross Country:
Head Coach- Greg Fogg

Women's Tennis:
Head Coach- Bob Harbaugh

Women's Basketball:
Head Coach- Kris Mahiri

Men's Basketball:
Head Coach- Will Parker

Wrestling:
Head Coach- Tim Bruce

Baseball:
Head Coach- Derek DeBenedetti

Softball:
Head Coach- Bethany Magnusen

Badminton:
Head Coach- Trevor Brady

Swimming/Dive:
Head Coach- Rick Niles

Men's Golf:
Head Coach- Jerry Deakins

Men's Tennis:
Head Coach- Bob Klyce

Local Athletic Trainers

Montgomery High School

Melissa Gueretta, MA, ATC

Elsie Allen High School

Jodi Grinsell, ATC

Santa Rosa High School

Matthew Tsurumoto, ATC

Casa Grande High School

Heather Campbell, ATC

Piner High School

Troy Holland, ATC

Petaluma High School

Local Athletic Directors

Maria Carrillo High School
Mike Mastin

Jerry Deakins

Montgomery High School
Dean Haskins 707-535-4686

Santa Rosa High School
Kenny Knowlton

Bryan Price

Elsie Allen High School
Madison Lott

Piner High School
Trish Delzell

Windsor High School
Jeff Hardie

Casa Grande High School
Rick O'Brien 707-778-4681

Petaluma High School
Kathryn Teeter

Cardinal Newman High School
Jerry Bonfigli

Dave Geoffrion

Ukiah High School

General Policies

Update June 2016

Athletic Training Facility (ATF) Hours

The Athletic Training Facility (ATF) at Maria Carrillo High School is located next to the Boys' and Girls' Locker Rooms. This facility is utilized for all student-athlete evaluations, treatments, and rehabilitations of sport-related injuries. The athletic training facility will be open for an average of 40 hours a week. The ATF will be open during the following hours based on each athletic season schedule. During school breaks and for summer camps, the ATF will be open on a preplanned schedule that will be posted before the break or camp begins. All hours are subject to change based on the amount of competition each week and the schedule of the athletic trainer.

Fall Season

Monday: 1:45 PM - 7:30 PM or 30 minutes after the completion of competition

Tuesday, Wednesday, Thursday, & Friday: 2:30 PM – 7:30 PM or 30 minutes after the completion of competition

Saturday: From 45 minutes prior to competition to 30 minutes after the completion of competition

Sunday: No coverage

Football practice will be covered by the ATC when there is not a home competition.

Winter Season

Monday: 1:45 PM - 7:30 PM or 30 minutes after the completion of competition

Tuesday, Wednesday, Thursday, & Friday: 2:45 PM – 7:30 PM or 30 minutes after the completion of competition

Saturday: From 45 minutes prior to competition to 30 minutes after the completion of competition

Sunday: No coverage

Spring Season

Monday: 1:45- 7:30 PM or 30 minutes after the completion of competition

Tuesday, Wednesday, Thursday, & Friday: 2:30 PM – 5:30 PM or 30 minutes after the completion of competition

Saturday: From 45 minutes prior to competition to 30 minutes after the completion of competition

Sunday: No coverage

***Conditioning workouts, weight-lifting workouts, and individual skill instruction sessions will **NOT** be covered by Athletic Training Staff. ***

Away Competitions

The Maria Carrillo High School Athletic Training Department will do our best to provide medical coverage (home and away) for all of MCHS teams. The Certified Athletic Trainer with travel with the varsity football team for most away games of the season. Accommodations for other MCHS teams may occur when requested within 48 hours of the competition. Game coverage needs will be based on the following:

- Potential risk of injury
- Traditional or non-traditional seasons
- Competition or practice
- Is it a MCHS hosted event
- Number of events taking place at a given time and availability of the certified athletic trainer

Schedule Changes

Coaches should send their season practice and game schedules to their certified athletic trainer as soon as they are finalized. It is the head coach's responsibility to contact their certified athletic trainer with practice times and/or schedule changes. The certified athletic trainer must be informed of practice and

competition schedules at least 24 hours prior to the event. Competition and practice may not be covered if the certified athletic trainer is informed less than 24 hours in advance.

Practices occurring over holiday periods or finals weeks must be set up a minimum of one week prior to the practice period. Practices over Winter Break must be set up prior to finals week. Scheduling must be made in writing to the certified athletic trainer.

The Sports Medicine Staff cannot cover unofficial or "captain's practices."

Teams regularly practicing off-campus will not be covered. The team will have contact with the AT by phone, if necessary.

Athletic Training Facility Policies

The Maria Carrillo High School Athletic Training Department will be responsible for any medical services, within the scope of the Certified Athletic Trainer, for student-athletes if the student-athlete is preparing for or injured in practice and/or a competition, which is under a coach's supervision. The word injury applies only to ailments that are caused by the participation in a Maria Carrillo High School practice and/or competition whether on campus or not. The process for ensuring quality medical service is as follows:

- The athletic training room staff will only provide medical coverage as defined by the National Athletic Trainers' Association.
- In the Maria Carrillo High Athletic Training Facility, taping will be administered on a "first come, first serve" basis.
    - Treatment and any new injury evaluation will be performed after student-athletes needing tape or wraps are at practice.
    - An emergency situation will be handled immediately.

- All student-athletes receiving treatments/rehabilitations in the athletic training room must sign in prior to there designated treatment/rehabilitation occurring.
- Student-athletes need to arrive early for practice and allow time before practice for taping, treatment, or rehabilitation.
- It is the student-athlete's responsibility to be on time to practice when needing treatment or taping in the athletic training room.
- Access to a student-athlete's medical information will be limited to the individual, individual's parent(s)/guardian(s), certified athletic trainer, and team/individual's physician unless otherwise permitted by the student-athlete and his or her parent(s)/guardian(s).
- In the event of an emergency requiring transportation to an advanced medical facility the student-athlete may only be transported in an ambulance or by other means of transportation deemed appropriate by the student-athlete's parent(s)/guardian.
- Any student-athlete that has seen a physician must provide written documentation from said physician before being allowed to return to participation.
    - Documentation must include the individual's diagnosis and return to play status.
- Being released back to participation by a physician does not imply full release back to activity that day.
    - The student-athlete is released back to the athletic trainer and coach for an appropriate progression back to full play.

- If a student-athlete sustains an injury that requires more than basic first aid treatment, the athletic trainer will contact the student-athlete's parent(s)/guardian(s) via phone call or in person.

Athletic Training Facility Room Rules

1. The ATF is a medical facility, **NOT A LOUNGE!!** If you are not receiving treatment or being taped, you will be asked to leave.
2. Student-athletes will be treated on a first come first serve basis on practice days. On game days away game student-athletes will receive treatment first, followed by home game student-athletes, and then lastly those who have practice.
3. Do not take anything from the ATF without permission.
4. No cleats, turf shoes, or other outdoor shoes are permitted in the ATF.
5. No shoes are to be placed or worn on the taping and treatment tables.
6. The ATF is a coeducational facility. Minimum dress of shirts and shorts is required at all times, unless removal is necessary for medical treatment.
7. Profanity, inappropriate, and other derogatory/abusive language will not be tolerated.
8. **No** sunflower seeds or other messy food will be permitted in the ATF.
9. Do not help yourself to supplies without permission.
10. Student-athletes may not go through the desk, cabinet, or file cabinet without permission.
11. If you see a physician, you **must** bring a written note of clearance or restriction to the certified athletic trainer **before** heading to practice or competition.
12. Cell phones and other electronic devices will NOT be permitted in the ATF
13. Make sure you give yourself enough time to get taped before practices and games. The ATF is not an excuse to be late

Athletic Training Facility Responsibilities

Regular Tasks:

Tasks that need to be done daily:

- Stock supply counters, and cabinets
- Clean treatment tables
    - At the beginning of the day
    - After taping and each evaluation
    - At the end of the day before leaving
- Remove Tuf-Skin from table edges
- Check emergency equipment (i.e. AED battery)
- Wash dirty towels in laundry room
- Check the ice machine for ice production and quality
- File paperwork into file cabinet
- Make copies of commonly used forms if needed
- Clean and organize coolers and ice chests
- Clean whirl pools
- Maintain rehabilitation equipment
- Take out trash
- Clean up desk
- Sweep/ mop floor
- Check mailbox in Attendance Office

Tasks that need to be done Monthly:

- All daily tasks
- Clean refrigerator
- Take an inventory of supplies and stock
- Disinfect floor
- Check the medical kits and restock if necessary

Tasks that need to be done Yearly:

- All daily and monthly tasks
- End of year inventory
- Change filter in ice machine and maintenance if needed
- Write grants for wish-list items
- Order new supplies for next year

Cleaning Procedures:

Treatment Tables and Rehab Equipment:

Treatment tables are to be cleaned after every use and at the end of each day. Use a sanitation spray; follow the directions as stated on container label. Rehabilitation equipment should be cleaned regularly using proper cleaning solutions for the material type.

Coolers and Water Bottles:

- Coolers must be cleaned every day following use, or as needed following every possible contamination using a diluted solution of household dishwashing soap or other appropriate cleaner.
- Coolers are to be cleaned in the following manner:
    - Squirt the soap inside and outside the cooler and inside the cooler top/lid.
    - Partially fill the cooler with hot water.
    - Use the scrub brush/sponge to thoroughly scrub the inside and outside of the cooler and the inside and outside of the cooler top/lid.
    - Allow the soapy solution to circulate through the cooler spigot.
    - Thoroughly rinse the cooler and cooler top/lid using hot water.

    - Allow the hot water to circulate through the cooler spigot for rinsing.
    - Coolers should be towel dried and then allowed to air dry.
    - Store coolers upside down in the designated storage area.
- Water bottles, water bottle lids, and carriers must be cleaned and disinfected every day following use, or as needed following every possible contamination using a diluted solution of household dishwashing detergent or other appropriate cleaner.

Professionalism

Medication Policy

- AT's will not distribute any supplements or over the counter medication (aspirin, Tylenol, Advil, Tums, etc.) to any student-athlete.

- It is the student-athlete and parent's responsibility to obtain an extra inhaler or Epi-pen for the student-athlete.
    - Medications must be labeled specifically with the medication, its proper dose, the prescribing physician and the name of the student-athlete it is prescribed to.
    - Each medication may only be taken by the student-athlete whom it was prescribed to.

Visiting Team Policy

Student-athletes from visiting teams will be extended the same courtesy, service, and respect as the student-athletes from Maria Carrillo High School. Visiting teams will have the opportunity to utilize athletic training facilities and equipment before and after competition with permission of Maria Carrillo High School's athletic trainer and/or athletic director.

Professional Attire

The clothing one wears and the manner in which he/she wears them is directly related to job performance due the image projected to the student-athletes, coaches, students, parents and community. Presenting oneself with professionalism in dress and manner is a proven way to acquire respect from others. Dress code restrictions have been implemented to encourage professionalism, safety, and functionality.

Maria Carrillo High School Colors: Green, gold and black

ATR and Practice Attire:

T-shirts:

Maria Carrillo High School related. Clean without holes, tears, or stains. Tank tops, cut-off sleeves, half-shirt, or plunging necklines are not allowed.

Shoes:

Clean, comfortable, and closed-toed athletic shoes or equivalent must be worn at all times while working. Sandals, clogs, and open-toed shoes are not permitted for safety reasons. The shoes worn must be functional and safe for the Athletic Trainer and the gym floor surface

Shorts:

Shorts must be of conservative length at least 1/2 - 3/4 thigh length. Cut-off shorts regardless of length are not allowed.

Jeans:

Jeans may not be worn for event coverage, but may be worn while working in the athletic training facility and at practice. Jeans must be clean and without obvious signs of wear (holes, rips, etc). Jeans should be plain with no beads, sequins, or other adornments and standard cuffs.

Watches:

Must be worn at all times while working.

Hats:

Allowed for outside events/coverage ONLY.

Hair:

Should be professional. It should not interfere with work and should be clean and kept out of face/eyes.

Grooming:

Keep in mind that you have patient contact and fingernails should be kept at a safe, workable length. No chipped fingernail polish.

Jewelry:

Should be conservative and safe for you and the student-athlete.

Game Day Attire:

Polo:

A polo shirt is the only top to be worn during athletic competitions. Must be in a MCHS school color.

Khaki Pants:

Khaki pants are to be worn during athletic competitions. Must be clean, neat, and functional. Shorts of appropriate length may be worn outside during warm weather.

Cold Weather Apparel:

Jackets and long sleeve base layers under the polo shirt may be worn during cold weather. Must be clean, without holes or tears, and plain in design. Only MCHS school colors permitted.

Shoes:

Clean, comfortable, and closed-toed athletic shoes or equivalent must be worn at all times while working. Sandals, clogs, and open-toed shoes are not permitted for safety reasons. The shoes worn must be functional and safe for the Athletic Trainer and the gym floor surface

Watches:

Must be worn at all times while working.

Hats:

Allowed for outside events/coverage ONLY.

Hair:

Should be professional. It should not interfere with work and should be clean and kept out of face/eyes.

Grooming:

Keep in mind that you have patient contact and fingernails should be kept at a safe, workable length. No chipped fingernail polish.

Jewelry:

Should be conservative and safe for you and the student-athlete.

Athletic Training Students

General Conduct and Ethics/Professionalism

As an athletic trainer professional conduct is necessary. It is important to understand that people are always watching you. Athletic trainers are in the public eye, and should act in a manner that reflects highly on the entire profession. Members of the athletic training profession assume responsibilities towards everyone they come in contact with and commit themselves to upholding the professional ideals.

As Maria Carrillo High School athletic training students, you should develop a sense of loyalty to the school, the athletic department, and the nation and local organizations. Athletic training students should adhere to the NATA code of ethics, the BOC Standards of Professional Practice, the Maria Carrillo High School campus policies, the Maria Carrillo High School Code of Conduct, and the laws governing the United States of America.

On/Off the Field Conduct

1. Take initiative and pay attention to details
2. Don't assume
3. When in doubt, ask questions
4. Dress neatly; keep your shirt tucked in. Smile, we are onstage.
5. Always practice positive eye contact
6. Create a positive work environment. Practice teamwork
7. Escort athletes rather than pointing out directions
8. You are here to learn, participate, improve your work ethic and develop your creative ability.
9. Respond to the needs of others in a timely manner
10. While attending games, ATSs should remain very alert, attentive to the needs of athletes, and locate themselves nearby to activities. Generally,

the ATSs should stand adjacent to the game area and appropriately interact with student-athletes (e.g. provide first aid, water, etc.). ATSs are advised against sitting, and prohibited from engaging in sport practice activities like throwing or shooting ball except when required to do so as a component of injury rehabilitation or as approved by the AT.

11. You should be to work on time and not leave until work is done or until you are told to leave.

Dress Code

1. Sports medicine polo. All shirts must be tucked in.
2. Clean shirts that maintain modesty and professionalism. The midsection should be covered at all times.
3. Shorts must be walking shorts. No shorts that compromise modestly and professionalism. Ratty/frayed shorts are not acceptable. They may be khaki or black in color. No jeans!
4. Pants must not be excessively baggy or tight. They may be khaki or black in color. No jeans!
5. Close toed, athletic shoes with socks.
6. Hats must be MCHS logo and may not be worn backwards
7. Wear a watch
8. AT will send ATS home to change clothes if these conditions are not met. Students must return promptly with appropriate attire.
9. In general, all clothing must be appropriately fitting, cleanly laundered, and wrinkle free.

NATA Official Statement on Proper Supervision of High School Athletic Trainers 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 high school students enrolled in sports medicine courses or participating in high 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 of qualified health care professionals.

Official Statement

The NATA recognizes that allowing high 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 that state practice act, BOC Standards of Practice when certified, and Code of Ethics when a member of NATA. These legal and ethical parameters apply when incorporating student aides outside of the classroom and within the activities of athletic programs.

Student aides must be under the direct visual supervision of a licensed/certified athletic trainer when assisting with any athletic training services. Coaches and school administrators must not allow or expect student aides to act independently with regards to the evaluation, assessment, treatment and rehabilitation of injuries. Additionally, is it paramount that student aides not be expected, asked or permitted to make "return to play" decisions. Specifically, student aides must not engage in the following activities:

1. Interpreting referrals from other healthcare providers
2. Performing evaluations

3. Making decisions about treatments, procedures or activities
4. Planning patient care
5. Independently providing athletic training services during team travel

Students interested in becoming an Athletic Training Student must fill out the following paperwork:

Santa Rosa City Schools
Athletic Training Student

Dear Parent/Guardian,

Your child has expressed interest in becoming an athletic training student in the Athletic Training Student Program at Santa Rosa City Schools. This program offers the unique opportunity to participate in the athletic program while acquiring knowledge in prevention, evaluation, treatment, rehabilitation, and health care administration of athletic injuries. The Athletic Training Student Program encourages responsibility, fosters time management skills, hands on experience in athletic training, and provides an opportunity for enhanced personal development and growth. Although this program requires a time commitment, the priority for the student must be academics. We request your assistance in emphasizing this priority.

Please review the ATHLETIC TRAINING STUDENT GUIDELINES and the CONFIDENTIALITY AGREEMENT FORM with your child and then sign the permission slip at the end of this letter. In addition to these forms, any prospective athletic training students must have a current emergency card on file. If you have any questions please feel free to contact your high schools certified athletic trainer at any time.

Thank you for your support.

Sincerely,

Santa Rosa City Schools and Athletic Training Staff

Santa Rosa City Schools
Athletic Training Student

PARENT PERMISSION FORM

Please complete and sign at the bottom of this form. The student and parent must complete the EMERGENCY CARD in order to participate.

Athletic Training Student

Name: _____

DOB: _____

Address: _____

Cell #: _____

Home #: _____

Emergency Contact: _____

Relationship: _____

Phone #: _____

Insurance Provider: _____

Insurance Policy Number: _____

I have read the guidelines and policies regarding the Athletic Training Student Program at Santa Rosa City Schools and give my permission for _____ to participate as an athletic training student.
(Student name)

_____ _____
(Parent/Guardian Signature) (Date)

Santa Rosa City Schools
Athletic Training Student

CONFIDENTIALITY AGREEMENT

I, _____, agree to adhere to the confidentiality of all medical information of any person who is seen in the athletic training room, by the Certified Athletic Trainer, Team doctor, or another athletic training student. I understand that the Health Insurance Portability and Accountability ACT (HIPAA) Law of 1996 protect a person's health information. HIPAA is the national standard for protecting health information whether it is verbal, written, or in electronic form. Any information shared that is protected by HIPAA will result in immediate dismissal from the program.

_____ _____
(Student Signature) (Date)

_____ _____
(Parent/Guardian Signature) (Date)

_____ _____
(Signature of AT) (Date)

If you have any questions regarding this confidentiality agreement form, please do not hesitate to speak with the Certified Athletic Trainer prior to signing.

Record Keeping & Student-Athlete Clearance

Common Medical Abbreviations

A: assessment
AAROM: active assistive range of motion
AROM: active range of motion
ABD.: abduction
Ac: before meals
Act.: active
Add.: adduction
ADL: activities of daily living
Am: morning
Amb: ambulation
ASA: aspirin
ASAP: as soon as possible
BID: twice a day
BP: blood pressure
C1, C2... 1st cervical vert, 2nd cervical vert
CNS: central nervous system
CP: cerebral palsy
CV: cardiovascular
Cm: centimeter
c/o: complains of
cont.: continue
D/C: discontinue
DFM: deep friction massage
DIP: distal interphalangeal joint
Dx: diagnosis
ECG: electrocardiogram
EKG: electrocardiogram
EEG: electroencephalogram
EENT: ears, eyes, nose, and throat
EMG: electromyogram
ER: external rotation
ER: emergency room
Ext.: extension
Flex: flexion
Ft.: foot/feet (unit of measure)
FH: family history
FWB: full weight bearing
Fx: fracture
GI: gastrointestinal
GYN: gynecology
H., hr: hour
Hs: at bed time
H&P: history and physical
HA: headache
Hb, Hgb: Hemoglobin
HP: heat pack
HR: heart rate
Ht: hematocrit
Hx: history
IM: intramuscular
IMP: impression
IR: internal rotation
IV: intravenous
Kg: kilogram
lb: pound (unit of measure)
L: liter
LE: lower extremity
L1, L2.. 1st lumbar, 2nd lumbar
LBP: low back pain
LOC: level of consciousness
LTG: long term goals
m: meter
mg: milligram
min: minute
mo.: month
Meds: medications
MFT: muscle function test
MMT: manual muscle testing
MP/MCP: metacarpophalangeal
Neg (-): negative
NOC: night, at night
N: normal (muscle strength)
NPO: nothing by mouth
NWB: non-weight bearing
Od: once daily
Oz: ounce
O: objective
OB: obstetrics
O.P.: outpatient
pc: after meals
per: by/through
p.o: by mouth

pos (+): positive
poss: possible
post-op: after surgery
pre-op: before surgery
pron: pronation
pt, PT: patient
P: poor (muscle strength)
P: plan
Phx, PH: past history
PNF: proprioceptive neuromuscular facilitation
PRE: progressive resistive exercise
PROM: passive range of motion
PT: physical therapy
PWB: partial weight bearing
q: every
qd: every day
qh: every hour
qid: four times a day
qn: every night
qt: quart
re: regarding
resp: respiration
RA: rheumatoid arthritis
RBC: red blood count
r/o: rule out
US: ultrasound
UV: ultraviolet
v.o: verbal orders
v.s.: vital signs
wk: week
W/cm2: watts per centimeter squared
WBC: white blood count
WNL: within normal limits
y/o: years old
yr: year
↓: decrease, down
↑: increase, up
~: approximately
@: at
<: less than
>: greater than
=: equals
≠: uneven, not equal to
#: number
/: per
%: percent
&: and

Daily Treatment Logs

The athletic training staff will keep *Daily Treatment Logs* in the athletic training facility (ATF). Student-athletes must sign-in upon their arrival into the ATF. The date, their name, and reason for stopping by must be entered into the log. The athletic trainer will fill in the service/s received section.

Injury Documentation

All injuries, no matter how big or small, are to be recorded on an injury report form. The SOAP form is the preferred method. SOAP stands for subjective, objective, assessment, and plan of action. Always fill out the injury

report and progress notes in blue or black ink. Never scribble or white out anything recorded.

Athletic training staff will ensure that each student-athlete who receives an injury evaluation will have an *Athletic Injury Evaluation* form completed and filed. A copy of this form will be filed in the cabinet in the correct sports team's file. All medical records will be secured under double-locked conditions as per HIPAA regulations.

There are many ATF-related forms used for documentation. If any forms or chart notes are filled out they must be done in ink (no pencil). Corrections are made by using a single line through the error and initialing the correction. White-out or blacking out any information is prohibited. A student-athlete's file is confidential and not to be shown to others. All injury forms are to be properly completed and legible. Proper terminology and abbreviations are to be used at all times.

Maria Carrillo High School (MCHS) also uses the online system, Sportsware. Records will be entered into the system, printed, signed, and added to the athlete's file.

1. Record all the pertinent information such as the athlete's full name, today's date, sport, injury date, and site of accident (i.e. Football practice field, baseball field, track, gym, tennis court, etc.). Record injury background information: mechanism, season, position, level (JV or Varsity), and activity (practice, game, conditioning, non-sports related)
2. Subjective information is the first step in the process. In this step, identification of the complaint and/or problem occurs. Getting a good history is essential.

3. Objective information is the collection of formal tests and measurements. Objective information also includes observation about the general condition of the area. You must record the findings of the examination in a precise and consistent form using appropriate and acceptable nomenclature. Be sure to include negatives as well as positive findings
4. At the end of your objective phase, you must make an assessment. Be careful to record the exact anatomical site of the injury, the type of injury, the degree of injury, and the determined mechanism of the injury
5. The Plan of Action reports what immediate steps were taken or are to be taken and may also set forth an outline of future plans. This includes short-term and long-term goals for the student-athlete. Patient education, instruction, and any orthopedic appliances (crutches, splints, etc.) should be noted

SOAP Notes for Daily Treatment

Subjective (S): This is the interview portion with the patient (Student-Athlete), and includes the student-athlete's history (Hx), chief complaint (c/c), or complains of (c/o), mechanism of injury (MOI), injury onset, and treatments attempted (Tx), limitations, and prescriptions (Rx) taken, and previous history of injury to the area. This is what the athlete tells you.

Objective (O): This is the portion where measurements and the daily treatments are recorded. Point tenderness, deformities, swelling, ecchymosis, range of motion (ROM), manual muscle testing (MMT), neurovascular testing, gait, balance, girth measurements, vital signs, special tests, and functional tests are recorded

Assessment (A): This portion includes what the actual injury is and/or surgical procedure performed, problem list, and patient compliance

Plan (P): This portion includes short-term and long-term treatment goals and how you will achieve them.

**Notes from the athlete's physician should be given to the head athletic trainer regarding all injuries. All injuries occurring during MCHS athletics participation should be evaluated by the athletic trainer. Any student-athlete having to miss 2 consecutive days of practice due to injury may require a physician's evaluation to help determine the extent of an injury or illness.

Student-Athlete's Files (completed once per academic year):

12. Parental acknowledgement and consent for treatment *
13. Student-Athlete's medical history form*
14. Pre-participation physical (should be kept on file with the athletic director)
15. Parent and student-athlete signed concussion fact sheet*
16. Personal medical insurance documentation
17. Emergency contact information*
18. HIPAA and FERPA authorization*

*See appendices for forms

Emergency Contact Form

In addition to the emergency contact information kept with the Athletics Secretary, student-athletes and their parents must fill out an emergency contact and allergy form for the Athletic Training Department each season. These forms are maintained by the athletic trainer for each team and kept in the medical kit during competitions.

Pre-participation Medical Examination

The California Interscholastic Federation (CIF) requires an annual Pre-Participation Physical Examination by a health practitioner for all student-athletes before the student engages in a tryout, practice, game, or competition (CIF Bylaw

308). The PPE form must be approved by the school's governing board and MUST contain a family history.

The primary objectives of the PPE are to:

- Screen for medical or musculoskeletal conditions that may predispose a student-athlete during training or competition
- Detect potentially life threatening or disabling medical or musculoskeletal conditions
- Meet legal, insurance, and administrative requirements

The secondary objectives are to:

- Determine general health
- Provide opportunity to initiate discussion and lifestyle issues (proper training, weight control, tobacco use, drinking and driving, drug use, seat belt use, STD prevention, and birth control)
- Serve as an entry point into the healthcare system for adolescents

Maria Carrillo High School PPE:

1. The Maria Carrillo High School Athletic Department requires all student-athletes to receive medical approval from the Athletic Training Department BEFORE a student-athlete is issued equipment and/or permitted to attend any practice, strength and conditioning sessions, and/or compete in any high school athletic events. The pre-participation physical examination must be administered by a **Medical Doctor, Nurse Practitioner, or Osteopath.** PPE's administered by Chiropractors will not be accepted. This procedure must be done on an annual basis.
2. The MCHS Athletic Department requires all student-athletes participating in high risk athletics to complete the concussion education and ImPACT baseline concussion testing PRIOR to being issued any equipment and/or permitted to attend any practice, strength and conditioning sessions, and/or compete in any high school athletic events

3. Forms (See Appendix)
    a. Medical History Questionnaire (completed prior to seeing physician)
    b. Primary Insurance and Emergency Contact Information
    c. Assumption of Risk and Release of Liability
    d. Proof of Insurance Coverage
    e. Current Medication Sheet
    f. Consent to Treat
    g. Athletic Physical Examination
    h. Concussion History Form
    i. Symptoms Check List for Concussions
    j. Santa Rosa City Schools Waiver Form- must be completed in full, signed and dated, and on file with the Athletic Office prior to the athlete's participation in any school-sponsored practice, scrimmage or game
4. Athletic packets are to be returned to the Athletic Director prior to their athletic season. Upon successful completion of the PPR and the ImPACT baseline concussion test, the student-athlete is then medically cleared
5. Students who do not receive their medical clearance forms over the summer can attain them from the MCHS website or in the main office
6. If, for any reason, the student-athlete is not medically approved for high school athletics participation, he/she will be notified by the MCHS Sports Medicine Department or the student-athlete's Medical Doctor, Nurse Practitioner, or Osteopath
7. Individuals identified with a pre-existing condition may become medically approved. Such individuals will be allowed to participation in athletics if their parent/guardian sign the Pre-Existing Condition Waiver and Release
    a. Any injury and their related costs resulting from the injury designated in the Pre-Existing Condition Waiver and Release will be the sole financial responsibility of the student-athlete and parent/guardian

8. Any changes in an athlete's medical history, insurance coverage, or ability to participate should be reported to the athletic trainer or health office immediately

Student-Athlete Insurance

Under state law, school districts are required to ensure that all members of school athletic teams have accidental injury insurance that covers medical and hospital expenses. This insurance requirement can be met by the school district offering insurance or other health benefits that cover medical and hospital expenses. Some pupils may qualify to enroll in no-cost or low-cost local, state, or federally sponsored health insurance programs. (California Education Code 32221.5. (a)) Maria Carrillo High School Athletics Department ensures that every student-athlete has at least one thousand five hundred dollars ($1,500) for all medical and hospital expenses before a student-athlete is allowed to participate.

Athletic Clearance Process

Prior to try-outs and athletic participation student-athletes must fill out all required forms and documents and have them turned into the Athletics Secretary for approval. Each student-athlete must complete the following actions before participating in Maria Carrillo High School Athletics:

- Student-athlete must obtain the Athletic Packet from the athletic directors, athletic trainer, or front office
- Student-athletes bring their completed paperwork to the athletic director.
- The athletic director checks each document and then clears the student-athlete, returning a clearance document to the student-athlete that they will present to his or her coach, verifying he or she is cleared to participate.

Injury Clearance

If an injured payer is sent to a Physician, the Physician will determine when the injury is healed enough that the athlete may return to participation

Once an athlete has been cleared and can return to play by a physician, the student-athlete MUST give the AT a note from the physician stating that they are cleared to return to their sport

If a student-athlete is suspected of sustaining a had injury, they are required by law (AB-25) to see a licensed health care professional who is trained in the management of concussions for medical clearance. The student-athlete must bring the AT a note from their doctor stating that they are cleared to begin the return to play protocol, and a second note stating that they are cleared for full participation.

Injuries

Maria Carrillo High School Athletic Injuries

If a Maria Carrillo High School student-athlete is injured during a MCHS athletic event (try-out, practice, game), they will be treated by the MCHS Sports Medicine Department. The certified athletic trainer (AT) will refer the student-athlete to their physician if necessary. The AT or coach will need to submit a completed "Incident Report" form to the health office.

Visiting Team Injuries

If the injured person is visiting team member from another high school for the purpose of competition with MCHS, they will be treated as a MCHS student-athlete would be treated. If the visiting team is traveling without an AT, the MCHS AT will contact the visiting school's AT or Athletic Director with information regarding the injury and what actions were taken provided that the athlete signs the release of information paperwork.

Non-MCHS Athlete Injuries

If an individual is injured that is neither a visiting high school athlete, nor an MCHS athlete and the AT is requested to give aid, the following procedures should be used:

1. Provide only immediate first aid, i.e. ice, stop bleeding, CPR, etc.
2. Inform the person that he/she is liable for all medical bills
3. Notify the appropriate authorities; Police, EMS, Student Health Service
4. Recommend that they see a physician if emergency care is not necessary
5. Record in Non-MCHS Athlete Injury File
6. Notify appropriate personnel

Non-Athletic Related Injuries

If a MCHS student-athlete is injured outside of practice/game and the AT is called or the athlete comes to the ATF, the following procedures should be used:

1. Provide only immediate first aid, i.e. ice, clean wounds, brace, etc.
2. Inform student-athlete that he/she will be liable for all medical bills
3. If an ambulance is required, call only if requested. It is the student-athlete's financial responsibility
4. Record the information in student-athlete's file
5. Notify appropriate personnel

First Aid Procedures for Spectator Injuries During Home Contests

For life threatening injuries, the AT will assist in helping the injured person and contact EMS if necessary. As soon as the situation is determined to be life-threatening, and the AT begins treating the injured person, the head coach will stop the contest until the AT releases the situation to qualified personnel. ATs will follow pre-determined emergency action plans developed for each venue. In situations in which spectators are not compliant to the AT's suggestions or advice, campus administrators will be informed and will write up a report.

First Aid During Road Trips

When traveling with athletic teams, athletic training and coaching personnel must comply with all established blood born pathogen regulations. In order to comply with said regulations, staff must have protective equipment such as gloves, gauze, and safety shields available with them at all times during travel. When caring for MCHS personnel in such travel situations, staff are covered by the Santa Rosa City School District, as they would be while working on campus. If staff choose to assist non-MCHS persons while traveling to or from a MCHS

function, they do so as a volunteer and are not covered by the School District, but are encouraged to follow blood borne pathogen regulations.

Guidelines for Transportation of Injured Athletes

When an athlete is injured either in or out of season and the decision is made to transport the athlete to the hospital for care, 911 should be called if the following criteria are met:

1. The athlete is unconscious, or lost consciousness at any time due to trauma
2. The athlete has lost the ability to breathe at any time
3. The athlete has no pulse at any time
4. The athlete has severe bleeding (i.e. arterial bleeding) that is uncontrollable
5. The athlete is suspected of having any vertebral injury in which immobilization (spine boarding) is required
6. The athlete has an obvious fracture that has presented itself as needing emergency medical care (i.e. compound fracture, contracture, etc.)
7. If the athlete's injury requires extrication or removal of an impaled object (i.e. from a fence, or throwing implement)
8. If there is any life threatening condition (i.e. heat stroke, severe bleeding, shock, etc.)
9. If movement of the athlete would exacerbate the athlete's condition
10. If the AT will be understaffed if someone were to transport the athlete themselves

Responsibilities of the Student-Athlete

In order for all student-athletes to receive complete medical benefits, the following procedures must be followed:

1. For illness/injury occurring while not at practice, the student-athlete should notify the AT immediately

2. Upon receiving any injury during practice or game (no matter how slight), the student-athlete must report immediately to the AT
3. Report all new injuries/illness problems to the AT by the next day
4. AT must notify the student-athlete's head coach or position coach of all injuries/illnesses
5. Injured student-athletes must follow these listed steps:
    a. Athlete receives an evaluation
    b. Referral to ATF for recommended treatment or to their physician for additional evaluation
    c. Go to ATF for recommended treatment or rehabilitation daily
6. Return to practice or competition after approval by AT and/or physician
7. If emergency treatment is required while an athlete is away from campus, it is the responsibility of the coach to contact the host school's AT or host physician (if available) to have the student-athlete receive necessary treatment
8. If emergency treatment is required while a student-athlete is injured during scheduled practice when the ATF is closed, it is the responsibility of the coach or the student-athlete to call EMS, then contact the student-athlete's parent/guardian

Evaluation of Injuries

The outstanding consideration in the treatment of athletic injuries is early detection, ascertaining the nature of the injury, and its degree of severity. The optimum time to examine an athlete for injury is as soon as possible after it occurs.

The following steps in injury evaluation:

1. Obtain subjective information:
    a. History → how the injury occurred
    b. Pain: severity, type, location

   c. What did the student-athlete hear/feel
   d. What they've done for current injury
   e. Previous injuries to body part
2. Obtain objective information:
   a. Palpation → obvious deformities, pain, etc.
   b. Observation → swelling, ecchymosis, obvious deformities, etc.
   c. Range of Motion → active, passive, and resistive
   d. Manual Muscle Testing
   e. Neurovascular
   f. Special Testing
3. Make an assessment based on history and findings
4. Make a treatment plan
   a. Short-term
   b. Long-term

General Rehabilitation Guidelines

Ankle Sprains

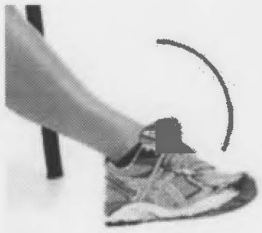
Mild (grade 1)

- 0-72 hours post injury: protect the ankle from further injury by resting. Full weight bearing should be introduced as soon as pain allows, but never before. Ice/cryotherapy should be applied throughout the rehabilitation process (15-20 minute increments).
- Days 3-7: If the pain has decreased and the ankle is feeling comfortable, the student-athlete may begin ankle mobility exercises, 3-5 times/day.
    - Active plantar flexion, and active dorsiflexion
    - Strengthening exercises including resisted 4-way ankle (plantar flexion, dorsiflexion, eversion and inversion)
- Day 8+: progress the rehabilitation process and slowly introduce stress to the ligament.
    - Active inversion/eversion exercise to improve ROM
    - Ankle massage
    - More advanced exercises including resisted eccentric inversion and calf raises
    - Balancing on unstable surfaces, and hopping
    - When hopping exercises are performed with confidence, jogging can begin
    - Progress from jogging to sprinting in straight lines, as long as the ankle remains pain free
    - Introduce twisting and turning activities

Mobility and Stretching Exercises:

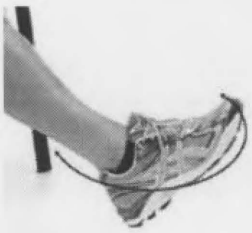
Active Plantar Flexion and Dorsiflexion

Pull the foot up as far as it will go (dorsiflexion), hold for a couple of seconds, and then point it away from you (plantar flexion) and hold again. Start with 2 sets of 20 reps.



Active Inversion and Eversion

Only begin when pain allows and healing is established. Turn the feet so the soles point outwards and then inwards. Remember to avoid turning the lower leg, and focus on only moving the foot.



Gastrocnemius Stretch

Place the leg to be stretched behind and lean forward, ensuring the heel is kept in contact with the floor at all times. Hold the stretch for 20-30 seconds and repeat 3 times. If a stretch is not felt, move the back leg further back.

Soleus Stretch

The back leg should be bent. Place the leg to be stretched behind and lean against a wall keeping the heel down. If a stretch is not felt, place the forefoot of the front leg against the wall with the heel on the floor and push from the knee toward the wall.

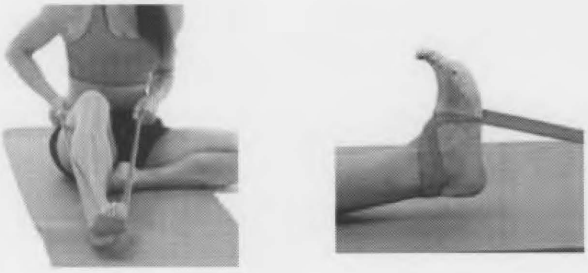
Strengthening Exercises:

Resisted plantar flexion (PF) and dorsiflexion (DF)

For PF: loop a resistance band around the forefoot and hold onto the ends. Slowly press down (like a gas pedal), then allow it to return to a resting position. Aim for 10-20 reps and 3 sets with a short rest in between.

For DF: loop the resistance band around a table leg, bed, something stable, and around the top of the foot. Use the band to pull the foot and toes up against the resistance, then back down. Aim for 10-20 reps and 3 sets with a short rest in between.

*Once these exercises feel easy, you can increase the strength of the resistance band or progress to full calf exercises



Isometric eversion and inversion

Once pain free, exercises involving eversion and inversion may be tried, which will help to control the "rolling" action at the ankle. These exercises may be performed with a partner, athletic trainer, or therapist, or with a wall or chair leg. For eversion, the student-athlete should try to turn their ankle out against resistance. For inversion, the student-athlete should try to turn their ankle inwards against resistance. Hold this position for 5 seconds, rest for 3 seconds, and repeat 3 times, increasing to 10 times gradually.

Resisted eccentric inversion

The student-athlete attempts to resist their partner, AT, or resistance band everting, or turning the foot outwards.

Calf Raise

Rise up and down on the toes in a smooth movement. Aim for 3 sets of 10. Once this is easy, start performing the exercise on one leg only. This may also be performed on a step, allowing the heel to drop down past the level of the step for greater range of motion.

Proprioception Exercises:

Standing on one leg eyes open with arms out

- Clear the area
- Stand on one leg on a flat surface with bare feet and arms out to the side
- Balance for as long as possible
- Repeat 5 times each leg

Standing on one leg eyes open with arms by your side

- Same as exercise 1, but with arms down by your side
- If you feel you are losing balance, put the other foot down to regain balance

Standing on one leg with eyes closed

- Same as exercise 1, but with your eyes closed
- If you feel you are losing balance, open your eyes or put the other foot down to regain balance

Standing on an unstable surface

- Same as exercise 1, but stand on a cushion or folded towel
- Keep your eyes open

The following may be performed if all of the swelling has disappeared and you are pain free on walking:

Hopping

- Draw a line on the floor with tape and stand on one side of the line on one foot
- Hop from side to side, balancing on each side upon landing for 2 seconds
- Repeat 20 times on each leg

Figure 8 Hopping

- Draw a cross on the floor with tape and stand in one corner
- Hop diagonally to the opposite corner
- Then hop sideways to the next corner
- Then hop diagonally backwards to the opposite corner
- Then hop sideways back to the starting position
- Repeat 5 times for each leg

Functional Exercises:

Lunges

- Stand with the injured foot in front of the other
- Bend the back knee down towards the floor, keeping the back upright
- Stop just before the knee touches the ground and push yourself back up again
- Start with 2 sets of 10 reps, then gradually increase

Heel toe walk

- Put one foot in front and raise up on to the tip toes
- Swing the back leg forwards and raise up on to the toes again
- Repeat this walking across the room

Step Back

- Start on a small step
- Take one leg backwards, touch the foot on the floor and push off with the forefoot to move it back onto the step
- Alternate legs

Box Jumps

- Jump sideways over the box to start, moving rapidly from one foot on one side, to the other foot on the other side. This may also be performed front to back.

Sport Specific Drills

- Specific to particular sport

Hamstring Strains

Immediate first aid consists of PRICE (protection, rest, ice, compression, and elevation), and usually lasts 3-4 days depending on the severity of the injury.

Stretching

Stage 1: immediately following a hamstring strain

No stretching should be done at all! This stage usually lasts 2-4 days

Stage 2: may begin with daily activities, such as walking, are pain free

- Straight leg hamstring stretch in standing → place foot on table or similar and lean into the stretch, keeping the leg straight and chest up
- Bent leg hamstring stretch → lie on your back and pull the leg over keeping the knee slightly bent until a gentle stretch is felt
- Perform each stretch for 3 sets of 10 seconds

Stage 3: pain free with the above for a minimum of 3 days

- Same as above, but the aim is to get the same range of motion and flexibility in both legs

Stage 4: when both legs have similar levels of flexibility

- Dynamic hamstring stretching → gently swinging the leg into a stretched position. Perform 3 sets of 10 reps.
- Active straight leg raise → lying on the floor, lift the injured leg up as far as it will go within the pain free range, then lower the leg again. Perform 3 sets of 10 reps, once or twice a day

Stage 5: exercises in stage 4 can be done for 2 days pain free

- Same as stage 4, but the aim is to have equal flexibility on each leg

Stage 6: equal flexibility on both legs

- Walks while kicking the leg straight up in front each step. Perform 3 sets of 10 reps

Strengthening

Isometric Contractions

Lie on your stomach, while your partner or AT provides resistance as you contract your hamstring muscles. Hold this position for 3-4 seconds, then relax. This may also be performed with the foot turning inwards and outwards to target inner and outer hamstring muscles at varying angles.

Standing Knee Flexion

Stand on one leg and bend the other knee using gravity as resistance. Aim for 3 sets of 10 reps, gradually building to 4 sets of 20 reps. Ankle weights may be used to increase the load.

Bridge Exercises

Lie on your back with your knees bent. Push your hips upwards. Begin with 3 sets of 8 reps, gradually building to 3 sets of 12 reps.

Progress to single leg bridges in the same manner, ensuring you squeeze the gluteal muscles and aim to maintain a straight line from the shoulder on the group to the knee at the top point of the exercise. Begin with 3 sets of 8 reps.

Lunge with Ball

Basic lunge is performed while holding a ball.

Good Mornings

Bend forward at the waist, keeping the back straight, then stand back up straight.

Repeat this 5-10 times.

Shoulder Injuries

5 Most Common Causes of Shoulder Pain

1. Rotator cuff strain
2. Glenoid labrum tear → caused by repetitive overhead throwing, lifting or catching heavy objects below shoulder height, or falling onto an outstretched arm
3. Shoulder instability → humerus pops out of the shoulder joint
4. AC joint injury → fall onto an outstretched arm, or direct trauma
5. Frozen shoulder → chronic stiffness in the shoulder joint

Mobility Exercises:

Pendulum exercises

Gently swing the arm in a circular motion while lying on your stomach or leaning forward. Gradually increase the size of the circle to increase the range of motion.

Pole/wand exercises

Using a pole or broom handle, and holding with both hands, use the good arm to move the injured shoulder as high as you can comfortably without pain. Relax the injured arm so that it is not working.

Stretching Exercises:

Front of shoulder against a wall

Place one forearm against a fixed point, with the elbow and shoulder at 90 degrees. Gently turn your body away to stretch the front of the shoulder and chest. Hold the position for 20 seconds and repeat 3 times.

Back of the shoulder stretch

Place one arm across your chest and pull it tight with the other arm. Hold for 20 seconds 3 times.

Strengthening Exercises:

Isometric shoulder exercises

Push against a stationary object (wall, doorframe, another person). These can be done with different movements to strengthen the muscles acting on the shoulder joint, including adduction, abduction, flexion, extension, and rotation.

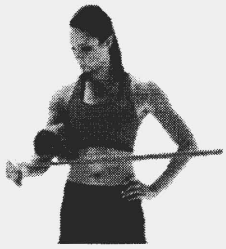
Scapular squeeze exercise

In a seated position with the elbows by the side, squeeze the shoulder blades together and hold for 5-10 seconds.

Dynamic Strengthening:

Lateral rotation in standing

Using a resistance band and keeping the elbow close to the body, rotate the shoulder so the arm moves outwards.

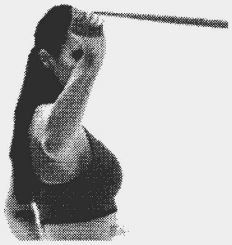


Lateral rotation in prone

Lie on your stomach with the arm out to the side of the table or bench. Lift the dumbbell as the shoulder rotates upward.

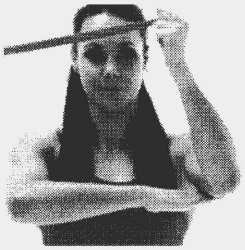
Lateral rotation in abduction

Stand holding the band with the elbow abducted in 90 degrees. Elevate the arm, ensuring the elbow is also elevated.



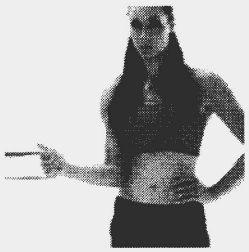
Standing 90/90 external rotation

Hold the resistance band with the arm raised and elbow bent. Rotate the arm so the first points upwards, then slowly return to the starting position and repeat.



Internal rotation in standing

Start with the band attached to the fixed point at your side, and hold the other end of the band in one hand, bending the elbow and upper arm by your side. Move your hand toward your stomach as far as it is comfortable, then slowly return to the starting position.



Elbow Injuries

Rest is very important. Elbow injuries will not heal if they are not able to rest. After 3 days of cryotherapy and rest, you may begin to apply heat.

Stretching Exercises

Wrist flexor stretch

With an outstretch arm, and palm facing outwards, gently pull back on the fingers with the other hand. Hold the position for 30 seconds and repeat 5 times. Aim to stretch at least 3 times per day.

Wrist extensor stretch

Place the arm in front with the hand pointing down. Pull the hand toward the body to feel a stretch in the back of the wrist, forearm, and elbow. Hold for 20 seconds and repeat 5 times.

Strengthening Exercises

Static Exercises

- Rest the forearm on a flat surface with the palm facing upward
- Use the other hand to resist as you attempt to flex the wrist. There should not be any movement at the wrist.
- Hold this contraction for 5-10 seconds, then rest. Repeat 5-10 times.

Dynamic Exercises

- Using a light weight, perform wrist range of motion (flexion, extension, ulnar deviation, and radial deviation)

Wrist flexion/extension

Rest the arm on a flat surface with the forearm and palm upwards. Curl the weight up and down, keeping the forearm and wrist still. Start with 3 sets of 10 reps. Repeat with forearm and palm facing downwards.

Finger extension

Bring all your fingertips together as if making a beak shape and place a rubber band over your fingers. Move your fingers away from each other against the resistance of the rubber band. Repeat 10-20 times.

Home Competition Set-up Procedures

Fall Season

Football

- Arrive on campus by 2:30 PM for game prep or 2 hours minutes before first game
- Fill up 1 ice chest with ice, bags, and plastic wrap
- Fill up 4- 10 gallon water jugs
- Bring 2 packs of Gatorade powder with spoon
- Make sure medical kit stocked and ready to go to the field
- Portable treatment table
- Portable AED
- Tape and give treatment to players before warm-ups
- Meet with opposing team's coaches
- Fill 2 water bottles with caddies (12 water bottles)
- Foam roller

Soccer (Girls)

- Arrive on campus by 2:30 PM for game prep
- Fill up 1 ice chest with ice, bags, and plastic wrap
- Fill up 10 gallon cooler with water
- Fill 1 caddy of water bottles
- Make sure medical kit is stocked and ready to go to the field
- Treatment table
- Tape and give treatment to players before warm-ups
- Meet with opposing team's coaches

Girls Tennis

- Arrive on campus by 2:30 PM for game prep
- Fill up 1 ice chest with ice, bags, and plastic wrap
- Fill up 5 gallon cooler with water
- 1 sleeve of cups
- Tape and give treatment to players before warm-ups
- Meet with opposing team's coaches

Volleyball

- Arrive on campus by 2:30 PM for game prep
- Fill up 1 ice chest with ice, bags, and plastic wrap
- Fill up 10 gallon cooler with water
- Fill 1 caddy of water bottles
- Make sure medical kit stocked and ready to go to the gymnasium
- Tape and give treatment to players before warm-ups
- Meet with opposing team's coaches

Winter Season

Soccer (Boys)

- Arrive on campus by 2:30 PM for game prep
- Fill up 1 ice chest with ice, bags, and plastic wrap
- Fill up 10 gallon cooler with water
- Fill 1 caddy of water bottles
- Make sure medical kit is stocked and ready to go to the field
- Treatment table
- Tape and give treatment to players before warm-ups
- Meet with opposing team's coaches

Wrestling (Coed)

- Arrive on campus by 2:30 PM for game prep.
- Fill up 1 ice chest with ice, bags, and plastic wrap
- Make sure splint bag stocked and ready to go to the multi-use room
- Make sure medical kit stocked and ready to go to the multi-use room
- Treatment table
- Tape and give treatment to players before warm-ups
- Meet with opposing team's coaches

Basketball (Girls and Boys)

- Arrive on campus by 2:30 PM for game prep/ 45 minutes before 1st game
- Fill 1- 10 gallon cooler with water
- Fill 1 caddy of water bottles
- Fill up 1 ice chest with ice, bags, and plastic wrap
- Make sure medical kit stocked and ready to go to the gymnasium
- Treatment table
- Tape and give treatment to players before warm-ups
- Meet with opposing team's coaches

Spring Season

Badminton (Coed)

- Arrive on campus by 2:30 PM for game prep
- Fill up 1 ice chest with ice, bags, and plastic wrap
- Fill up 10 gallon cooler with water
- 1 sleeve of cups
- Tape and give treatment to players before warm-ups
- Meet with opposing team's coaches

Baseball

- Arrive on campus by 2:30 PM for game prep or 45 minutes before first game
- Fill up 1 ice chest with ice, bags, and plastic wrap
- Fill up 1 5 gallon cooler with water
- Fill 1 caddy with water bottles
- Make sure medical kit stocked and ready to go to the field
- Tape and give treatment to players before warm-ups
- Meet with opposing team's coaches

Softball

- Arrive on campus by 2:30 PM for game prep or 45 minutes before game
- Fill up 1 ice chest with ice, bags, and plastic wrap
- Fill up 1 5 gallon cooler with water
- Fill up 1 caddy with water bottles
- Make sure medical kit stocked and ready to go to the field
- Tape and give treatment to players before warm-ups
- Meet with opposing team's coaches

Swimming (Coed)

- Off campus event

Boys Tennis

- Arrive on campus by 2:30 PM for game prep
- Fill up 1 ice chest with ice, bags, and plastic wrap
- Fill up 5 gallon cooler with water
- 1 sleeve of cups
- Tape and give treatment to players before warm-ups
- Meet with opposing team's coaches

Track (Coed)

- Arrive on campus by 2:30 PM for game prep or 45 minutes before meet
- Fill up 1 ice chest with ice, bags, and plastic wrap
- Fill up 10 gallon cooler with water
- 1 sleeve of cups
- Make sure medical kit stocked and ready to go to the field
- Treatment table
- Tape and give treatment to players before warm-ups
- Meet with opposing team's coaches

Inventory and Equipment

Inventory and Budget

- An itemized list of supplies to be ordered is submitted before the end of the school year. Once approved:
    - The athletic training supply order is purchased through a supply order form, filled out by the school secretary.
    - The athletic trainer will select, itemize, and maintain all athletic training supplies and equipment used during the school year.
    - When necessary, additional ordering of supplies will be completed by the athletic trainer.
- Inventory will be completed monthly and at the end of the year to ensure appropriate orders are being made to maximize resources (see appendix for inventory example)
- A record of order logs will be maintained in the file cabinet for reference.

Equipment

- Those responsible for the purchase of equipment shall be aware of and employ the standards of safety.
- All coaching staff should be attentive to maintaining proper fitting and repair of all equipment.
- Student-athletes shall:
    - Be informed what equipment is mandatory;
    - Be informed what constitutes illegal equipment;
    - Be provided mandatory equipment;
    - Be instructed to wear mandatory equipment during participation;
    - Be instructed on how to properly wear mandatory equipment during participation;
    - Notify appropriate coaching staff when equipment becomes unsafe or illegal.

Team First Aid Kits

Coaches may pick up a first aid kit from the athletic trainer at the start of their season. These first aid kits must be returned at the end of the season. The Athletic Trainer or Athletic Director will replenish first aid supplies in the first aid kits at the coaches' request.

OSHA Policies

Blood-borne Pathogen Policy

This universal precaution plan complies with OSHA requirement, 29 CFR 1910.1030, Blood Borne Pathogens. The following guidelines are used to provide a consistent approach to managing body substances from all student-athletes and patients regardless of diagnosis and to reduce the risk of transmission of blood-borne pathogens to the caregiver and the student-athlete before, during and after events. Transmission of hepatitis B virus (HBV) and the human immunodeficiency virus (HIV) have been documented to occur through sexual contact, sharing of contaminated needles, transfusion of contaminated blood and from mother to child during pregnancy. No evidence of transmission by casual contact has been reported. All student-athlete's blood, body fluids, tissues or infected materials will be considered to be potentially infectious and universal precautions will be used on all student-athletes.

Definitions:

Biological Hazard- The term biological hazard or biohazard is taken to mean any viable infectious agent that presents a risk, or a potential risk, to the well-being of humans.

Medical/Infectious Wastes- All waste from human or animal tissues, blood or fluids. This includes used first aid bandages, syringes, needles, sharps, material used in spill cleanup and contaminated PPE or clothing.

ATF Biohazard Exposure Universal Precautions:

Refers to a system of infectious disease control that assumes that every direct contact with body fluids is infectious and requires every employee exposed to be protected as though such body fluids were infected with blood-borne pathogens.

All infectious/medical material must be handled according to Universal Precautions:

- Thorough washing of hands is the single most important measure for the prevention of transmission of infections. Wash your hands frequently.
- Gloves (latex or latex-free) represent the most common form of a protective barrier against contamination
- Gloves must be available in athlete care areas and in your kits. Gloves must be worn for handling blood/body fluids.
- Gloves must be worn when touching blood, body fluids, mucous membranes, or non-contact skin of all patients. This also includes handling items or surfaces soiled with blood or other body fluids.
- Gloves MUST be changed after contact with each procedure and disposed of in the appropriate Biohazard container. This also applies in the event of a defective, ripped, or torn glove.
- Hands shall be washed with soap and running water after removing gloves or as soon as possible after contact with body fluids.
- **GLOVES ARE NOT A SUBSTITUTE FOR HAND WASHING.**
- Masks, protective eyewear, and/or gowns may be needed.
- Certified Athletic Trainers (ATs) with exudative lesions or dermatitis should refrain from both direct athlete care and handling of athletic equipment until the condition is resolved.
- All personal protective equipment should be removed immediately, or as soon as possible upon leaving the work area, and placed in an appropriately designated container for storage, washing, decontamination or disposal.
- All procedures involving blood or potential infectious materials shall be performed in such a manner as to minimize splashing and spraying.

- Using gloves, contaminated surfaces or equipment should be washed with soap and water and disinfected using a 1:10 bleach solution or other approved disinfectant (Sanizide).
- Any cut, laceration, abrasion, or cracked/damaged skin on the certified athletic trainer (AT) should be covered with the appropriate bandage prior to treating patients.
- Each athletic training kits shall have a CPR mask with one-way valve, gloves, disposable towelettes or instant hand sanitizing lotions for decontamination, and red bio-hazard waste bag. These items should be inspected prior to practices or athletic events and replaced if necessary.

BIO-HAZARDOUS WASTE AND ENVIRONMENTAL CONTROL

- All work surfaces must be cleaned immediately after treatment is provided to the patient; this also includes blood spills using a 1:10 bleach solution or other approved disinfectant
- Garbage soiled with blood/body fluids should be placed in a red plastic biohazard bag using gloves and discarded using school policy.
- Linen soiled with blood and body fluids should be separated from unsoiled linen.
- Disposable materials contaminated with blood or other body fluids should be handled with gloves and placed in the appropriate container. Waste containers and bags must be present at all practices or events.
- Disposal of all infectious waste shall be in accordance with applicable Federal, State, and local regulations.

Post Exposure to Blood Borne Pathogens

Following a report of an exposure incident, Maria Carrillo High School (MCHS) shall make immediately available to the exposed individual a confidential medical evaluation and follow-up, including at least the following elements:

1. MCHS shall document the route(s) of exposure, and the circumstances under which the exposure incident occurred
2. MCHS shall identify and document the source individual, unless MCHS can establish that identification is infeasible or prohibited by state or local law.
    a. The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to obtain HBV, HCV, HIV infectivity. If consent is not obtained, MCHS shall establish that legally required consent could not be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented
    b. When the source individual is already known to be infected with HBV, HCV, or HIV, testing for the source individual's known HBV, HVC, or HIV status need not be repeated
    c. Results of the source individual's testing shall be made available to the exposed individual, and the individual shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual
3. MCHS shall provide counseling and evaluation of reported illnesses

Emergency Care for Needle Stick or Other Exposure to Human Blood or Body Fluid

Prompt evaluation is important if a person has been exposed (by needle stick, splash, or direct contact) with human blood or body fluids

1. Notify the highest-ranking person in your department
2. Remove contaminated clothing and place in a biohazard container

3. Skin-wash the wound/area thoroughly with warm water and soap for 15 minutes
4. Eyes or mucous membranes- flush eyes or other area with saline or tepid water for 15 minutes
5. Seek help

Guidelines for Blood on Uniforms, Skin, Equipment and Surfaces

Careful attention should be paid to any student-athlete who is bleeding and to those with whom that individual comes in contact

1. A student-athlete who is bleeding should be addressed consistent with aggressive-treatment statement above. While the wound is being attended, medical personnel should make an assessment of the individual's skin, uniform and equipment. All blood on the skin should be thoroughly cleaned. Any tape, dressing or uniform that is saturated in blood and that could come in contact with other student-athletes should be changed. This equipment should be cleaned using the MCHS blood-borne pathogen disinfectant.
2. Other participants at the time of the injury should be evaluated by the AT for the presence of blood from the injured student-athlete. All blood on the skin of the non-bleeding individuals should be thoroughly cleaned. Any equipment, including tape, dressing or uniform, that is saturated with blood, should be changed. Although small amounts of blood that do not saturate a uniform or equipment may present a theoretical risk for transmission of blood-born pathogens, current scientific research suggests that this risk is minimal to nil. Athletic trainers should base a change of equipment or uniform in this situation on a reasonable interpretation of the potential risk.

3. Surfaces such as floors, walls and tabletops are not known to be associated with disease transmission. However, prudent hygienic practices would suggest that blood on surfaces should be treated in one of the following two manners. For small quantities of blood such as drops, should be lightly sprayed with hospital grade disinfectant. It should then sit for a minimum of 10 minutes before being wiped up with a clean towel or gauze. Larger areas such as pools or puddles of blood should be initially soaked up, then lightly sprayed with hospital grade disinfectant. It should then sit for a minimum of 10 minutes before being wiped up with a clean towel of gauze. These recommendations should be appropriate for most non-absorbent athletics surfaces. Surfaces should be allowed to dry sufficiently to prevent possible injuries due to slipping during subsequent athletics activity
4. Finally, after each practice or game, any equipment or uniform soiled with blood should be handled and laundered in accordance with hygienic methods normally used for treatment of any soiled equipment or clothing prior to subsequent use. This would include provisions for bagging the soiled items in a manner to prevent secondary contamination of other items or personnel.

Methicillin-Resistant Staph Aureus (MRSA)

MRSA (methicillin-resistant staph aureus) is a type of staph infection that is resistant to many common antibiotics and, in cases where treatment is needed, can be very difficult to treat. Staph bacteria are one of the most common causes of skin infections in the United States. Most of these skin infections are minor (such as pimples and boils) and can be treated without antibiotics, but occasionally serious infections require treatment. In the last few years, there

have been a number of cases where these bacteria have spread among members of sports teams. Recently, this issue is making headlines as MRSA can have serious and deadly ramifications if not dealt with immediately.

How is it spread?

MRSA is spread either by direct physical contact or indirect touching of personal items (bar soap, clothes, etc.), which have been used by someone who has MRSA along with poor hygiene habits (washing hands, showering, etc.).

Warning Signs:

- Unusual or increasing pain and/or warmth
- The presence of pus or a pustule
- Induration (hardness)
- Increasing swelling, size, or redness of the wound
- Red streaks around the wound
- Fever and/or chills

Diagnosis and Treatment:

MRSA infections can be diagnosed when a doctor obtains a sample or specimen from the site of infection and submits it to a laboratory. MRSA cannot be effectively treated with antibiotics such as methicillin, nafcillin, cephalosporin, or penicillin. MRSA has a unique gene that causes it to be unaffected by all but the highest concentrations of these antibiotics. Therefore, alternate antibiotics must be used to treat persons infected with MRSA. Vancomycin has been the most effective and reliable drug in these cases, but is used intravenously and is not effective for treatment of MRSA when taken by mouth. However, a few strains have even developed some degree of resistance to vancomycin. Newer antibiotics are being developed to address this problem.

Minimize Risk of Infection:

- Cover the wound. Keep wounds that are draining or have pus covered with clean, dry bandages. Follow the healthcare provider's instructions on proper care of the wound. Bandages or tape can be discarded with the regular trash.
- Clean hands. The student-athlete, their family, and others in close contact with the infected student-athlete should clean their hands frequently with soap and warm water or an alcohol-based hand sanitizer, especially after changing bandages or touching an infected wound.
- Do not share personal items. Avoid sharing personal items such as towels, washcloths, razors, clothing, or sports uniforms/equipment that may have had contact with the infected wound or bandage. Wash sheets, towels, and clothes, including sports uniforms that become soiled, with water and laundry detergent. Drying clothes in a hot dryer also helps kill bacteria.
- When MRSA skin infections occur, cleaning and disinfection should be performed on surfaces or items that are likely to have had contact with uncovered or poorly covered infections.
- If the student-athlete is involved in a physical activity or sport that involves skin-to-skin contact with other student-athletes, they should be excluded from those activities until the lesions are healed or can be covered and contained adequately; return to those activities should be approved by a school official or doctor.
- Do not ignore skin infection, pimples, pustules, abscesses, etc. and report these to a Sports Medicine staff member and/or physician immediately

Communicable Disease Policy

The communicable disease policy is designed to provide methods for reducing the transmission of infectious diseases from the athletic trainer to patients and from patients to athletic training personnel. Prevention of transmission of such diseases includes immunizations for vaccine preventable diseases, isolation precautions to prevent exposures to infectious agents, and management of athletic training personnel exposure to infected persons. The objectives of this policy include the following: 1) educating athletic training students about the principles of infection control and stressing individual responsibility for infection control, 2) collaboration with other departments to help ensure adequate surveillance of infections in personnel and provision of prevention services, 3) providing care to athletic training personnel for work-related illnesses or exposures, and 3) identifying work-related infection risks and instituting appropriate preventative measures. This policy will follow the guidelines set by the Centers for Disease Control and Prevention in the "SPECIAL ARTICLE, Guideline for infection control in the health care personnel, 1998."

Athletic training personnel are encouraged to report any infectious disease/problem condition to their direct supervisor. Athletic training personnel are restricted from patient contact, or contact with the patient's environment if they have an infectious communicable disease. Athletic training students would report to the head athletic trainer or to their sports medicine teacher. In the case that athletic training personnel refuse or are unwilling to report their condition to their supervisor for some reason, they must make sure they are restricting themselves from patient contact, or contact with the patient's environment.

Athletic training personnel known to be infected with a communicable disease can be excluded from duty. The type and duration of work restrictions will be dependent upon the type of disease/problem, by the mode of transmission, and the epidemiology of the disease.

HIPAA & FERPA Policies

Confidentiality:

Each student-athlete has the right of confidentiality. The Maria Carrillo High School athletic training room staff will take usual and necessary steps to ensure the protection of personal information. Information on a student-athlete's medical condition should be shared sparingly, on a "Need to Know" basis. If there is any question, the MCHS Athletic Training Staff will determine what information should be shared, and with whom.

- If a student-athlete is under the care of a physician, the physician shall determine the availability of the student-athlete. Under no circumstances shall the coach allow the student-athlete to participate without specific direction from the athletic training staff. A "No-Play" decision by the physician will always be followed.
- If a student-athlete is NOT under the care of a physician, the responsibility regarding the availability of an athlete for participation rests with the PHS Athletic Training Staff.

Family Education Rights and Privacy Act of 1974 (FERPA) is a federal law that protects the privacy of student education records. FERPA was enacted by Congress to protect the privacy of student educational records. This privacy right is a right vested in the student. Generally:

- Institutions must have written permission from the student in order to release any information from a student's educational record.
- Institutions may disclose directory information in the student's educational record without the student's consent.
- It is good policy for the institution to notify the student about such disclosure and to seek the written permission of the student to allow disclosure of any educational records including directory information.
- Institutions should give the student ample opportunity to submit a written request that the school refrain from disclosing directory information about them.

- Institutions must not disclose non-directory information about students without their written consent except in very limited circumstances.
- When in doubt, it is always advisable to err on the side of caution and to not release student educational records without first fully notifying the student about the disclosure.

Health Insurance Portability & Accountability Act of 1996 (HIPPA) was enacted by the U.S. Congress in 1996 to address the security and privacy of health data. This piece of legislation was put into place for many reasons including the following:

- Insure health insurance portability.
- Reduce healthcare fraud and abuse.
- Guarantee security and privacy of health information.
- Enforce standards for health information mainly, to protect health information from disclosure.

****This legislation unintentionally impacted athletics because of the medical aspect of care****

As part of the medical documentation that accompanies all student-athletes, a signed form will authorize the Maria Carrillo High School Athletic Training Staff to discuss injuries/illnesses related to the participation of a Maria Carrillo High School student-athlete and release any applicable medical information or records relating to those conditions to the student-athlete's personal physician, Maria Carrillo High School athletic training staff and other consulting qualified health care provider as deemed necessary within their scope of practice. This includes obtaining medical records and information from health care professionals outside the Maria Carrillo High School athletic medical staff for the purpose of providing medical care to the student-athlete and determination of participation status.

Standard Care Protocols For Acute Injuries

Since every injury is unique and there is no "one fits all" protocol for any injury, the following protocol is designed to guide the Maria Carrillo High School Athletic Training Department and coaches in the appropriate management of acute injuries sustained by student-athletes. MCHS utilizes the P.O.L.I.C.E. treatment method for ligamentous and muscular acute injuries as adapted from the Association of Chartered Physiotherapists in Sports Medicine (ACPSM). All other injuries, including but not limited to moderate to severe sprains/strains and fractures, will be evaluated and treated based on the most current evidenced-based practices.

P.O.L.I.C.E.

Protection:

Protection is designed to protect the injury from further damage. The amount of protection is dependent on the injury. Protection may include splints, tape or braces.

Optimal Loading:

This component replaces rest with an incremental rehabilitation structure that slowly introduces the injury to varying degrees of stress. This will mimic the natural mechanical strains imposed on the injured structure and promote healing in a functional and optimal fashion. This includes the use of crutches or braces as needed.

Ice:

Ice should be in contact with the site for maximum of 20 minutes at a time, once an hour. Ice is used to reduce pain, reduce spasm, reduce metabolism, reduce blood flow, and reduce swelling to the site of injury.

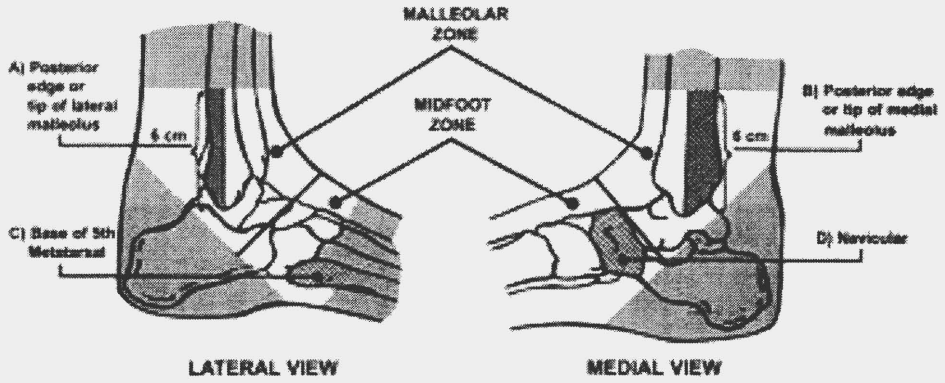
Compression & Elevation:

Compression and elevation reduce the swelling and limit blood flow to the area when icing or not icing the affected area. This aids venous return so that fresh blood can be introduced to the area, bringing with it fresh nutrients for the healing process, and getting rid of the debris from the injured site.

Injuries that require immediate referral to a physician

1. Eye injuries.
2. Dental injuries where a tooth has been knocked out or knocked loose.
3. Minor or simple fractures.
4. Lacerations that may require suturing.
5. Injuries where a functional deficit is noticeable.
6. Loss of normal sensation, diminished or absent reflexes that may indicate a nerve root injury.
7. Noticeable muscular weakness in the extremities that may indicate peripheral nerve damage.
8. Any injury, if you may have doubts about its severity or nature.

Ottawa Ankle Rules For Fracture



a) An ankle x-ray series is only required if

there is any pain in malleolar zone and any of these findings:

1. bone tenderness at A OR
2. bone tenderness at B OR
3. inability to bear weight both immediately and in ED

b) A foot x-ray series is only required if

there is any pain in midfoot zone and any of these findings:

1. bone tenderness at C OR
2. bone tenderness at D OR
3. inability to bear weight both immediately and in ED

Concussion Management

Concussion Information

A concussion is defined by the Mayo Clinic as, "a traumatic brain injury that alters the way your brain functions. Effects are usually temporary but can include headaches and problems with concentration, memory, balance and coordination". This can occur from a direct and rapid force to the head or to the body. Most concussions occur without a loss of consciousness. Maria Carrillo High School Athletic Training Department follows the Center of Disease Control, NATA, and CIF guidelines for head injuries and concussions.

EDUCATION & ACKNOWLEDGEMENT

- The CDC Concussion Information Sheet and the Maria Carrillo High School Concussion Management Protocol handout will be included in the MCHS Athletics Pre-Participation Packet. Prior to athletic participation, all MCHS student-athletes and their parents must read the CDC Concussion Information Sheet and the Maria Carrillo High School Concussion Management Protocol handout. The parent must sign the concussion awareness statement on the Maria Carrillo High School Sports form acknowledging that both parent and student-athlete have read and understand the information and their responsibility to report their injury and illnesses to a staff certified athletic trainer, including signs and symptoms of a concussion. Athletes will not be allowed to participate in scrimmages or games without this form on file in the athletic trainer's office
- Student-Athletes and Parents are informed about the ImPACT testing system and the use of it at Maria Carrillo High School. Each year they acknowledge the program and authorize its use for preseason baseline testing and any possible post-injury testing.
- Prior to each season a mandatory concussion education presentation will be held for all athletes and any interested parents.
- Staff and volunteer coaches will complete the CDC Concussion Course as required by NFHS.

- When a student-athlete is suspected of sustaining a concussion his/her parent will be contacted. Both parent and student-athlete will be further educated in concussion management.

EVALUATION

- Maria Carrillo High School students participating in the following sports are required to undergo ImPACT baseline testing before being cleared to practice or compete: football, soccer, volleyball, basketball, wrestling, softball, baseball, high jump, pole vault, & dive.
- Any student-athlete experiencing concussion symptoms should report to the certified athletic trainer as soon as possible.
- Any student-athlete exhibiting signs, symptoms, or behaviors consistent with concussion shall be removed from athletic activities by a certified athletic trainer (or coach in the absence of the certified athletic trainer) and evaluated by their physician as soon as possible.
- Each student-athlete suspected of a concussion will be given a parent concussion information sheet, as well as notification sheet to sign and have signed by their chosen physician.
- A post-injury ImPACT test will be performed by the athletic trainer as soon possible after the time of injury for all student-athletes exhibiting signs, symptoms, or behaviors consistent with concussion.
- All student-athletes must be evaluated by a physician of the parent's choice who is trained in concussion management.
- A concussed student-athlete must regularly report to the athletic training room for assessment of symptoms (ideally after each school day). The Graded Symptom Checklist will be used to assess existence and severity of symptoms.
- ImPACT post-injury testing will be conducted when the student-athletes claims to be symptom free or requested by the student-athlete's physician.
- CIF Rule 313 Concussion Protocol
    - "A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition

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

RETURN TO PLAY CRITERIA:

- No concussed athlete will return to participation on the same day the injury occurred.
- No student-athlete will participate while symptomatic.
- No student-athlete diagnosed with a concussion may return to participation until a minimum of 7 days after being diagnosed.
- Once a concussed student-athlete is asymptomatic, and cleared by their physician, the student-athlete will complete stepwise exertional testing over several days as described in the Zurich Consensus Statement. Upon successful completion of the stepwise program and physician clearance, the student-athlete may return to participation.
- ImPACT post-injury test results will be considered by the team physician and staff certified athletic trainer in making the RTP decisions.

ACADEMIC CONSIDERATIONS

- Teachers of a concussed student-athlete (as well as administrators, athletic director, school nurse, and guidance) will be informed of his/her injury. Classroom modifications will be made as appropriate.
- Teachers will follow recommendations for academic modifications by the treating physician when made.
- Please see attached "SRCS Return-to-Learn Process for Student-Athletes" in the appendix

ImPACT (Immediate Post-Concussion Assessment and Cognitive Testing)

An on-line, user-friendly computer-based testing program specifically designed for the management of sports-related concussion. ImPACT is a research-based software tool developed at the University of Pittsburgh Medical Center-Center for Sports Medicine that evaluates multiple aspects of neurocognitive function, including memory, attention, brain processing speed, reaction time, and post-concussion symptoms.

Baseline Testing

Neurocognitive testing occurs under normal conditions before injury in the pre-season. The baseline test provides a snapshot of how a student-athlete's brain functions in normal, everyday circumstances. Certified Athletic Trainer conducts baseline testing on-site at school with assistance from Athletic Director. Using a school's computer lab and Internet to log onto an on-line testing website, about 30 student-athletes can be tested at the same time. It takes approximately 30 minutes to complete the baseline test. The testing application formulates "baseline data" which are stored on a secure, HIPPA compliant server at ImPACT Testing Services, Inc., which can be retrieved anytime at a later date if a student-athlete, is suspected of having a concussion. All Maria Carrillo High School students interested in participating in sports are required to have baseline testing once a year. Any student-athlete how sustained a moderate to severe concussion in one sports season, must have new baseline data to participate in the next sports season.

MCHS baseline tests any support that is at risk for concussion including: soccer (men's and women's), football, volleyball, wrestling, basketball (men's and women's), baseball, softball, cheerleading, pole vault, high jump, and dive.

If a student-athlete has an "invalid" result, they will need to re-take the baseline test. They may not participate in any try-out, practice, game or event until they have a valid baseline result.

Post-Injury Testing

In the event a student-athlete is suspected of having a concussion, the student-athlete is tested post-injury with-in 72 hours of the initial injury, or when symptoms have decreased. Post-injury testing composite scores are then compared to the baseline scores acquired earlier before a concussion injury affected brain function. Post-Injury Testing is conducted by medical or appropriate health care professionals who will objectively base concussion management decisions and the decision for return to play on post-test comparisons, depending on when post-test scores return to baseline, among other clinical considerations. This enables more consistent, objective, and safer decisions being made about an injured athlete returning to play. Post-Injury Testing is usually conducted once a concussed athlete is symptom-free (asymptomatic). On occasion, multiple post-tests (serial testing) may be conducted to monitor an athlete's recovery over time. If post-testing scores have not recovered in sufficient time, (usually within 3-4 weeks) the athlete may be referred to a neuro-specialist with advanced, formal training in treating head injuries, i.e. Neurosurgeon, Neuropsychologist, or Neurologist.

Assessment Tools

An emerging model of sport concussion management assessment involves the use of brief screening tools to evaluate post-concussion signs and symptoms, cognitive function, and postural stability. The AT may use a variety of concussion assessment tools, including SCAT 3 concussion assessment tool, ImPACT concussion testing, and cranial nerve testing. These three assessment tools can be helpful in making a determination about the severity of the injury and post-injury recovery when baseline data for an individual are available.

If a concussion is suspected, the student-athlete MUST be removed from play and may not return until they receive medical clearance from a licensed health care professional trained in the management of concussions. The AT will contact the student-athlete's parent and have them come pick up the student-athlete. The AT will give the student-athlete's parent the *Take Home Concussion Fact Sheet*, and explain the return-to-play protocol. The AT will also give them a copy of the SCAT 3 assessment tool (if available), and a *physician's letter* to be filled out when the student-athlete goes to their physician, the *CIF Physician Recommended School Accommodation Sheet*, and the *CIF Return-to-Learn Protocol sheet.* The AT will then fill out an Incident Report, and email the school team to alert them of the suspected concussion using the SRCS email. The school team will include: the Assistant Principal in charge of athletics, the athletic directors, the counseling secretary, the health technician, the school nurse, the school counselor (if known), and the Vice Principal. When the Vice Principal receives word, they will email the student-athlete's teachers using HIPAA appropriate language to remind them to refer to the *CIF Return-to-Learn* paperwork.

ImPACT baseline testing provides an indicator of what is "normal" for that particular athlete. Preseason baseline testing is conducted before athletes are

exposed to the risk of concussion during athletic participation. The ImPACT test is used to compare brain function pre- and post-injury and to help their physician determine if it is safe for the student-athlete to being the return-to-play concussion protocol as follows:

1. Rest until asymptomatic
2. 20 minutes of light aerobic exercise (Doctor's note required)
3. 20 minutes of sport specific exercise
4. Non-contact practice
5. Contact practice (Doctor's note required)
6. Game play

**If symptoms arise, student-athlete must stop immediately and rest for 24 hours

Suspected Concussion Protocol

WHEN A STUDENT-ATHLETE IS SUSPECTED OF SUFFERING A HEAD INJURY/CONCUSSION:

Note: A post–injury IMPACT test is NOT required for release to "Return to Play." A physician may decide to release a student without a post-injury test.

The Athletic Trainer (AT) or Coach- If the ATC is not present, the coach is responsible for:

a. **Removes student-athlete** from game or practice.
   - Student-athlete is removed from all practice, competition, and physical education class activities until a written release note by a treating MD (Medical Doctor) DO (Doctor of Osteopathy) (trained in the management of concussions) is filed with the Athletic Trainer that clears the student-athlete to "Return to Play."

b. **AT evaluates the student-athlete for a concussion.** If the AT is not present, the student-athlete is seen by their treating MD/DO.

c. **If a concussion is diagnosed, the AT notifies the parents** via phone or email, and follows up with the parent notification letter of concussion. **Completes a Student Accident Report Form** and submits it to the Health Technician. These forms are a part of your First Aid Kit or can be picked up from the School Nurse's Office

d. **Notifies the School Team** of the student-athlete's name and information regarding the suspected concussion incident.

e. **Follows any "Return to Play" guidelines** as outlined by the student-athlete's treating MD/DO.

The AT (or AD if the AT is unavailable):

a. **Schedules a post-injury computerized neurocognitive test** for the concussed student-athlete.
   - Conducts supervised test at school site with designated student-athlete within recommended window of 24 – 72 hours of suspected concussion. If student-athlete is deemed to be too symptomatic to complete the computerized neurocognitive test within this time, the AT or AD shall document that this step was postponed due to fear of exacerbation of symptoms.

b. **Prints out computerized neurocognitive test reports** of baseline and symptomatic post-injury tests (with norms)
   - Gives both reports to the parent, if student-athlete is under the age of 18
   - Instructs parent to take test results to his/her doctor for concussion appointment.

c. **AT shall Supervise and follow the Stepwise 'Return to Play" Guidelines**
d. **Gets MD/DO written release note from student-athlete** for "Return to Play" after student-athlete is cleared.
    - NOT chiropractor, EMT etc., as per CIF rules
    - Written release note must be signed only by the treating MD/DO (trained in the management of concussions) on office letterhead or include an official stamp.
    - Written release note must be in compliance with current concussion management protocols, guidelines and laws
    - If there is a question or concern about the outlined return to play parameters or medical clearance, the AT shall:
        i. Contact the parent and express the question or concern
        ii. Request the parent to sign an authorization to release medical information to be faxed to the treating physician's office to allow the AT to speak with the treating physician
        iii. If permission is granted by the parents via the authorization to release medical information, the AT shall contact the treating physician to discuss the question or concern.
        iv. If there is still concern by the AT that a student-athlete is being cleared prematurely or is being cleared based on that other than current concussion guidelines, the AT shall discuss this concern with the parents. The parents, at this point shall make the decision as to whether to allow participation by the student-athlete.
        v. If there is still a concern, the AT shall discuss the concern with parents, athletic director and coach.
    - A copy of the written release note and all aforementioned documentation shall be completed by the AT and given to the AD
e. **AT or AD relays any "Return to Play"** guidelines to coach as outlined by the student-athlete's treating MD/DO

Return to the Classroom Following a Concussion:

Return to school after treating physician has identified temporary academic adjustments that are warranted due to educational limitations resulting from a concussion. These may include, but are not limited to:

- Consideration for absences/shortened day
- Consideration for late assignment/deferred exams
- Extra time for exams in distraction free environment, not including the classroom
- Peer note taker
- Use of a recorder
- Sunglasses in class

Updated physician's guidelines will be required should longer term academic adjustments be warranted.

At any time during the concussion management progress, the treating physician, and/or certified athletic trainer reserves the right to have the final say in all return to play decisions.

This concussion management protocol is not all-inclusive, and the certified athletic trainer reserves the right to change and/or add to the protocol at any time as it becomes best to protect the student-athlete.

Please refer to the SRCS Return-to-Learn Process for Student-Athletes in the appendix

Return-to-Play Decisions

The care of the athlete who has sustained a sport concussion MUST see a licensed health care professional that is trained in the management of concussions. Physicians typically have the primary responsibility for medical care and return-to-play decisions, although head injury and concussion have typically been viewed as being primarily within the scope of the medical specialty of neurology. The Athletic Trainer is the front-line health care professional in sport concussion. AT's care for an average of seven (7) concussion injuries per year. It is the AT whom most athletes initially report the symptoms and concerns and it is the AT in whom athletes have the greatest trust. ATs who work closely with athletes generally know them best are usually the source of excellent opinion as to how an athlete is functioning after a concussion. The National Athletic Trainers' Association reported that team physicians and athletic trainers were primarily responsible for making return-to-play decisions.

The student-athlete's physician must give them written medical clearance to return-to-play, but the AT has the authority to hold the student-athlete out of play if deemed necessary, or they believe the student-athlete has not properly healed from their head injury.

Emergency Procedures

INTRODUCTION

Emergency situations may arise at anytime during any athletic events. Expedient action must be taken in order to provide the best possible care to the student-athlete(s) in emergency and/or life threatening conditions. The development and execution of an Emergency Action Plan (EAP) helps to ensure that the best possible care for the situation is provided. The Maria Carrillo High School Athletic Training Department has a duty and legal responsibility to develop a written emergency plan that may be implemented immediately when necessary and to provide appropriate standards of health care to all sports participants. As athletic injuries may occur at any time during any activity, the sports medicine team must be prepared. Preparation includes, but is not limited to, the formation and implementation of an emergency plan, education and training, maintenance of emergency equipment and supplies, and appropriate use of personnel. The emergency plan should be thought of as a guideline for handling emergencies. With the incorporation of pre-participation physical screenings, adequate medical coverage, safe practice and training techniques and other safety avenues, some potential emergencies may be averted. However, accidents and injuries are inherent with sports participation, and proper preparation on the part of the sports medicine team will enable each emergency situation to be managed appropriately.

The Maria Carrillo High School Athletic Training Department has developed a comprehensive Emergency Action Plans (EAP) in the event of an emergency situation. A specific EAP has been developed for every site on the Maria Carrillo High School campus where athletic events are held. All of the EAP's are reviewed by the MCHS Athletic Training Staff on a yearly basis. Copies of the EAP's for a particular site will be posted in a designated area, as well as, in the Athletic Training Room. Emergency Action Plans will be reviewed yearly at the

season's coaches meeting, changes will be made when needed for each facility and documented.

Basic Components of the Emergency Plan:

1) Emergency Personnel
2) Emergency Communication
3) Emergency Equipment

Emergency Personnel

In an emergency situation, it is essential that all personnel work as a team, since time is crucial and seconds may determine survival. The emergency team consists of a number of healthcare providers including physicians, emergency medical technicians, certified athletic trainers, athletic training students, coaches, and possibly, bystanders. Roles of these individuals within the emergency team may vary depending on various factors such as the number of members on the athletic team, the specific athletic venue, and the preference of the head athletic trainer or team physician. The type and degree of sports medicine coverage for an athletic event varies based on factors such as the sport or activity, the setting, and the type of practice or competition. The first responder in some instances may be a coach. Certification in cardiopulmonary resuscitation (CPR), first aid, prevention of disease transmission, and emergency plan review is recommended for all athletics personnel associated with practices, competitions, skills instruction, and strength and conditioning.

Roles within the Emergency Team

1. Immediate care of the injured student-athlete(s)
2. Activation of Emergency Medical Services
3. Emergency equipment retrieval
4. Direction of the EMS to emergency scene

EMERGENCY COMMUNICATION

Communication is the key to quick delivery of emergency care in athletic trauma situations. Certified athletic trainers and emergency personnel must work together to provide the best possible care to the injured student-athlete. Effective communication prior to the event is a good way to build rapport between both groups of professionals and ensure all personnel are prepared. If emergency medical transportation is not available on-site during a particular sporting event then direct communication with the emergency medical system at the time of injury or illness is necessary. Access to a working telephone or other telecommunications device, whether fixed or mobile, should be assured. The communications system should be checked prior to each practice or competition to ensure proper working order. A back-up communication plan should be in effect should there be failure of the primary communication system. The most common method of communication is a cellular telephone. At any athletic venue, whether home or away, it is important to know the location of a workable telephone. Pre-arranged communication plans should be established if it would not be easily accessible.

EMERGENCY EQUIPMENT

All necessary emergency equipment should be at or near the athletic site and quickly accessible. Personnel should be familiar with the function and operation of each type of emergency equipment. Equipment should be in good operating condition, and personnel should be trained in advance to use it properly. Emergency equipment should be checked on a regular basis and its use rehearsed by emergency personnel. The emergency equipment available should be appropriate for the level of training for the emergency medical providers. It is important to know the proper way to care for and store the emergency equipment

as well. Equipment should be stored in a clean and environmentally controlled area. It should be readily available when emergency situations arise.

The following supplies are available at all home competitions and practices in the event of an emergency situation:

- AED
- Bandages
- Tape
- ACE wraps
- Medical kit
- Ice

DUTIES

Certified Athletic Trainer (AT):

- Responsible for the 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
- Responsible for maintaining cervical stabilization in the event of a possible C-spine injury

Athletic Training Students (ATS):

- Attending to injured athlete(s)
- Retrieving emergency contact list for AT and EMS

Head Administrator on Duty:

- Responsible for meeting the ambulance and ensuring all gates are unlocked

Head Coach/Assistant Coaches:

- Calls to activate EMS

- Responsible for communication with parent(s)/guardian(s) and emergency first aid when AT is absent from the event
- Responsible for crowd control pertaining specifically to athletes of both teams, and accompanying injured athlete during transportation from event if parents are unavailable

Sports Officials:

- Responsible for helping with crowd control

Emergency Medical Personnel:

- Responsible for the care and transportation of the athlete

Emergency Phone Numbers

**** All phone numbers need a 9- to dial out if called from a campus phone****

Emergency Numbers

Emergency Medical Services (EMS)	911 / 707-528-5222
Emergency Fire Department	911
Rincon Valley Fire Department, Station 1	707-
Rincon Valley Fire Department, Station 3	707-
Santa Rosa Police Department	707-
Poison Control (24 hr help line)	1-800-222-1222

Important Campus Numbers

Main Office	707-528-5790
MCHS Fax	707-528-5789
Athletic Trainer	707-889-1695

Hospitals

Sutter Santa Rosa Regional Hospital
30 Mark West Springs Rd
Santa Rosa, CA 95403
707-576-4000

Kaiser Permanente
401 Bicentennial Way
Santa Rosa, Ca 95403
707-393-4000

Santa Rosa Memorial Hospital
1165 Montgomery Dr.
Santa Rosa, CA 95405
(707) 525-53

Urgent Care

Internal Medicine- Petaluma
141 Lynch Creek Way, Suite C
Petaluma, CA 94954
(707) 763-0802

St. Joesph Urgent Care
925 Corporate Center Pkwy #4
Santa Rosa, CA 95407
(707) 543-2000

Local Medical Organizations

Santa Rosa Sports Medicine
1255 North Dutton Ave
Santa Rosa, Ca 95401
707-546-9400

North Coast Concussion Management
http://www.northcoastconcussion.org

Maria Carrillo High School
Emergency Action Plan (EAP) – Gymnasium

Girl's Volleyball, Girl's and Boy's Basketball, Wrestling, Coed Badminton

Emergency Medical Services: **911 Call From Your Cell Phone**
9-911 From Campus Phone

Emergency Situation Protocol:

-The Athletic Trainer or highest ranking medical personnel takes charge
-Initial assessment is completed and duties are delegated
-Athletic Trainer or coaching staff calls for assistance
-Athletic Director, School Principal, or other administration staff meets the ambulance
-Coaching staff and administration staff works crowd control
-Emergency equipment is located on home team bench
-AED is located on the gymnasium wall by the stands, closest to the girls' locker room

- First Call 911 to activate Emergency Medical Services
    - *Identify yourself* ***"My name is _____ and I am a(n) _____ at Maria Carrillo High School."***
    - *Number of individuals injured*
    - *Condition of the injured* ***"We have an emergency, please send paramedics immediately for _____(nature of injury)."***
    - *Care being given to the injured*
    - *Specific directions* ***"We are at the Gymnasium located at 6975 Montecito Blvd, right by the parking lot. Please meet (person meeting EMS) at the parking lot next to the Gymnasium."***
    - *Other information as requested*
    - *Make sure you hang up after the dispatcher*
- Send someone to meet EMS at the designated spot
- Provide appropriate medical care until the arrival of EMS personnel and upon arrival provide pertinent information (method of injury, vital signs, treatment rendered, medical history) and assist with emergency care as needed.
- The Athletic Trainer will contact an athlete's parents if they are not present
- Contact the Athletic Director or Principal if not on site already
- Write up accident report and follow up with the injured party

Maria Carrillo High School
Emergency Action Plan (EAP) – Stadium Field
Football, Boy's and Girl's Soccer, Track and Field

Emergency Medical Services: 911 Call From Your Cell Phone

Emergency Situation Protocol:

-The Athletic Trainer or highest ranking medical personnel takes charge
-Initial assessment is completed and duties are delegated
-Athletic Trainer or coaching staff calls for assistance
-Athletic Director, School Principal, or other administration staff meets the ambulance
-Janitor on duty will unlock the gates for the ambulance
-Coaching staff and administration staff works crowd control
-Emergency equipment is located on home team bench
-AED is located with the emergency equipment

- First Call 911 to activate Emergency Medical Services
    - *Identify yourself **"My name is _____ and I am a(n) _____ at Maria Carrillo High School."***
    - *Number of individuals injured*
    - *Condition of the injured **"We have an emergency, please send paramedics immediately for _____(nature of injury)."***
    - *Care being given to the injured*
    - *Specific directions **"We are at the football/soccer field/ track located at 6975 Montecito Blvd. Please meet (person meeting EMS) at the gate and you will be directed to the injury location."***
    - *Other information as requested*
    - *Make sure you hang up after the dispatcher*
- Send someone to meet EMS at the designated spot
- Provide appropriate medical care until the arrival of EMS personnel and upon arrival provide pertinent information (method of injury, vital signs, treatment rendered, medical history) and assist with emergency care as needed.
- The Athletic Trainer will contact an athlete's parents if they are not present
- Contact the Athletic Director or Principal if not on site already
- Write up accident report and follow up with the injured party

On-Field Emergency Hand Signals

Signal	Description
Tapping head	Get Ambulance
Crossed arms	Activate EMS
Hand in fist	Bring Ice
Pounding fists on chest	Bring AED

Maria Carrillo High School
Emergency Action Plan (EAP) – Multi-Use Room
Wrestling

Emergency Medical Services: **911 From Your Cell Phone**
9-911 From Campus Phone

Emergency Situation Protocol:

-The Athletic Trainer or highest ranking medical personnel takes charge
-Initial assessment is completed and duties are delegated
-Athletic Trainer or coaching staff calls for assistance
-Athletic Director, School Principal, or other administration staff meets the ambulance
-Coaching staff and administration staff works crowd control
-Emergency equipment is located on home team bench
-AED is located near the scoring table

- First Call 911 to activate Emergency Medical Services
    - *Identify yourself **"My name is _____ and I am a(n) _____ at Maria Carrillo High School."***
    - *Number of individuals injured*
    - *Condition of the injured **"We have an emergency, please send paramedics immediately for _____(nature of injury)."***
    - *Care being given to the injured*
    - *Specific directions **"We are at the Multi-Use Room located at 6975 Montecito Blvd, in the front of the school. Please meet (person meeting EMS) at the entrance of the campus and you will be directed to the injury location."***
    - *Other information as requested*
    - *Make sure you hang up after the dispatcher*
- Send someone to meet EMS at the designated spot
- Provide appropriate medical care until the arrival of EMS personnel and upon arrival provide pertinent information (method of injury, vital signs, treatment rendered, medical history) and assist with emergency care as needed.
- The Athletic Trainer will contact an athlete's parents if they are not present
- Contact the Athletic Director or Principal if not on site already
- Write up accident report and follow up with the injured party

Maria Carrillo High School
Emergency Action Plan (EAP) – Softball Field

Softball, Football practice

Emergency Medical Services: **911 Call From Your Cell Phone**
9-911 From Campus Phone

Emergency Situation Protocol:

-The Athletic Trainer or highest ranking medical personnel takes charge
-Initial assessment is completed and duties are delegated
-Athletic Trainer or coaching staff calls for assistance
-Athletic Director, School Principal, or other administration staff meets the ambulance
-Coaching staff and administration staff works crowd control
-Emergency equipment is located on home team bench
-AED is located in the with the Athletic Trainer

- First Call 911 to activate Emergency Medical Services
    - *Identify yourself **"My name is _____ and I am a(n) _____ at Maria Carrillo High School."***
    - *Number of individuals injured*
    - *Condition of the injured **"We have an emergency, please send paramedics immediately for _____(nature of injury)."***
    - *Care being given to the injured*
    - *Specific directions **"We are at the Softball Field located at 6975 Montecito Blvd. Please meet (person meeting EMS) at the parking lot next to the tennis courts."***
    - *Other information as requested*
    - *Make sure you hang up after the dispatcher*
- Send someone to meet EMS at the designated spot
- Provide appropriate medical care until the arrival of EMS personnel and upon arrival provide pertinent information (method of injury, vital signs, treatment rendered, medical history) and assist with emergency care as needed.
- The Athletic Trainer will contact an athlete's parents if they are not present
- Contact the Athletic Director or Principal if not on site already
- Write up accident report and follow up with the injured party

Maria Carrillo High School
Emergency Action Plan (EAP) – Baseball Field

Baseball, Football practice

Emergency Medical Services: 911 Call From Your Cell Phone
9-911 From Campus Phone

Emergency Situation Protocol:

-The Athletic Trainer or highest ranking medical personnel takes charge
-Initial assessment is completed and duties are delegated
-Athletic Trainer or coaching staff calls for assistance
-Athletic Director, School Principal, or other administration staff meets the ambulance
-Coaching staff and administration staff works crowd control
-Emergency equipment located on home team bench or athletic training room
-AED is located with the Athletic Trainer

- First Call 911 to activate Emergency Medical Services
    - *Identify yourself **"My name is _____ and I am a(n) _____ at Maria Carrillo High School."***
    - *Number of individuals injured*
    - *Condition of the injured **"We have an emergency, please send paramedics immediately for _____(nature of injury)."***
    - *Care being given to the injured*
    - *Specific directions **"We are at the Baseball Field located at 6975 Montecito Blvd. Please meet (person meeting EMS) at the parking lot next to the tennis courts."***
    - *Other information as requested*
    - *Make sure you hang up after the dispatcher*
- Send someone to meet EMS at the designated spot
- Provide appropriate medical care until the arrival of EMS personnel and upon arrival provide pertinent information (method of injury, vital signs, treatment rendered, medical history) and assist with emergency care as needed.
- The Athletic Trainer will contact an athlete's parents if they are not present
- Contact the Athletic Director or Principal if not on site already
- Write up accident report and follow up with the injured party

Maria Carrillo High School
Emergency Action Plan (EAP) – Tennis Courts
Boy's and Girl's Tennis

Emergency Medical Services: 911 Call From Your Cell Phone
9-911 From Campus Phone

Emergency Situation Protocol:

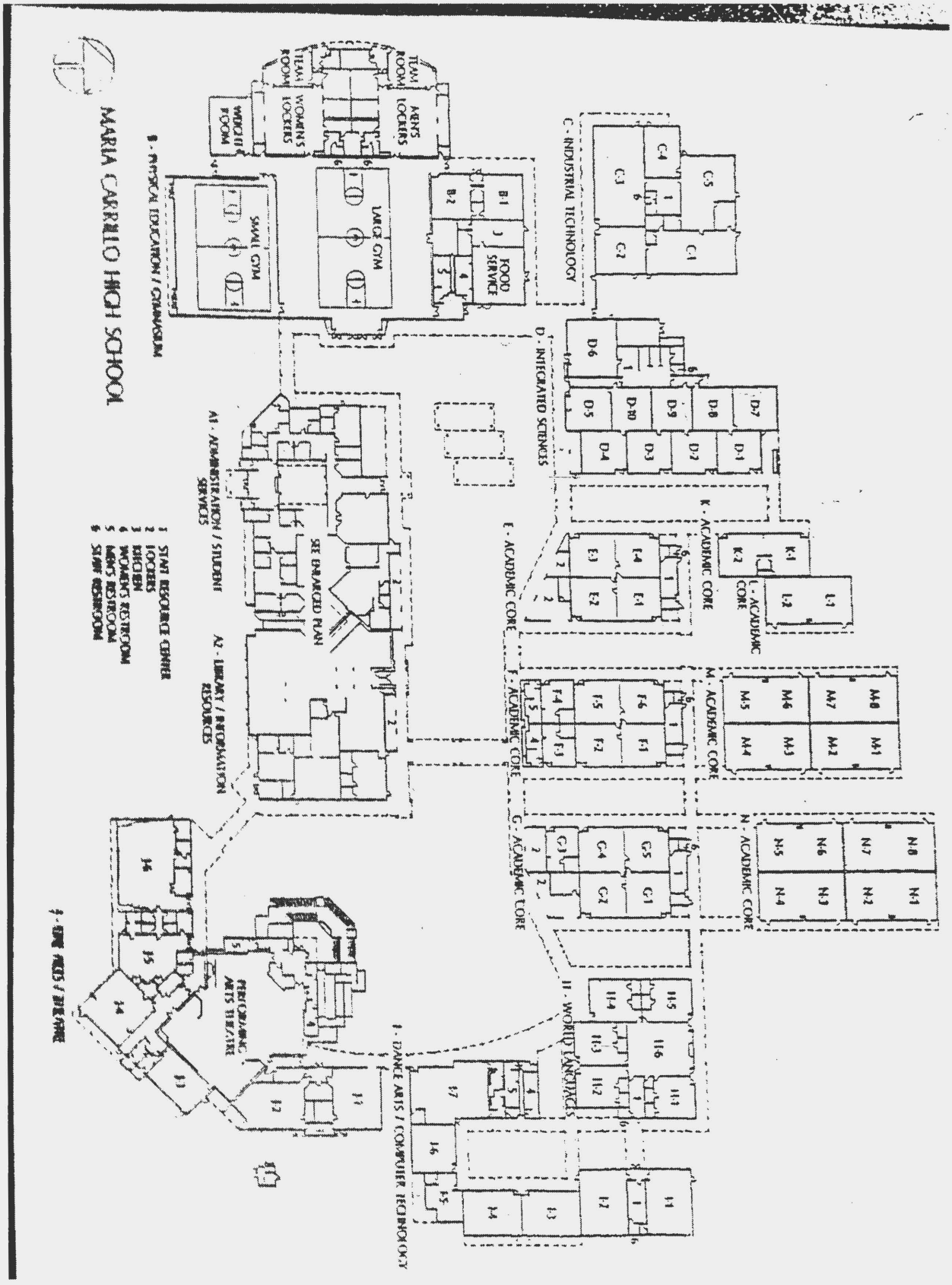
-The Athletic Trainer or highest ranking medical personnel takes charge
-Initial assessment is completed and duties are delegated
-Athletic Trainer or coaching staff calls for assistance
-Athletic Director, School Principal, or other administration staff meets the ambulance
-Coaching staff and administration staff works crowd control
-Emergency equipment is located in the athletic training room
-AED is located in the gymnasium

- First Call 911 to activate Emergency Medical Services
    - *Identify yourself* ***"My name is _____ and I am a(n) _____ at Maria Carrillo High School."***
    - *Number of individuals injured*
    - *Condition of the injured* ***"We have an emergency, please send paramedics immediately for _____(nature of injury)."***
    - *Care being given to the injured*
    - *Specific directions* ***"We are at the Tennis Courts located at 6975 Montecito Blvd, next to the parking lot in the front of the school. Please meet (person meeting EMS) at the parking lot next to the Tennis Court."***
    - *Other information as requested*
    - *Make sure you hang up after the dispatcher*
- Send someone to meet EMS at the designated spot
- Provide appropriate medical care until the arrival of EMS personnel and upon arrival provide pertinent information (method of injury, vital signs, treatment rendered, medical history) and assist with emergency care as needed.
- The Athletic Trainer will contact an athlete's parents if they are not present
- Contact the Athletic Director or Principal if not on site already
- Write up accident report and follow up with the injured party

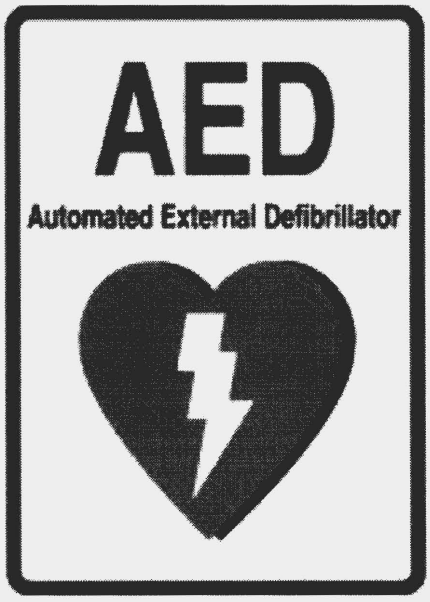
Parental Notification

If the injured student-athlete(s) is a minor, the Athletic Trainer should try to obtain consent from the parent(s)/guardian(s) before it becomes necessary to treat the student-athlete(s) during an emergency. If the student-athlete's parent(s)/guardian(s) cannot be contacted, the predetermined wishes of the parent(s)/guardian(s) given at the beginning of the season can be enacted. If no informed consent exists, the student-athlete's implied consent to save his/her life takes precedence.

Map of Maria Carrillo High School



Automated External Defibrillator (AED)



An automated external defibrillator (AED) is a portable device that checks the heart rhythm and can send an electric shock to the heart in order to restore a normal rhythm after it is lost. (http://www.nhlbi.nih.gov/health/health-topics/topics/aed) AEDs are used to immediately treat sudden cardiac arrest (SCA) and prevent death.

LOCATIONS

Maria Carrillo High School has a total of 3 AEDs on campus. They are located in the following places:

- On the wall in the gymnasium
- On the wall in the attendance office
- A portable AED travels with the Athletic Trainer to all home events. In the case that there is not a home event, the AED is located in the Athletic Training Facility

POLICIES AND PROCEDURES

1. Purpose:

   To establish an action plan for responding to a medical emergency

2. Training Requirements:

   Any employee that is expected to provide emergency care to a patient will be trained in CPR and AED use. This training will conform to the American Heart Association (AHA) Heartsaver AED standards of the equivalent American Red Cross AED training.

3. Emergency Medical Response Plan Activation

   "911" Notification

   Obtain the AED

4. Type of Medical Emergency

   Sudden Cardiac Arrest: Follow "Indications for AED use"

   Other Medical Emergencies: responder should provide only the patient care that is consistent with his/her training

5. Indications for AED Use:

   Your AED is intended to be used by personnel who have been trained in its operation. This user should be qualified by training in basic life support or other physician-authorized emergency medical response. The device is indicated for emergency treatment of victims exhibiting symptoms of sudden cardiac arrest who are unresponsive and not breathing. Post-resuscitation, if the victim is breathing, the AED should be left attached to allow for acquisition and detection of the ECG rhythm. If a shockable ventricular tachyarrhythmia recurs, the device will charge automatically and advise the operator to delivery therapy.

6. Procedures:

   a. Assess the scene safety

      Is the scene free of hazards?

Rescuer makes sure there are no dangers to them → electrical, chemical, harmful people, traffic, fire, flammable gases

b. Determine if patient is: unresponsive, not breathing
c. Opening lid "turns on" the AED
d. Follow the Voice Prompts:
    i. Place electrodes

        AED will prompt: "Place one electrode on bare upper chest" two times. Rescuer should place electrode as shown on electrode diagram

        AED will prompt: "Place second electrode on bare lower chest as shown." Rescuer should place the second electrode as shown on the electrode diagram

    ii. Analyze Rhythm

        AED will prompt: "Do not touch patient. Analyzing rhythm"

    iii. Charges

        AED will prompt: "Shock advised, charging"

    iv. Delivers Defibrillation Pulse

        AED will prompt: "Stand clear. Push flashing button to deliver shock." The rescuer will state "clear" and make a visual head-to-toe check of the patient making sure that he/she and any other rescuers are "clear" of contact with the patient. Once this is accomplished, the rescuer will press the "rescue button" to deliver a defibrillation pulse.

    v. Analyze/Charge/Pulse

        After the first defibrillation shock, the AED will re-analyze the patient's heart rhythm.

        AED will prompt: "Do not touch patient. Analyzing rhythm." If a shockable rhythm is detected, the AED will charge and prompt the rescuer to deliver another defibrillation pulse.

Continue this cycle until delivery of 3 defibrillation pulses.

vi. Rescuer Gives CPR for One Minute

After the 3rd defibrillation shock

AED will prompt: "Check for breathing. If not breathing, give patient two breaths. Check for signs of circulation. If no circulation, start CPR."

vii. Repeat Analyze/Charge/Defibrillation Pulse

After one minute of CPR, the voice prompt will say: "Do not touch the patient. Analyzing rhythm."

If cardiac rhythm is shockable, the AED will guide the rescuer through another 3-defibrillation pulse sequence, followed by one minute of CPR. This sequence should continue until:

- No shockable rhythm is detected
- The electrodes are disconnected
- Until ambulance personnel arrive on the scene

viii. Patient Converts to a Non-Shockable Rhythm

If at some point during the rescue the patient converts to a heart rhythm that does not require defibrillation:

AED will prompt: "Check for breathing. If not breathing, give patient two breaths" followed by "Check for signs of circulation, if no signs of circulation, start CPR."

If pulse if found on the patient and the patient is not breathing, continue rescue breathing. Leave electrodes in place and follow voice prompts. If the patient regains consciousness, leave AED electrodes in place and make patient as comfortable as possible until ambulance personnel arrive on scene.

Lightning Safety

Lightning may strike from blue sky and without rain. Lightning can, and does, strike as far as 10+ miles away from a rain shaft. To provide the best safety for student athletes who participate outdoors, Maria Carrillo High School has adopted the 30-30 Lightning Safety Rule. This rule incorporates the Flash-to-Bang method, which is the most reliable, easiest, and most convenient way to estimate how far away lightning is occurring.

The 30 / 30 Lightning Safety Rule

The National Severe Storms Laboratory and the National Athletic Trainers' Association recommended the use of the flash-to-bang ratio to help determine when cover should be taken. The Flash to Bang method is based on the fact that light travels faster than sound, with sound traveling approximately one mile every 5 seconds. Thunder always accompanies lightning, even though its audible range can be diminished due to background noise and its distance from the observer. Audible range of thunder is approximately 8-10 miles.

To estimate the distance between your location and a lightning flash, use the Flash-to-Bang method:

1. Count the number of seconds once lightning is sighted (flash), until the thunder is heard (bang).
2. Divide that number by 5 to obtain how far away (in miles) the lightning is occurring.

Example: If an individual counts 15 seconds between seeing the flash and hearing the bang, 15 divided by 5 equals 3. Therefore, the lighting flash is approximately 3 miles away.

Suspension of Play

Play is suspended if the Flash-to-Bang method reaches 30 seconds (or less than 30 seconds). This indicates the lightning is at the 6-mile range. As a minimum, the National Severe Storms Laboratory strongly recommends that by the time the observer obtains a Flash to Bang count of 30 seconds, all individuals should have left the athletics site and reached a safe location. Examples of safe locations include campus building and cars.

Resumption of Play

Resumption of play can continue only when lightning or thunder has not been detected for at least 30 minutes. Each subsequent occurrence of lightning or thunder detected within the 30 minutes, the 30- minute clock restarts. It is believed that 30 minutes allows for thunderstorms to be approximately 10-12 miles from the area. This helps minimize the chances of a nearby lightning strike.

First Aid

In the unfortunate event that someone becomes struck by lightning, call 911 immediately. It is safe for an individual to perform CPR on a lightning victim because their body no longer carries an electrical charge. However, personal safety must be considered before venturing into a dangerous situation. Immediate CPR increases the survival rate of victims of lightning strikes. If possible, move the victim to a safer location before starting CPR.

Chain of Command for Weather Evacuations

The Athletic Trainer will be the designated weather watcher for all home athletic events and will notify the game officials of the MCHS Inclement Weather Policy and Evacuation Procedures. In the rare instance that the athletic trainer is not in an attendance, a MCHS coach and/or game official will observe for inclement weather and begin the evacuation procedure as necessary.

1. The athletic trainer obtains a Flash-to-Bang count of 30 seconds or less.

2. The athletic trainer will first notify the head coach and game officials to suspend the contest due to inclement weather.
3. Game officials will notify opposing head coach of the suspension of play and advise opposing team and their staff to evacuate the playing field.
4. The athletic trainer will notify the Athletic Director or head coach to begin evacuation procedures and then unlock designated campus buildings for athletic teams, officials, and spectators.
5. The game's announcer will read the evacuation message. The AD will make sure that everyone has evacuated the facility and will lock all gates. If the AD is not present, the head coach will initiate the evacuation process and assume the AD's responsibilities.
6. The announcer will read the following over the PA system:
   "Attention please! Due to the potential threat of thunder storms in the immediate area, play has been suspended for a minimum of 30 minutes. All event participants and spectators must evacuate the facilities immediately. Repeat, all event participants and spectators must evacuate the facilities immediately. Spectators may seek shelter in the nearby _____. No one will be allowed back onto the facilities until it is deemed "safe" by game personnel. Thank you for your cooperation."

Appropriate Shelter By Venue

A safe shelter location is any substantial, frequently inhabited building. The building should have four solid walls (not a dug out), electrical and telephone wiring, as well as plumbing, all of which aid in grounding of a structure. The secondary choice for a safer location from the lightning hazard is a fully enclosed vehicle with a metal roof and the windows completely closed. It is important to not touch any part of the metal framework of the vehicle while inside it during

ongoing thunderstorms. The following table shows the designated locations for outdoor MCHS athletics.

Sport	Primary Location	Secondary Location	Other Location
Football	Gymnasium	Cars	
M/W Soccer	Gymnasium	Cars	
M/W Track & Field	Gymnasium	Cars	
M/W Tennis	Gymnasium	Cars	
Softball	Gymnasium	Cars	
Baseball	Gymnasium	Cars	

Individuals who feel their hair stand on end or skin tingle or hear crackling noises should assume the lightning-safe position. This position is crouched on the ground, weight on the balls of your feet, feet together, head lowered and covered. DO NOT LIE FLAT ON THE GROUND! You must minimize the amount of contact that you have with the ground.

Heat Related Illnesses

IDENTIFICATION AND TREATMENT OF HEAT ILLNESS

Exercise produces heat within the body and can increase the player's body temperature. Add to this a hot or humid day and any barriers to heat loss such as padding and equipment, and the temperature of the individual can become dangerously high. Heat Illness occurs when metabolically produced heat combines with that gained from the environment to exceed the heat and large sweat losses. It is recommended that young student-athletes should be pre-screened at their pre-participation physical exam for medication/supplement use, cardiac disease, history of sickle cell trait, and previous heat injury. Student-athletes with any of these factors should be supervised closely during strenuous activities in a hot climate.

Heat-related illnesses are preventable illnesses. Proper prevention and planning is essential to decreasing the risk of serious heat-related illness occurring. At the beginning of the athletic seasons, coaches and athletic training staff will review appropriate EAP and the procedures for treatment during heat-related illnesses. Much of one's body heat is eliminated by sweat. Once this water leaves the body, it must be replaced. Along with water loss, many other minerals are lost in the sweat. Most of the sports drinks available now contain these minerals, but water alone is all that is really required because the student-athlete will replace the lost minerals with his/her diet.

Prevention: PPE

A pre-participation medical screening will be conducted before the season starts to identify student-athletes predisposed to heat illness on the basis of risk factors. Common risk factors to note:

- Past history of heat illnesses
- Family history of heart disease
- Obesity
- Poor physical condition

- Prescription drugs or supplements
- Low body fat
- Ill athletes

Acclimatization

Acclimatization will be recommended to all outdoor sport coaches prior to season starting. Acclimatization period should be 10-14 days in length. The recommendation will include:

- Gradual increase of practice length
- Gradual increase in intensity of practice
- Gradual increase in amount of equipment worn

Hydration

Proper hydration will be prompted prior, during and after practice. A urine color chart and fluid replacement will be posted in the ATF. The color of urine can provide a quick guess at how hydrated the student-athlete is. If the urine is the color of apple juice, the student-athlete is dehydrated. If the urine is light like lemonade color, the student-athlete seems adequately hydrated.

The athlete should arrive at practice well hydrated to reduce the risks of dehydration. Water breaks should be given at least every 30-45 minutes and should be long enough to allow student-athletes to ingest adequate volumes of fluid. Student-athletes should be instructed to continue fluid replacement in between practice sessions.

Appropriate Clothing

Coaches will be informed by the AT about appropriate clothing during workouts. Minimizing the amount of clothing and equipment worn can help prevent heat illnesses. Wearing loose fitting, absorbent, light colored clothing or mesh Dri-fit materials is best.

Additional Prevention Measures:

- Well balanced diet which aids in replacing lost electrolytes
- Avoid drinks containing stimulants such as ephedrine or high doses of caffeine
- Alteration of practice plans in extreme environmental conditions
- Adequate rest breaks in the shade
- Allow athletes to remove unnecessary equipment during rest breaks
- Adjust the amount of conditioning activities in hot weather
- Athletes with febrile or gastrointestinal illnesses should not be allowed to participate

Guidelines for Participation in Heat & Humidity

Wet-bulb globe temperature (WBGT) higher than 75°F or humidity above 90% may be dangerous. Above 82°F indicates that preventative measures should be applied.

The following conditions are common heat-related illness that can occur in athletics and the recommended basic treatment. It is imperative the all involved in Maria Carrillo High School Athletics are aware of the differences of each condition and the proper treatment action:

HEAT STROKE

Dysfunction or shutdown of body systems due to elevated body temperature, which cannot be controlled. This occurs with a body-core temperature greater than 107 degrees Fahrenheit.

Warning Symptoms:

- Dizziness
- Drowsiness, loss of consciousness
- Seizures
- Staggering, disorientation
- Behavioral/cognitive changes (confusion, irritability, aggressiveness, hysteria, emotional instability)
- Weakness
- Hot and wet or dry skin
- Rapid heartbeat, low blood pressure
- Hyperventilation
- Vomiting, diarrhea

This is an EMERGENCY. Death may result if not treated properly and rapidly.

Treatment: Stop exercise, Call 911, remove from heat, remove clothing, immerse student-athlete in cold water for aggressive, rapid cooling (if immersion is not possible, cool the student-athlete, and monitor vital signs until paramedics arrive.

HOW TO COOL BODY: fans, cold water, ice towels, or ice packs. Maria Carrillo High School utilizes the taco method of cold-water immersion. Fluid replacement should occur as soon as possible.

HEAT EXHAUSTION

Inability to continue exercise due to heat-induced symptoms. Occurs with an elevated body-core temperature between 97 and 104 degrees Fahrenheit.

Warning Symptoms:

- Dizziness, lightheadedness, weakness
- Headache
- Nausea
- Diarrhea, urge to defecate
- Pallor, chills
- Profuse sweating
- Cool, clammy skin
- Hyperventilation
- Decreased urine output

Treatment: Stop exercise, move student-athlete to a cool place, remove excess clothing, give fluids if conscious

COOL BODY: fans, cold water, ice towels, or ice packs. Maria Carrillo High School utilizes the taco method of cold-water immersion. Fluid replacement should occur as soon as possible. The student-athlete should be referred to a hospital emergency if recovery is not rapid. When in doubt, CALL 911. The student-athlete with heat exhaustion should be assessed by a physician as soon as possible in all cases.

HEAT SYNCOPE

Dizziness or fainting due to high temperatures. Caused by a drop in blood pressure as the brain is deprived of oxygenated blood. It often occurs after standing for long periods of time, immediately following cessation of activity, or rapidly standing after resting or sitting.

Warning Symptoms:

- Fatigue
- Tunnel vision
- Pale or sweaty skin
- Dizziness
- Lightheadedness, fainting

Treatment: Move the athlete to a cool, shaded area, elevate the legs and rehydrate. Remove excess clothing and cool the student-athlete with wet towels or ice bags.

EXERTIONAL HYPONATREMIA

A rare condition of bodily dysfunction due to inadequate sodium levels. This occurs because of the ingestion of too much water.

Warning Symptoms:

- Disorientation, altered consciousness, lethargy
- Headache
- Vomiting
- Swelling of hands and feet
- Seizures

Treatment: Stop exercise, call 911, monitor athlete until paramedics arrive. Student-athletes who may have hyponatremia should not be given fluids until a physician is consulted.

HEAT CRAMPS

Acute, painful, involuntary muscle contractions that occur during or after intense exercise sessions.

Warning Symptoms:

- Muscle cramps
- Sweating, thirst, fatigue

Treatment: Gently stretch the cramping muscle. Ice or gentle muscle massage may also help to stop the cramp. The student-athlete should drink fluids, especially with electrolytes if possible.

Salt tablets are still controversial. Student-athletes can use greater amounts of salt on their food by instinct and can get additional salt from sports drinks with electrolytes.

General Treatment Guidelines

Adequate medical personnel should be on-site to handle any heat illness/emergencies. Equipment for treating heat illness (cooling equipment such as fans, ice, tub of cold water, thermometers, etc.) should be readily available for use in the event of a problem. Coaches and medical personnel should be aware of and familiar with procedures for handling any emergencies due to heat illnesses.

NATA Position Statement & Recommendations for Hydration to Minimize Risk for Dehydration and Heat Illness

Dehydration, its effects on performance & its relationship to heat illnesses:

- Appropriate hydration before, during and after exercise is an important ingredient to healthy and successful participation
- Rapid weight loss represents a loss of body water and student-athletes should be weighed before & after warm weather practice sessions/contests to assess fluid losses. 1-2% loss of body weight can negatively impact performance. >3% loss of body weight can increase risk for exertional heat-related illness
- Athletes with high body fat percentages can become dehydrated faster than those with lower body fat percentages while working out under the same environmental conditions
- All athletes have different sweat rates and some tend to lost much more salt through their sweat
- Poor acclimatization/fitness levels can greatly contribute to an athlete's dehydration problems
- Medications, fevers, environmental temperatures and humidity can each greatly attribute to dehydration and risk for heat illness
- Wet bulb temperature measurements should be taken 10-15 minutes before practices/contests. The results should be used with a heat index to determine if practices/contests should be started, modified or stopped
- Dry climates can have high humidity if sprinkler systems are scheduled to run before early morning practices start. This collection of water does not evaporate until environmental temperatures increase and dew points lower
- A heat index chart should be followed to determine if practices/contests should be held

To determine the heat index for your location, enter your postal zip code: The OSSA (Oregon School Activities Association) Heat Index Calculator http://www.osaa.org/heatindex/

Relative Humidity & Temperature	Heat Illness	Heat Stroke
35% & 95 degrees	Likely	Likely
70% & 95 degrees	Very likely	Very likely

SICKLE CELL TRAIT

Sickle cell trait is the inheritance of one gene for sickle hemoglobin and one for normal hemoglobin. It is not the disease. During intense exercise when a student-athlete is pushed to extremely physiological limits, red blood cells possessing the sickle cell hemoglobin can change shape from round to sickle. These red blood cells can accumulate in the bloodstream and block normal blood flow to muscles and tissue. Heat, dehydration, asthma, and altitude can increase the risk of red blood cell sickling. Student-athletes with sickle cell trait should not be excluded from athletic participation, unless noted by qualified medical personnel. It is essential to know which student-athletes carry the sickle cell trait.

Warning Symptoms:

- Muscles weakness feeling similar to heat cramps
- Difficulty breathing
- General weakness or fatigue

Treatment & Prevention: Prompt access to medical care and planned emergency response are critical components to ensure adequate response to an athlete who collapses or is in distress. Student-athletes with sickle cell trait should set their own pace with workouts, engage in a slow and gradual preseason conditioning regimen to be prepared for the rigors of competitive athletics. Utilize adequate rest and recovery between repetitions, especially intense drills. Stay well hydrated at all times, especially in hot and humid conditions.

Hydration Policies

Before Exercise:

- 2 to 3 hours before exercise drink at least 17 to 20 oz of water or a sports drink.
- 10 to 20 minutes before exercise drink another 7 to 10 oz of water or a sports drink.

What to Drink During Exercise:

- For most athletes, cold water is the ideal fluid for per- and re-hydration. Water is quickly absorbed, well tolerated, an excellent thirst quencher, and cost effective
- In general, drink 7 to 10 oz of water or a sports drink every 10 to 20 minutes to maintain hydration.
- Sip fluids often; do not guzzle all at once.
- If exercise lasts more than 45 to 50 minutes or is vigorous, drink a sports drink containing carbohydrates.
- Carbohydrate concentration in the ideal fluid replacement should be in the range of 6% to 8% (14 to 18g/ 8oz)
    - When a higher rate of fluid intake is necessary to sustain hydration, sports drinks should contain 7% carbohydrate concentrations.

What Not to Drink During Exercise:

- Fruit juices, carbohydrate gels, sodas, and sports drinks with carbohydrate levels over 8%.
- Beverages containing caffeine, alcohol, and carbonation. These drinks can dehydrate the body with decreased voluntary fluid intake and increased urine production

After Exercise:

- Replace fluids immediately after training or competition.
- For every pound of weight lost, student-athletes should drink at least 20 oz of fluid for rehydration.

Dehydration and Performance:

- Dehydration occurs when fluid loss exceeds fluid intake. Urine color is similar to apple juice.
- Dehydration can affect a student-athlete's performance in less than 1 hour of exercise. It can begin sooner if the student-athlete begins the session dehydrated.
- Dehydration of just 1-2% of body weight can negatively influence performance.
- Dehydration of 3% body weight increases a student-athlete's risk of heat illness (heat cramps, heat exhaustion, or heat stroke).

Nutritional Supplements

- Not limited to pills and powders; many of the new fluids contain stimulants such as caffeine, ephedrine/ephedra, guarana and mahuang
- These stimulants may increase the risk of heart or heat illness problems when exercising
- As with other forms of supplements, these "powder drinks or fluid supplements" are not regulated by the FDA. Thus, purity and accuracy of contents on the label are not guaranteed
- Many of these beverages, which claim to provide additional power, energy, etc., have additional ingredients that are not necessary, some that are potentially harmful, and some that actually include substances banned by governing bodies as the NCAA and USOC.

Eating Disorder Response

In some sports, especially those sports where weight or appearance may be a factor in eligibility or judging performance, student-athletes can develop misperceptions about healthy weight, which in turn can lead athletes to patterns of disordered eating, the gateway to serious disorders such as bulimia or anorexia nervosa.

Disordered eating and eating disorders are related, but not always the same. All eating disorders involved disordered eating, but not all disordered eating meets diagnostic criteria for an eating disorder. Eating disorders are not simply disorders of eating, but rather conditions characterized by a persistent disturbance or an eating-related behavior that significantly impairs physical health or psychosocial functioning.

Types and Definitions

Anorexia Nervosa

A persistent caloric intake restriction, fear of gaining weight/becoming fat, persistent behavior impeding weight gain, and a disturbance in perceived weight or shape.

- One of the most common psychiatric diagnoses in young women
- Between 5-20% of individuals struggling with anorexia nervosa will die
- Typically appears in early to mid-adolescence

Bulimia Nervosa

Recurrent binge eating, recurrent inappropriate compensatory behaviors to prevent weight gain (for example, induced vomiting and excessive exercise), and self-evaluation unduly influenced by shape and weight

- 80% bulimia patients are female
- People struggling with bulimia nervosa appear to be of average body weight

- Frequently associated with symptoms of depression and changes in social adjustment

Binge-eating disorder

Recurrent episodes of binge eating without compensatory behaviors but with marked distress with binge eating; a feeling of loss of control during the binge; and experiencing shame, distress or guilt afterwards

- The most common eating disorder in the US, affecting 3.5% women, 2% of men, and 1.6% of adolescents

Signs and Symptoms

ANOREXIA NERVOSA

Symptoms

- Inadequate food intake leading to a weight that is clearly too low
- Intense fear of weight gain, obsession with weight and persistent behavior to prevent weight gain
- Self-esteem overly related to body image
- Inability to appreciate the severity of the situation
- Binge-eating/purging type involves binge eating and/or purging behaviors during the last three months
- Restricting type does not involve binge eating or purging

Warning Signs

- Dramatic weight loss
- Preoccupation with weight, food, fat grams, and dieting
- Refusal to eat certain foods, progressing to restrictions against whole categories of food (e.g. no carbohydrates, etc.)
- Frequent comments about feeling "fat" or overweight despite weight loss
- Anxiety about gaining weight or being "fat"
- Denial of hunger

- Development of food rituals (e.g. eating foods in certain orders, excessive chewing, rearranging food on a plate)
- Consistent excuses to avoid mealtimes or situations involving food
- Excessive, rigid exercise regimen—despite weather, fatigue, illness, or injury, the need to "burn off" calories taken in
- Withdrawal from usual friends and activities
- In general, behaviors and attitudes indicating that weight loss, dieting, and control of food are becoming primary concerns

BULIMIA NERVOSA

Symptoms

- Frequent episodes of consuming very large amounts of food followed by behaviors to prevent weight gain, such as self-induced vomiting
- A feeling of being out of control during the binge-eating episodes
- Self-esteem overly related to body image

Warning Signs

- Evidence of binge eating, including disappearance of large amounts of food in short periods of time or finding wrappers and containers indicating the consumption of large amounts of food
- Evidence of purging behaviors, including frequent trips to the bathroom after meals, signs and/or smells of vomiting, presence of wrappers or packages of laxatives or diuretics
- Excessive, rigid exercise regimen—despite weather, fatigue, illness, or injury, the compulsive need to "burn off" calories taken in
- Unusual swelling of the cheeks or jaw area
- Calluses on the back of hands and knuckles from self-induced vomiting
- Discoloration or staining of the teeth
- Creation of lifestyle schedules or rituals to make time for binge-and-purge sessions
- Withdrawal from usual friends and activities
- In general, behaviors and attitudes indicating that weight loss, dieting, and control of food are becoming primary concerns
- Continued exercise despite injury; overuse injuries

Binge-Eating Disorder

Symptoms

- Recurrent episodes of binge eating
    - Eating, in a discrete period of time, an amount of food that is definitely larger than what most people would eat in a similar period of time under similar circumstances
    - A sense of lack of control over eating during the episode
- The binge eating episodes are associated with three (or more) of the following:
    - Eating must more rapidly than normal
    - Eating until feeling uncomfortably full
    - Eating large amounts of food when not feeling physically hungry
    - Eating alone because of feeling embarrassed by how much one is eating
    - Feeling disgusted with oneself, depressed, or very guilty afterward
- Marked distress regarding binge eating is present
- The binge eating occurs, on average, at least once a week for 3 months
- The binge eating is not associated with the recurrent use of inappropriate compensatory behaviors as in bulimia nervosa and does not occur excessively during the course of bulimia nervosa or anorexia nervosa

Characteristics- Behavioral

- Evidence of binge eating, including the disappearance of large amounts of food in short periods of time or lots of empty wrappers and containers indicating consumption of large amounts of food
- Secretive food behaviors, including eating secretly and stealing, hiding, or hoarding food
- Disruption in normal eating behaviors, including eating throughout the day with no planned mealtimes; skipping meals or taking small portions of food at regular meals; engaging in sporadic fasting or repetitive dieting; and developing food rituals

- Can involve extreme restriction and rigidity with food and period dieting and/or fasting
- Has periods of uncontrolled, impulsive, or continuous eating beyond the point of feeling uncomfortably full, but does not purge
- Creating lifestyle schedules or rituals to make time for binge sessions

Characteristics- Emotional and Mental

- Experiencing feelings of anger, anxiety, worthlessness, or shame preceding binges. Initiating the binge is a means of relieving tension or numbing negative feelings
- Co-occurring conditions such as depression may be present. They may also experience social isolation, moodiness, and irritability
- Feeling disgust about one's body size. They may have been teased about their body while growing up
- Avoiding conflict; trying to "keep the peace"
- Certain thought patterns and personality types are associated with binge eating disorder. These include:
    - Rigid and inflexible "all or nothing" thinking
    - A strong need to be in control
    - Difficulty expressing feelings and needs
    - Perfectionistic tendencies
    - Working hard to please others

Characteristics- Physical

- Body weight varies from normal to mild, moderate and severe obesity
- Weight gain may or may not be associated with BED. Not everyone who is overweight binges or has BED

Treatment

As a special subpopulation of eating-disorder patients, student-athletes need specialized approaches to treatment. Standard treatment approaches work as well for athletes as for non-athletes.

Student-athletes often resist treatment for the same reasons as non-athletes, but also for additional reasons related to sport. Some resist treatment because they assume they will gain so much weight that it will negatively affect sport performance. They may also resist due to a concern that having a mental health problem will result in a loss of status or playing time. Others fear that being in treatment for a mental health problem will displease significant others (like family, coaches and teammates).

Student-athletes sometimes resist treatment because they fear their treating professional(s) will not value the importance of sport in their lives. Because of the common reasons to resist treatment, motivation for treatment and recovery is particularly important.

Reporting Protocol

If disordered eating is suspected, the initial intervention should be facilitated by an authority figure who has the best rapport with the student-athlete. The facilitator should be prepared to 1) approach the student-athlete with sensitivity and respect while adhering to disclosure regulations regarding patient confidentiality; 2) indicate specific observations of concern; 3) expect denial, anger, and/or resistance; and 4) have expertise readily accessible for consultation and/or timely referral

If the suspicions of disordered eating are confirmed, the athlete should be referred to the supervising physician for an initial evaluation, beginning with a thorough medical history review and physical examination. Collaborations among all members of health care team should follow to determine the most appropriate setting for treatment and to prioritize interventions.

Certified athletic trainers should be mindful of their scope of practice limitations. Although they have the clinical knowledge and skills to identify signs and symptoms that indicate risk, confront athletes with suspicious behaviors, and provide assistance as needed to facilitate timely referrals and treatment compliance, diagnosis and treatment can only be managed by physicians and psychotherapists who specialize in eating disorders.

Health Related Protocols

Diabetes

In managing diabetes, the most important goal is to keep blood glucose levels at or close to normal levels as possible without causing hypoglycemia. This goal requires the maintenance of a delicate balance among hypoglycemia, euglycemia, and hyperglycemia, which is often more challenging in the athlete due to the demands of physical activity and competition.

Based on current research and literature, the National Athletic Trainers' Association (NATA) suggests the following guidelines for management of student-athletes with type 1 diabetes mellitus.

Diabetes Care Plan

1. Each student-athlete with diabetes should have a diabetes care plan for practices and games. The plan should include the following:
    a. Blood glucose monitoring guidelines. Address frequency or monitoring and pre-exercise exclusion values.
    b. Insulin therapy guidelines. Should include the type of insulin used, dosages and adjustment strategies for planned activities types, as well as insulin correction dosages for high blood glucose levels.
    c. List of other medications. Include those used to assist with glycemic control and/or to treat other diabetes-related conditions.
    d. Guidelines for hypoglycemia recognition and treatment
    e. Guidelines for hyperglycemia recognition and treatment
    f. Emergency contact information. Include parent(s)/guardian(s) and other family members' telephone numbers, physician's telephone number, and consent for medical treatment (for minors)
    g. Student-athletes with diabetes should have a medic alert tag with them at all times

Asthma

Asthma is defined as a chronic inflammatory disorder of the airways characterized by variable airway obstruction and bronchial hyperresponsiveness (National Asthma Education and Prevention Program, 1997). This can lead to recurrent episodes of wheezing, breathlessness, chest tightness, and coughing. Asthma has many triggers, including allergens (e.g., pollen, dust mites, animal dander), pollutants (e.g., carbon dioxide, smoke, ozone), respiratory infections, aspirin, nonsteroidal anti-inflammatory drugs (NSAIDs), inhaled irritants (e.g., cigarette smoke, household cleaning fumes, chlorine in a swimming pool), particulate exposure (e.g., ambient air pollutants, ice rink pollution), and exposure to cod and exercise.

At least 15-25% of athletes may have signs and symptoms suggestive of asthma, including exercise-induced asthma.

Based on current research and literature, the National Athletic Trainers' Association provides the following guidelines for the identification, management and prophylaxis of asthma, including EIA, and the education of athletes, parents, coaches and health care personnel about asthma.

Asthma Identification and Diagnosis

1. All athletes must receive pre-participation screening evaluations. In most situations, this evaluation includes only obtaining a thorough history from the athletes.
2. Athlete trainers (ATs) should be aware of the major signs and symptoms suggesting asthma, as well as the following associated conditions
    a. Chest tightness
    b. Coughing
    c. Prolonged shortness of breath (dyspnea)
    d. Difficulty sleeping
    e. Wheezing

f. Inability to catch one's breath
g. Physical activities affected by breathing difficulty
h. Use of accessory muscles to breathe
i. Exercise-induced symptoms, such as coughing or wheezing
j. An athlete who is well conditioned, but does not seem to be able to perform at a level comparable with other athletes who do not have asthma
k. Family history of asthma

Asthma Management

1. Athletic trainers (ATs) should incorporate into the existing emergency action plan an asthma action plan for managing and urgently referring all patients who may experience significant or life-threatening attacks of breathing difficulties. Immediate access to emergency facilities during practices and game situations should be available. For example, ATs should be familiar with appropriate community resources and must have a fully functioning telephone available, pre-programmed with emergency medical care access numbers.
2. Student-athletes who are experiencing any degree of respiratory distress should be referred rapidly to an emergency department or to their personal physicians for further evaluation and treatment.
3. All student-athletes with asthma should have a rescue inhaler available during games and practices, and the **AT should have an extra rescue inhaler** for each student-athlete for administration during emergencies.
4. Student-athletes with asthma should have follow-up examinations at regular intervals, as determined by the patient's primary care physician or specialist, to monitor and alter therapy. In general, these evaluations should be scheduled at least every 6-12 months, but may be more frequent if symptoms are not well controlled.
5. Healthcare providers should identify and consider non-pharmacologic strategies to control asthma, including nose breathing, limiting exposure to allergens or pollutants, and air filtration systems.

Non-Athletic Related Protocols

Child Abuse

Definition of Child Abuse

Child abuse means a physical injury that is inflicted by other than accidental on a child by another person. Child abuse also means the sexual abuse of a child or any act of omission pertaining to child abuse reporting laws (willful cruelty, unjustifiable punishment of a child, unlawful corporal punishment or injury). Child abuse also means the physical or emotional neglect of a child or abuse in out-of-home care.

1. Child Abuse
    a. Injury inflicted by another person
    b. Sexual abuse
    c. Neglect of child's physical, health, and emotional needs
    d. Unusual and willful cruelty; unjustifiable needs
    e. Unlawful corporal punishment
2. Not Considered Child Abuse
    a. Mutual affray between minors
    b. Injury caused by reasonable and necessary force used by a peace officer
        i. To quell a disturbance threatening physical injury to a person or damage property
        ii. To prevent physical injury to another person or damage to property
        iii. For the purposes of self-defense
        iv. To obtain the possession of weapons or other dangerous objects within the control of a child
        v. To apprehend an escapee

Mandated Child Abuse Reporting

Professionals Required to Report in California (Penal Code 11165.7)

- Teachers, teacher's aides, administrators, and employees of public or private schools
- Administrators or employees of day camps, youth centers, or youth recreation programs
- Administrators or employees of licensed community care or child daycare facilities; Head Start program teachers
- Employees of school district police or security departments
- Physicians, surgeons, psychiatrists, psychologist, or local child support agency caseworkers
- Athletic coaches, athletic administrators, or athletic directors employed by any public or private school
- Athletic coaches, but not limited to, assistant coaches or graduate assistants at public or private postsecondary institutions

Any child care custodian, health practitioner, or employee of a child protective agency who has knowledge of or observes a child in his/her professional capacity or within the scope of his/her employment whom he/she knows or reasonably suspects has been the victim of child abuse shall report the known or suspected instance of child abuse to a child protective agency by telephone and written report:

- The telephone call must be made immediately or as soon as practicably possible by telephone

AND

- A written report must be sent within 36 hours of the telephone call to the child protective agency

Any child care custodian, health practitioner, or employee of a child protective agency who has knowledge of or who reasonably suspects mental suffering has been inflicted on a child or his/her emotional well-being is endangered in any other way, may report such known or suspected instance of child abuse to a child protective agency.

When two or more persons, who are required to report have joint knowledge of a known or suspected instance of neglect, and when there is agreement among them, the telephone report may be made by a member of the team selected by mutual agreement and a single report may be made and signed by the selected member of the reporting team. Any member who has knowledge that the member designated to make the report failed to do so, shall thereafter make such a report.

The intent and purpose of the law is to protect children from abuse. The definition of a child is any person under 18 years of age.

This entire section on Child Abuse was taken from Child Welfare Information Gateway.

Reported Sexual Abuse

Child abuse laws change from time to time. Should the athletic trainer (AT) suspect that a student-athlete is engaged in unlawful sexual activity, the AT should consult with the school social worker and campus officer to determine if particular provisions under this section are current and in effect.

1. Involuntary sexual activity is always reportable
2. Incest, even if voluntary, is always reportable. Incest is a marriage or act of intercourse between parents and children; ancestors and descendants of every degree; brothers and sisters of half and whole blood and uncles and nieces or aunts and nephews (Family Code 2200).

3. Voluntary Sexual Activity may or may not be reportable. Even if the behavior is voluntary, there are circumstances where the behavior is abusive, either by Penal Code definition or because of an exploitative relationship, then this behavior must be reported. If there is reasonable suspicion of sexual abuse prior to the consensual activity, the abuse must be reported.

Report of Sexual Assault to or from School

1. Self-Reported by Student-Athlete, Staff or Other
    a. Immediately refer to the assistant principal (AP) in charge of athletes. The AP will call 911 if security is not available. Provide as much pertinent information to the 911 dispatcher as possible.
    b. AP will contact parent(s)/guardian(s) of the assault victim to inform them of the assault and necessary police intervention.
    c. A referral will be made by the AP to the site-based clinical counselor
    d. This process will be used whether the assault is reported as recent or a previously unreported assault
    e. The AP will notify the Principal, District Office, District School Safety Director and Police Coordinator, of the assault
2. An Alert will go out to the staff and students regarding the alleged assault. The alert may be handled in several ways:
    a. An alert to take precautions and safety tips may be announced over the P.A system
    b. An advisory alert will be distributed to all staff, requesting that they alert their students about a possible sexual predator near the school community
    c. A school-wide lesson plan discussing preventative and safety tips may be done through common classes such as English or Social Studies, or over the P.A. system

d. Police bulletins and sketches of the alleged assailant will be disseminated to staff to post in strategic locations on the campus if available
e. Flyers may be sent home with students
f. The AP will contact neighboring Santa Rosa City Schools (SRCS) to alert them of a possible sexual predator. The Police Coordinator will alert neighboring non-SRCS schools to alert them of a possible sexual predator

Report of Indecent Exposure

1. Reported by Students, Staff, or Other
   a. Immediately alert the assistant principal (AP) in charge of athletics. The AP calls 911 if security is not available. Provide as much pertinent information to the 911 dispatcher as possible.
   b. The AP will contact the parent(s)/guardian(s) to inform them of the indecent exposure and of necessary police intervention
   c. A referral will be made by the AP to the site-based clinical counselor or MST for support for the student
2. Alerting the School Community
   a. An alert to take precautions and safety tips will be announced over the P.A. system
   b. An advisory alert will be distributed to all staff, requesting that they alert their students about individuals indecently exposing themselves near the school community
   c. A school-wide lesson plan discussing preventative and safety tips may be done through common classes such as English or Social Studies
   d. Police bulletins and sketches of the alleged perpetrator will be disseminated to staff, if appropriate.
   e. Flyers may be sent home with students

f. The AP will contact neighboring Santa Rosa City Schools (SRCS) to alert them of a possible sexual predator. The Police School Coordinator will contact nearby non-SRCS schools to alert them of a possible sexual predator.

Failure to Report Known or Suspected Child/Sexual Abuse

Failure to report known or reasonable suspicion of child abuse, including sexual abuse, is a misdemeanor. Mandated reporters are provided with immunity from civil or criminal liability as a result of making a mandated report of child abuse.

Child Abuse Reporting Number: 707-565-4304 OR 800-870-7064

Alcohol/Substance Abuse

Alcohol is the most commonly used and abused drug among youth in the United States (U.S. Department of Health and Human Services, 2007). In the U.S. and many other countries, underage drinking is a widespread problem with often serious consequences.

Binge-drinking, which is defined as consuming five or more drinks at a sitting for males, and four or more drinks at a sitting for females, can cause teens to pass out, black out, feel sick, miss school, or behave in ways that would otherwise be uncharacteristic of them.

If a student-athlete is suspected of drinking alcohol, or it is known that they were participating in the consumption of alcohol, the athletic trainer will report to the assistant principal (AP) in charge of athletics. The AP will then notify the student-athlete's parent(s)/guardian(s).

Pregnancy and Sports

The safety of both the pregnancy woman and the fetus are the primary concerns. Ultimately, the decision to compete is up to the athlete and the athlete's personal physician. However, not all physicians will allow the pregnant athlete to compete.

Because pregnant athletes under 18 are legally under their parent(s)/guardian(s)'s care, parent(s)/guardian(s) need to be included in making the decisions for these athletes.

Competition level is also an important factor to consider when making the decision whether to compete or not. The demands of competing on a high school athletic team may not be as strenuous as the demands of competing on a club level or collegiate level team.

The physical demands of the sport may be the key factor in deciding whether to continue to compete during pregnancy. Sports such as volleyball that require an athlete to dive on to the floor may place the fetus at risk. Sports in which body contact is a regular occurrence (i.e., soccer and basketball) may also place the fetus at risk. However, noncontact sports such as cross-country running or swimming may be safer because the risk of injury due to the nature of the sport is significantly less.

The athletic trainer should treat pregnancy like any other type of temporary medical condition. An institution cannot automatically exclude a pregnant athlete from participation, but they can require certification from her doctor that she may be able to participate.

If a Maria Carrillo High School student-athlete is pregnant and they are planning on continuing to compete, they are required to bring the athletic trainer (AT) a written note from their physician stating that they may continue to compete in their sport.

When a female student-athlete informs the athletic department of her pregnancy status, the department should first advise the student-athlete on her options within the athletics department and how they relate to her future participation on the team.

American College of Obstetricians and Gynecologists Guidelines for Exercise During Pregnancy

1. Maternal heart rate should not exceed 140 beats per minute
2. Strenuous exercise should not exceed 15 minutes duration
3. No exercise should be performed in the supine position after the fourth month of gestation is completed
4. Exercises that employ the Valsalva maneuver should be avoided
5. Calorie intake should be adequate to meet not only the extra energy needs of pregnancy, but also of the exercise performed
6. Maternal core temperature should not exceed 38 degrees C

Websites & Numbers for Hotlines for Professional Help & Advice

American Cancer Society www.cancer.org	800-227-2345
American Diabetes Association www.diabetes.org	800-342-2383
American Heart Association www.americanheart.org	800-242-8721
American Kidney Foundation www.kidney.org	800-622-9010
American Lung Association www.lungusa.org	626-797-5864
American Social Health Association/National STD Hotline www.ashasta.org	800-227-8922
National Heart, Lung, Blood Institute www.nhlbi.nhi.gov	301-496-4236
Crisis Intervention Agency (Domestic Violence Hotline) www.ndvh.org	800-978-3600
Eating Disorders, Bulimia/Anorexia Hotline www.anad.org	847-831-3438
National Runaway Hotline www.nrscrisisline.org	800-RUNAWAY
Suicide Prevention Crisis Hotline www.suicidepreventionlifeline.org	800-273-TALK
National Head Injury Foundation www.headinjury.com	206-621-8858
National Spinal Cord Injury Association www.spinalcord.org	800-962-9629
Poison Control Center www.aapcc.org	800-876-4766
National Athletic Trainers' Association www.nata.org	800-TRY-NATA

Far West Athletic Trainers' Association
www.fwata.org

California Athletic Trainers' Association
www.cata-usa.org

College Sports Medicine Foundation
www.csmfoundation.org

American College of Sports Medicine
www.acsm.org

College Athletic Trainers Society
www.collegeathletictrainer.org

Center for Disease Control
www.cdc.gov

Supplies Ordering

Ordering Supplies

1. Take an inventory of what supplies are available and what is needed
2. Send list of needed supplies to vendors in individualized Excel spreadsheets with the item, description, unit, amount, and item number as follows and ask them to price out each item:

ITEM	ITEM #	DESCRIPTION	UNIT	AMOUNT
Flexible Fabric Strips	123456	3"x4"	100/box	2
Leukotape	749234	1.5" x 15 yd	1 each	1

3. Once the three vendors have replied with their prices for each item, input all information into another Excel spreadsheet and compare the prices. Highlight the lowest price for each item (see example in appendix).
4. Create lists with necessary information to send to each vendor for ordering
5. Send each individualized list with vendor quotes to the school secretary for ordering

Medical Supplies Vendors

Medco Sports Medicine

Scott Howerton, MA, ATC

Regional Account Manager (CA, AZ, NV)

214-548-2386 cell

1-866-658-9093 fax

1-800-55-medco Medco Customer Service

Scott.howerton@pattersonmedical.com

www.medco-athletics.com

Henry Schein

Kenny Beehler

Sales Representative

Medical Sports Medicine Division

(P) 1-800-772-4346 Opt 21, ext 2658

(F) 1-800-329-9109

Kenny.beehler@henryschein.com

School Health

Andrew Wlezen

Contract Sales Team Lead

D 630-339-7902

T 866-323-5465 ext 7902

F 800-235-1305

E awlezen@schoolhealth.com

Appendices

Insert:

CIF Preparticipation Medical History Form
Parent Notification of Head Injury
SCAT 3 Concussion Assessment Tool
Take Home Concussion Fact Sheet
CIF Return-to-Play Protocol
CIF Return-to-Learn Protocol
SRCS Return-to-Learn Protocol
SRCS Student Accident Report
MCHS Athletic Injury Report
Treatment Record/Progress Notes
Doctor's Visit Note
Physician Letter to School
Directions to Kaiser Permanente
Directions to Santa Rosa Memorial
Directions to Sutter
Sample Bid Sheet
Example of a Vendor Quote
SRCS Athletic Packet
CIF Informed Consent
Sign in Sheet
Consent to Treat

PREPARTICIPATION PHYSICAL EVALUATION
HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

_____

_____

_____

Do you have any allergies? ☐ Yes ☐ No If yes, please identify specific allergy below.

☐ Medicines ☐ Pollens ☐ Food ☐ Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: ☐ Asthma ☐ Anemia ☐ Diabetes ☐ Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	**Yes**	**No**
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: ☐ High blood pressure ☐ A heart murmur ☐ High cholesterol ☐ A heart infection ☐ Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	**Yes**	**No**
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	**Yes**	**No**
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

_____

_____

_____

_____

_____

_____

_____

_____

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

SANTA ROSA CITY SCHOOLS

PARENT NOTIFICATION OF HEAD INJURY/CONCUSSION

Date: _____ School: EAHS MCHS MHS PHS SRHS

To: Parents/Guardian of

From: (Athletic Director, Coach, Athletic Trainer) _____

Subject: Head Injury /Concussion

Your son/daughter is suspected of receiving a head injury/concussion on

1. Blows to the head may cause a variety of injuries other than concussions (e.g., neck injuries, more serious brain injuries). Your child must see his or her doctor as soon as possible to address all medical concerns.
2. A post-injury test will be conducted at the school. Please take the results of this test, along with the baseline test results to your doctor as supplementary information in deciding medical clearance for return to play.
3. Your child will not be allowed to participate in practice or competition until he or she is evaluated and cleared by a licensed health care provider trained in the management of concussions per CIF rules.

After Medical Clearance has occurred:

4. Once your child is cleared to play, attach the Medical Clearance Note from your doctor to this form, along with any return to play protocols your doctor has recommended.
5. Return this form and the Medical Clearance Note to the ATC or athletic director who will provide the return to play clearance to your child's coach. This will allow your child to participate in the next step in return to play progression .
6. Please read the concussion information, take home the Take Home Concussion Fact Sheet on the back of this notice and pay attention to any concussion symptoms that may appear.

Parent/Guardian Signature: _____

Relationship to Athlete: Circle One: Parent/Guardian Relative Other _____

Date and Time received: _____ Phone: _____

Released by (Doctor's Signature): _____

Print Name: _____

The following must be clearly stated by the licensed health care provider (MD or DO only) in order to return to full participation:

a. Diagnosis

b. Clearance Status

c. Contact Information

Successful completion of the SCAT3 Return to Play Guidelines in combination with written clearance from a licensed health care provider (MD or DO only) will clear the athlete for full participation

SCAT3

Sport Concussion Assessment Tool – 3rd Edition

For use by medical professionals only

Name

Date/Time of Injury:
Date of Assessment:

Examiner:

What is the SCAT3?[1]

The SCAT3 is a standardized tool for evaluating injured athletes for concussion and can be used in athletes aged from 13 years and older. It supersedes the original SCAT and the SCAT2 published in 2005 and 2009, respectively[2]. For younger persons, ages 12 and under, please use the Child SCAT3. The SCAT3 is designed for use by medical professionals. If you are not qualified, please use the Sport Concussion Recognition Tool[1]. Preseason baseline testing with the SCAT3 can be helpful for interpreting post-injury test scores.

Specific instructions for use of the SCAT3 are provided on page 3. If you are not familiar with the SCAT3, please read through these instructions carefully. This tool may be freely copied in its current form for distribution to individuals, teams, groups and organizations. Any revision or any reproduction in a digital form requires approval by the Concussion in Sport Group.

NOTE: The diagnosis of a concussion is a clinical judgment, ideally made by a medical professional. The SCAT3 should not be used solely to make, or exclude, the diagnosis of concussion in the absence of clinical judgement. An athlete may have a concussion even if their SCAT3 is "normal".

What is a concussion?

A concussion is a disturbance in brain function caused by a direct or indirect force to the head. It results in a variety of non-specific signs and/or symptoms (some examples listed below) and most often does not involve loss of consciousness. Concussion should be suspected in the presence of **any one or more** of the following:

- Symptoms (e.g., headache), or
- Physical signs (e.g., unsteadiness), or
- Impaired brain function (e.g. confusion) or
- Abnormal behaviour (e.g., change in personality).

SIDELINE ASSESSMENT

Indications for Emergency Management

NOTE: A hit to the head can sometimes be associated with a more serious brain injury. Any of the following warrants consideration of activating emergency procedures and urgent transportation to the nearest hospital:

- Glasgow Coma score less than 15
- Deteriorating mental status
- Potential spinal injury
- Progressive, worsening symptoms or new neurologic signs

Potential signs of concussion?

If any of the following signs are observed after a direct or indirect blow to the head, the athlete should stop participation, be evaluated by a medical professional and **should not be permitted to return to sport the same day** if a concussion is suspected.

Any loss of consciousness?	Y N
"If so, how long?"	
Balance or motor incoordination (stumbles, slow/laboured movements, etc.)?	Y N
Disorientation or confusion (inability to respond appropriately to questions)?	Y N
Loss of memory:	Y N
"If so, how long?"	
"Before or after the injury?"	
Blank or vacant look:	Y N
Visible facial injury in combination with any of the above:	Y N

1 Glasgow coma scale (GCS)

Best eye response (E)	
No eye opening	1
Eye opening in response to pain	
Eye opening to speech	
Eyes opening spontaneously	
Best verbal response (V)	
No verbal response	1
Incomprehensible sounds	
Inappropriate words	3
Confused	
Oriented	
Best motor response (M)	
No motor response	1
Extension to pain	2
Abnormal flexion to pain	3
Flexion/Withdrawal to pain	4
Localizes to pain	5
Obeys commands	6
Glasgow Coma score (E + V + M)	

GCS should be recorded for all athletes in case of subsequent deterioration.

2 Maddocks Score[3]

"I am going to ask you a few questions, please listen carefully and give your best effort."

Modified Maddocks questions (1 point for each correct answer)

At what venue are we at today?	0	1
Which half is it now?		1
Who scored last in this match?	0	1
What team did you play last week/game?	0	1
Did your team win the last game?	0	1
Maddocks score		of 5

Maddocks score is validated for sideline diagnosis of concussion only and is not used for serial testing.

Notes: Mechanism of Injury ("tell me what happened"?):

Any athlete with a suspected concussion should be REMOVED FROM PLAY, medically assessed, monitored for deterioration (i.e., should not be left alone) and should not drive a motor vehicle until cleared to do so by a medical professional. No athlete diagnosed with concussion should be returned to sports participation on the day of injury.

Name: _____ Date: _____

Examiner: _____

Sport/team/school: _____ Date/time of injury: _____

Age: _____ Gender: ☐ M ☐ F

Years of education completed: _____

Dominant hand: ☐ right ☐ left ☐ neither

How many concussions do you think you have had in the past? _____

When was the most recent concussion? _____

How long was your recovery from the most recent concussion? _____

Have you ever been hospitalized or had medical imaging done for a head injury? ☐ Y ☐ N

Have you ever been diagnosed with headaches or migraines? ☐ Y ☐ N

Do you have a learning disability, dyslexia, ADD/ADHD? ☐ Y ☐ N

Have you ever been diagnosed with depression, anxiety or other psychiatric disorder? ☐ Y ☐ N

Has anyone in your family ever been diagnosed with any of these problems? ☐ Y ☐ N

Are you on any medications? If yes, please list: ☐ Y ☐ N

_____

SCAT3 to be done in resting state. Best done 10 or more minutes post excercise.

SYMPTOM EVALUATION

3 How do you feel?

"You should score yourself on the following symptoms, based on how you feel now".

	none	mild		moderate		severe	
Headache	0	1	2	3	4	5	6
"Pressure in head"	0	1	2	3	4	5	6
Neck Pain	0	1	2	3	4	5	6
Nausea or vomiting	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Blurred vision	0	1	2	3	4	5	6
Balance problems	0	1	2	3	4	5	6
Sensitivity to light	0	1	2	3	4	5	6
Sensitivity to noise	0	1	2	3	4	5	6
Feeling slowed down	0	1	2	3	4	5	6
Feeling like "in a fog"	0	1	2	3	4	5	6
"Don't feel right"	0	1	2	3	4	5	6
Difficulty concentrating	0	1	2	3	4	5	6
Difficulty remembering	0	1	2	3	4	5	6
Fatigue or low energy	0	1	2	3	4	5	6
Confusion	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
Trouble falling asleep	0	1	2	3	4	5	6
More emotional	0	1	2	3	4	5	6
Irritability	0	1	2	3	4	5	6
Sadness	0	1	2	3	4	5	6
Nervous or Anxious	0	1	2	3	4	5	6

Total number of symptoms (Maximum possible 22) _____

Symptom severity score (Maximum possible 132) _____

Do the symptoms get worse with physical activity? ☐ Y ☐ N

Do the symptoms get worse with mental activity? ☐ Y ☐ N

☐ self rated ☐ self rated and clinician monitored

☐ clinician interview ☐ self rated with parent input

Overall rating: If you know the athlete well prior to the injury, how different is the athlete acting compared to his/her usual self?

Please circle one response:

no different | very different | unsure | N/A

Scoring on the SCAT3 should not be used as a stand-alone method to diagnose concussion, measure recovery or make decisions about an athlete's readiness to return to competition after concussion.

4 Cognitive assessment

Standardized Assessment of Concussion (SAC)[4]

Orientation (1 point for each correct answer)

What month is it?		1
What is the date today?	0	1
What is the day of the week?	0	1
What year is it?	0	1
What time is it right now? (within 1 hour)	0	1
Orientation score		

Immediate memory

List	Trial 1	Trial 2	Trial 3	Alternative word list		
elbow	0 1	0 1	0 1	candle	baby	finger
apple	0 1	0 1	0 1	paper	monkey	penny
carpet	0 1	0 1	0 1	sugar	perfume	blanket
saddle	0 1	0 1	0 1	sandwich	sunset	lemon
bubble	0 1	0 1	0 1	wagon	iron	insect
Total						

Immediate memory score total _____

Concentration: Digits Backward

List	Trial 1	Alternative digit list		
4-9-3		6-2-9	5-2-6	4-1-5
3-8-1-4		3-2-7-9	1-7-9-5	4-9-6-8
6-2-9-7-1	0 1	1-5-2-8-6	3-8-5-2-7	6-1-8-4-3
7-1-8-4-6-2	0 1	5-3-9-1-4-8	8-3-1-9-6-4	7-2-4-8-5-6
Total of 4				

Concentration: Month in Reverse Order (1 pt. for entire sequence correct)

Dec-Nov-Oct-Sept-Aug-Jul-Jun-May-Apr-Mar-Feb-Jan	0	1
Concentration score		

5 Neck Examination:

Range of motion Tenderness Upper and lower limb sensation & strength

Findings: _____

6 Balance examination

Do one or both of the following tests.

Footwear (shoes, barefoot, braces, tape, etc.) _____

Modified Balance Error Scoring System (BESS) testing[5]

Which foot was tested (i.e. which is the **non-dominant** foot) ☐ Left ☐ Right

Testing surface (hard floor, field, etc.) _____

Condition	
Double leg stance:	
Single leg stance (non-dominant foot):	
Tandem stance (non-dominant foot at back):	

And / Or

Tandem gait[6,7]

Time (best of 4 trials): _____ seconds

7 Coordination examination

Upper limb coordination

Which arm was tested: ☐ Left ☐ Right

Coordination score _____

8 SAC Delayed Recall[4]

_____

Words in *Italics* throughout the SCAT3 are the instructions given to the athlete by the tester.

Symptom Scale

"You should score yourself on the following symptoms, based on how you feel now".

To be completed by the athlete. In situations where the symptom scale is being completed after exercise, it should still be done in a resting state, at least 10 minutes post exercise.

For total number of symptoms, maximum possible is 22.

For Symptom severity score, add all scores in table, maximum possible is 22 x 6 = 132.

SAC[4]

Immediate Memory

"I am going to test your memory. I will read you a list of words and when I am done, repeat back as many words as you can remember, in any order."

Trials 2 & 3:

"I am going to repeat the same list again. Repeat back as many words as you can remember in any order, even if you said the word before."

Complete all 3 trials regardless of score on trial 1 & 2. Read the words at a rate of one per second. **Score 1 pt. for each correct response.** Total score equals sum across all 3 trials Do not inform the athlete that delayed recall will be tested.

Concentration

Digits backward

"I am going to read you a string of numbers and when I am done, you repeat them back to me backwards, in reverse order of how I read them to you. For example, if I say 7-1-9, you would say 9-1-7."

If correct, go to next string length. If incorrect, read trial 2. **One point possible for each string length**. Stop after incorrect on both trials. The digits should be read at the rate of one per second.

Months in reverse order

"Now tell me the months of the year in reverse order. Start with the last month and go backward. So you'll say December, November .. Go ahead"

1 pt. for entire sequence correct

Delayed Recall

The delayed recall should be performed after completion of the Balance and Coordination Examination.

"Do you remember that list of words I read a few times earlier? Tell me as many words from the list as you can remember in any order."

Score 1 pt. for each correct response

Balance Examination

Modified Balance Error Scoring System (BESS) testing[5]

This balance testing is based on a modified version of the Balance Error Scoring System (BESS)[5]. A stopwatch or watch with a second hand is required for this testing.

"I am now going to test your balance. Please take your shoes off, roll up your pant legs above ankle (if applicable), and remove any ankle taping (if applicable). This test will consist of three twenty second tests with different stances."

(a) Double leg stance:

"The first stance is standing with your feet together with your hands on your hips and with your eyes closed. You should try to maintain stability in that position for 20 seconds. I will be counting the number of times you move out of this position. I will start timing when you are set and have closed your eyes."

(b) Single leg stance:

"If you were to kick a ball, which foot would you use? [This will be the dominant foot] Now stand on your non-dominant foot. The dominant leg should be held in approximately 30 degrees of hip flexion and 45 degrees of knee flexion. Again, you should try to maintain stability for 20 seconds with your hands on your hips and your eyes closed. I will be counting the number of times you move out of this position. If you stumble out of this position, open your eyes and return to the start position and continue balancing. I will start timing when you are set and have closed your eyes."

(c) Tandem stance:

"Now stand heel-to-toe with your non-dominant foot in back. Your weight should be evenly distributed across both feet. Again, you should try to maintain stability for 20 seconds with your hands on your hips and your eyes closed. I will be counting the number of times you move out of this position. If you stumble out of this position, open your eyes and return to the start position and continue balancing. I will start timing when you are set and have closed your eyes."

2. Opening eyes
3. Step, stumble, or fall
4. Moving hip into > 30 degrees abduction
5. Lifting forefoot or heel
6. Remaining out of test position > 5 sec

Each of the 20-second trials is scored by counting the errors, or deviations from the proper stance, accumulated by the athlete. The examiner will begin counting errors only after the individual has assumed the proper start position. **The modified BESS is calculated by adding one error point for each error during the three 20-second tests. The maximum total number of errors for any single condition is 10.** If a athlete commits multiple errors simultaneously, only one error is recorded but the athlete should quickly return to the testing position, and counting should resume once subject is set. Subjects that are unable to maintain the testing procedure for a minimum of **five seconds** at the start are assigned the highest possible score, ten, for that testing condition.

OPTION: For further assessment, the same 3 stances can be performed on a surface of medium density foam (e.g., approximately 50 cm x 40 cm x 6 cm).

Tandem Gait[6,7]

Participants are instructed to stand with their feet together behind a starting line (the test is best done with footwear removed). Then, they walk in a forward direction as quickly and as accurately as possible along a 38mm wide (sports tape), 3 meter line with an alternate foot heel-to-toe gait ensuring that they approximate their heel and toe on each step. Once they cross the end of the 3m line, they turn 180 degrees and return to the starting point using the same gait. A total of 4 trials are done and the best time is retained. Athletes should complete the test in 14 seconds. Athletes fail the test if they step off the line, have a separation between their heel and toe, or if they touch or grab the examiner or an object. In this case, the time is not recorded and the trial repeated, if appropriate.

Coordination Examination

Upper limb coordination

Finger-to-nose (FTN) task:

"I am going to test your coordination now. Please sit comfortably on the chair with your eyes open and your arm (either right or left) outstretched (shoulder flexed to 90 degrees and elbow and fingers extended), pointing in front of you. When I give a start signal, I would like you to perform five successive finger to nose repetitions using your index finger to touch the tip of the nose, and then return to the starting position, as quickly and as accurately as possible."

Scoring: 5 correct repetitions in < 4 seconds = 1

Note for testers: Athletes fail the test if they do not touch their nose, do not fully extend their elbow or do not perform five repetitions. **Failure should be scored as 0.**

References & Footnotes

1. This tool has been developed by a group of international experts at the 4th International Consensus meeting on Concussion in Sport held in Zurich, Switzerland in November 2012. The full details of the conference outcomes and the authors of the tool are published in The BJSM Injury Prevention and Health Protection, 2013, Volume 47, Issue 5. The outcome paper will also be simultaneously co-published in other leading biomedical journals with the copyright held by the Concussion in Sport Group, to allow unrestricted distribution, providing no alterations are made.

2. McCrory P et al., Consensus Statement on Concussion in Sport – the 3rd International Conference on Concussion in Sport held in Zurich, November 2008. British Journal of Sports Medicine 2009; 43: i76-89.

3. Maddocks, DL; Dicker, GD; Saling, MM. The assessment of orientation following concussion in athletes. Clinical Journal of Sport Medicine. 1995; 5(1): 32–3.

4. McCrea M. Standardized mental status testing of acute concussion. Clinical Journal of Sport Medicine. 2001; 11: 176–181.

5. Guskiewicz KM. Assessment of postural stability following sport-related concussion. Current Sports Medicine Reports. 2003; 2: 24–30.

6. Schneiders, A.G., Sullivan, S.J., Gray, A., Hammond-Tooke, G. & McCrory, P. Normative values for 16-37 year old subjects for three clinical measures of motor performance used in the assessment of sports concussions. Journal of Science and Medicine in Sport. 2010; 13(2): 196–201.

7. Schneiders, A.G., Sullivan, S.J., Kvarnstrom. J.K., Olsson, M., Yden. T. & Marshall, S.W. The effect of footwear and sports-surface on dynamic neurological screening in sport-related concussion. Journal of Science and Medicine in Sport. 2010; 13(4): 382–386

Any athlete suspected of having a concussion should be removed from play, and then seek medical evaluation.

Signs to watch for

Problems could arise over the first 24–48 hours. The athlete should not be left alone and must go to a hospital at once if they:

- Have a headache that gets worse
- Are very drowsy or can't be awakened
- Can't recognize people or places
- Have repeated vomiting
- Behave unusually or seem confused; are very irritable
- Have seizures (arms and legs jerk uncontrollably)
- Have weak or numb arms or legs
- Are unsteady on their feet; have slurred speech

Remember, it is better to be safe.
Consult your doctor after a suspected concussion.

Test Domain	Score		
	Date: _____	Date: _____	Date: _____
Number of Symptoms of 22			
Symptom Severity Score of 132			
Orientation of 5			
Immediate Memory of 15			
Concentration of 5			
Delayed Recall of 5			
SAC Total			
BESS (total errors)			
Tandem Gait (seconds)			
Coordination of 1			

Return to play

Athletes should not be returned to play the same day of injury.
When returning athletes to play, they should be **medically cleared and then follow a stepwise supervised program,** with stages of progression.

For example:

Rehabilitation stage	Functional exercise at each stage of rehabilitation	Objective of each stage
No activity	Physical and cognitive rest	Recovery
Light aerobic exercise	Walking, swimming or stationary cycling keeping intensity, 70 % maximum predicted heart rate. No resistance training	Increase heart rate
Sport-specific exercise	Skating drills in ice hockey, running drills in soccer. No head impact activities	Add movement
Non-contact training drills	Progression to more complex training drills, eg passing drills in football and ice hockey. May start progressive resistance training	Exercise, coordination, and cognitive load
Full contact practice	Following medical clearance participate in normal training activities	Restore confidence and assess functional skills by coaching staff
Return to play	Normal game play	

There should be at least 24 hours (or longer) for each stage and if symptoms recur the athlete should rest until they resolve once again and then resume the program at the previous asymptomatic stage. Resistance training should only be added in the later stages.

If the athlete is symptomatic for more than 10 days, then consultation by a medical practitioner who is expert in the management of concussion, is recommended.

Medical clearance should be given before return to play.

Notes:

CONCUSSION INJURY ADVICE

(To be given to the **person monitoring** the concussed athlete)

This patient has received an injury to the head. A careful medical examination has been carried out and no sign of any serious complications has been found. Recovery time is variable across individuals and the patient will need monitoring for a further period by a responsible adult. Your treating physician will provide guidance as to this timeframe.

If you notice any change in behaviour, vomiting, dizziness, worsening headache, double vision or excessive drowsiness, please contact your doctor or the nearest hospital emergency department immediately.

Other important points:

- Rest (physically and mentally), including training or playing sports until symptoms resolve and you are medically cleared
- No alcohol
- No prescription or non-prescription drugs without medical supervision. Specifically:
  - No sleeping tablets
  - Do not use aspirin, anti-inflammatory medication or sedating pain killers
- Do not drive until medically cleared
- Do not train or play sport until medically cleared

Patient's name _____

Date/time of injury _____

Date/time of medical review _____

Treatingphysician _____

Contact details or stamp

Student Name: _____ Date: _____

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Take Home Concussion Fact Sheet

Symptoms of a Concussion: can arise 48-72 hours after impact

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Appears dazed or stunned
- Confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

Emergency Room Visit If:

- Have a headache that gets worse
- Are very drowsy or can't be awakened
- Can't recognize people or places
- Have repeated vomiting
- Behave unusually or seem confused; very irritable
- Have seizures
- Have weak or numb arms or legs
- Decreased facial functions
- Are unsteady on their feet
- Have slurred speech

It is OK to:

- Physical and Cognitive REST!!
- Go to sleep
- Use acetaminophen (Tylenol) for headaches
- Use ice pack on head and neck as needed
- Return to school after treating physician has identified temporary academic adjustments that are warranted due to educational limitations

There is no need to:

- Check eyes with flashlight
- Wake up every hour
- Test reflexes
- Stay in bed

What not to do:

- Exercise
- Drink alcohol
- Do no drive until medically cleared
- Eat spicy foods
- No prescription or non-prescription drugs without medical supervision
    - No sleeping tablets
    - Do not use aspirin, anti-inflammatory medication or sedating pain killers

Possible Academic Accommodations:

- Consideration for absences/shortened school day
- Consideration for late assignments/deferred exams
- Extra time for exams in distraction-free environments
- Peer note taker
- Use of recorder
- Sunglasses in class

Return to Play Concussion Protocol:

1. Rest until asymptomatic
2. Light aerobic activity **(Doctor's note required)**
3. Sport specific exercise
4. Noncontact training drills
5. Full contact after medical clearance **(Doctor's note required)**
6. Game play

****If symptoms arise, drop to previous activity after 24 hours and restart progression**

****AB25 - Any player pulled from a game or practice with symptoms of a concussion, cannot return until evaluated by a licensed professional ****

****AB2127 – Any athlete diagnosed with a concussion is required to complete a graduated return- to- play protocol of no less than 7 days in duration under the supervision of a licensed health care provider. (MD, DO, ATC)**

Parent Signature: _____ Date: _____

ATC Signature: _____ Date: _____

CIF Concussion Return to Play (RTP) Protocol

CA STATE LAW AB 2127 (Effective 1/1/15) STATES THAT RETURN TO PLAY (I.E., COMPETITION) CANNOT BE SOONER THAN 7 DAYS AFTER EVALUATION BY A PHYSICIAN (MD/DO) WHO HAS MADE THE DIAGNOSIS OF CONCUSSION.

Instructions:

- This *graduated return to play protocol* MUST be completed before you can return to FULL COMPETITION.
  - A certified athletic trainer (AT), physician, and/or identified concussion monitor (e.g., coach, athletic director), must monitor your progression and initial each stage after you successfully pass it.
  - Stages I to II-D take a *minimum* of 6 days to complete.
  - You must be back to normal academic activities before beginning Stage II, unless otherwise instructed by your physician.
  - You must complete one full practice *without restrictions* (Stage III) before competing in first game.
- After Stage I, you cannot progress more than one stage per day (or longer if instructed by your physician).
- If symptoms return at any stage in the progression, IMMEDIATELY STOP any physical activity and follow up with your school's AT, other identified concussion monitor, or your physician. In general, if you are symptom-free the next day, return to the previous stage where symptoms had not occurred.
- Seek further medical attention if you cannot pass a stage after 3 attempts due to concussion symptoms, or if you feel uncomfortable at anytime during the progression.

You must have written physician (MD/DO) clearance to begin and progress through the following Stages as outlined below (or as otherwise directed by physician)

Date & Initials	Stage	Activity	Exercise Example	Objective of the Stage
	I	No physical activity for at least 2 full symptom-free days **AFTER** you have seen a physician	• No activities requiring exertion (weight lifting, jogging, P.E. classes)	• Recovery and elimination of symptoms
	II-A	Light aerobic activity	• 10-15 minutes *(min)* of walking or stationary biking. • **Must be performed under *direct supervision* by designated individual**	• Increase heart rate to no more than 50% of perceived maximum *(max)* exertion (e.g.,< 100 beats per min) • Monitor for symptom return
	II-B	Moderate aerobic activity *(Light resistance training)*	• 20-30 min jogging or stationary biking • Body weight exercises (squats, planks, push-ups), max 1 set of 10, no more than 10 min total	• Increase heart rate to 50-75% max exertion (e.g.,100-150 bpm) • Monitor for symptom return
	II-C	Strenuous aerobic activity *(Moderate resistance training)*	• 30-45 min running or stationary biking • Weight lifting ≤ 50% of max weight	• Increase heart rate to > 75% max exertion • Monitor for symptom return
	II-D	Non-contact training with sport-specific drills *(No restrictions for weightlifting)*	• Non-contact drills, sport-specific activities (cutting, jumping, sprinting) • No contact with people, padding or the floor/mat	• Add total body movement • Monitor for symptom return
Minimum of 6 days to pass Stages I and II. Prior to beginning Stage III, please make sure that written physician (MD/DO) clearance for return to play, after successful completion of Stages I and II, has been given to your school's concussion monitor				
	III	Limited contact practice	• Controlled contact drills allowed (no scrimmaging)	• Increase acceleration, deceleration and rotational forces • Restore confidence, assess readiness for return to play • Monitor for symptom return
		Full contact practice Full unrestricted practice	• Return to normal training, with contact • Return to normal unrestricted training	
MANDATORY: You must complete at least ONE contact practice before return to competition, or if non-contact sport, ONE unrestricted practice *(If contact sport, highly recommend that Stage III be divided into 2 contact practice days as outlined above)*				
	IV	Return to play (competition)	• Normal game play (competitive event)	• Return to full sports activity without restrictions

Athlete's Name: _____ **Date of Concussion Diagnosis:** _____

CIF Concussion Return to Learn (RTL) Protocol

Instructions:

- Keep brain activity below the level that causes worsening of symptoms (e.g., headache, tiredness, irritability).
- If symptoms worsen at any stage, stop activity and rest.
- Seek further medical attention if your child continues with symptoms beyond 7 days.
- If appropriate time is allowed to ensure complete brain recovery before returning to mental activity, your child may have a better outcome than if he or she tries to rush through these guidelines.
- Please give this form to teachers/school administrators to help them understand your child's recovery.

Stage	Home Activity	School Activity	Physical Activity
Brain Rest	Rest quietly, nap and sleep as much as needed. Avoid bright light if bothersome. Drink plenty of fluids and eat healthy foods every 3-4 hours. Avoid "screen time" (text, computer, cell phone, TV, video games).	No school. No homework or take-home tests. Avoid reading and studying.	Walking short distances to get around is okay. No exercise of any kind. No driving.
	This step usually ends 3-5 days after injury. Progress to the next stage when your child starts to improve, but s/he may still have some symptoms.		
Restful Home Activity	Set a regular bedtime/wake up schedule. Allow at least 8-10 hours of sleep and naps if needed. Drink lots of fluids and eat healthy foods every 3-4 hours. Limit "screen time" to less than 30 minutes a day.	No school. May begin easy tasks at home (drawing, baking, cooking). Soft music and 'books on tape' ok. Once your child can complete 60-90 minutes of light mental activity without a worsening of symptoms he/she may go to the next step.	Light physical activity, like walking. No strenuous physical activity or contact sports. No driving.
	Progress to the next stage when your child starts to improve and s/he has fewer symptoms.		
Return to School - *PARTIAL DAY*	Allow 8-10 hours of sleep per night. Avoid napping. Drink lots of fluids and eat healthy foods every 3-4 hours. "Screen time" less than 1 hour a day. Spend limited social time with friends outside of school.	Gradually return to school. Start with a few hours/half-day. Take breaks in the nurse's office or a quiet room every 2 hours or as needed. Avoid loud areas (music, band, choir, shop class, locker room, cafeteria, loud hallway and gym). Use sunglasses/ earplugs as needed. Sit in front of class. Use preprinted large font (18) class notes. Complete necessary assignments only. No tests or quizzes. Limit homework time. Multiple choice or verbal assignments better than lots of long writing. Tutoring or help as needed. Stop work if symptoms increase.	Light physical activity, like walking. No strenuous physical activity or contact sports. No driving.
	Progress to the next stage when your child can complete the above activities without symptoms.		
Return to School - *FULL DAY*	Allow 8-10 hours of sleep per night. Avoid napping. Drink lots of fluids and eat healthy foods every 3-4 hours. "Screen time" less than 1 hour a day. Spend limited social time with friends outside of school.	Progress to attending core classes for full days of school. Add in electives when tolerated. No more than 1 test or quiz per day. Give extra time or untimed homework/tests. Tutoring or help as needed. Stop work if symptoms increase.	Light physical activity, like walking. No strenuous physical activity or contact sports. No driving.
	Progress to the next stage when your child has returned to full school and is able to complete all assignments/tests without symptoms.		
Full Recovery	Return to normal home and social activities.	Return to normal school schedule and course load.	May begin and must complete the CIF Return to Play (RTP) Protocol before returning to strenuous physical activity or contact sports.

*** Guidelines adapted from Cincinnati Children's Hospital Return to Learn Protocol*

SRCS RETURN-TO-LEARN PROCESS FOR STUDENT-ATHLETES

I. Immediately after the injury:

1. **When a student-athlete sustains** a possible concussion and is evaluated by the athletic trainer (AT), the athletic trainer will speak with the parent/guardian(s) and hand out the appropriate paperwork including:
    - Completed SCAT 3 and/or ImPACT results
    - Doctor's Visit Note
    - CIF Physician Recommended School Accommodation Sheet
    - Take Home Fact Sheet
    - CIF Return-to-Learn Protocol
2. **The athletic trainer will email** the school team to alert them of the suspected concussion using the SRCS email. The school team will include:
    - **Assistant Principal** in charge of athletics
    - **Athletic Director(s)**
    - **Counseling Secretary** (for attendance check)
    - **Health Tech**
    - **Nurse**
    - **School Counselor** (if known)
    - **Vice Principal** (will forward as needed)

(**If a student is injured at an away event**, the Health Tech or Nurse will email the AT if they have received any paperwork regarding the concussion.)

3. **When the Vice Principal receives word** the student-athlete is out with a possible concussion, they will email the student's teachers using HIPAA appropriate language. This will include:
    - **Reminder** to refer to CIF Return-To-Learn

II. Upon the student-athlete's return to school:

1. **The Counseling Secretary** alerts the AT, VP, & School Counselor when the student-athlete has returned to school via SRCS email.
2. **The appropriate school counselor** will set up a meeting within 24-48 hours of them returning to school to go over:
    - Physician Recommended Academic Accommodations
    - Possible implementation of the Student-Parent-Teacher Plan

The student-athlete and school counselor will meet at least weekly and/or as needed until the student-athlete is asymptomatic.

III. Prolonged Recovery

1. **If a student-athlete is symptomatic for 2 ½ weeks,** the AT will email the site specific person in charge of 504 plans and include the school team in that email.

At 3 weeks, the concussion recovery is considered "prolonged"[1]

This return-to-learn should be considered as a process in that it may not be needed for each individual student-athlete or injury because each student-athlete and each injury is different. It is intended to reintroduce the student-athlete to academics in a supported manner <u>before</u> returning them to sport.

<u>*PLEASE SEE THE ATTACHED SCHEMATIC DRAWING FOR FURTHER EXPLANATION*</u>

[1]Halstead, M. E., McAvoy, K., Devore, C. D., Carl, R., Lee, M., & Logan, K. (2013). Returning to Learning Following a Concussion. *Pediatrics,* 132(5), 948-957. Doi:10.1542.peds.2013-2867 **Updated 3/16**

RETURN-TO-LEARN PROCESS SCHEMATIC

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I. INJURY

EMAIL

AT will email school team:
- Athletic Director(s)
- Assistant Principal- Athletics
- Counseling Secretary
- Health Tech
- Nurse
- School Counselor (if known)
- Vice-Principal (will forward as needed)

PAPER WORK

- SCAT 3 and/or ImPACT results
- MD Visit Note
- CIF School Accommodations
- Take Home Fact Sheet
- Parent Notification of Head Injury

1

AT SCHOOL

II

COUNSELING SECRETARY:

- Checks attendance and emails AT, VP, & Counselor when student-athlete is present.

1

II. STAGE 3 RTL: AT SCHOOL

DAILY CHECK IN W/ AT

1. Return paperwork.
2. Symptom Checklist .
3. Post-Injury ImPACT(s).

STUDENT-ATHLETE-COUNSELOR MEETING

2

- Go over Physician Recommended Academic Accommodations.
- Discuss Student-Parent-Teacher Plan & implementation if needed.

24-48 hours after return.

III. At **3 weeks**, the recovery is considered "prolonged".

Updated 3/2016

Student-Parent-Teacher Plan

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Name_____ Teacher_____ Class_____

Assignments: (List Below)

1. List the assignments that have been assigned
2. Indicate which assignments are to be prioritized, postponed, and/or disregarded.
3. Please sign that all are in agreement.

Date Assigned	Description	Due Date	Priority	Postponed	Disregard

Student Signature: _____ Date:_____
Parent Signature:_____ Date:_____
Teacher Signature:_____ Date:_____

Updated 3/2016

SUMMARY OF ROLES AND DOCUMENTS IN RTL PROCESS

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SCHOOL TEAM ROLES	
TITLE	**ROLE**
Athletic Trainer	They initially evaluate the injury and meet with the parent(s)/guardian(s). They hand out the paperwork and then alert the school team of injury. They meet with the student-athlete daily during the recovery.
Athletic Director(s)	They are alerted of injury.
Assistant Principal	They are alerted of injury.
School Counselor	They meet with student-athlete within 24-48 hours of the student-athlete returning to school. They go over the Physician Academic Accommodations and the optional Student-Parent-Teacher Plan with the student-athlete. They meet together at least weekly post-injury and/or as needed.
Family Engagement	They are available if the parent(s)/guardian(s) have any questions.
504 Planner	They are alerted if the student-athlete's symptoms last >2.5 weeks.
Counseling Secretary	They alert the school team when the student-athlete has returned to school.
Health Tech/ Nurse	They alert the school team of attendance or any paperwork received. They are alerted if the concussion recovery is prolonged.
Vice Principal	They alert the appropriate school counselor of the injury, if the school counselor unknown by the athletic trainer.

DOCUMENTS	
DOCUMENT	**DESCRIPTION**
Flow Chart	The flow chart is meant to explain the concussion management plan.
CIF Return-to-Learn	This return-to-learn is meant to be a tool for the parent(s)/guardian(s) and teachers so they understand the cognitive/academic component of the injury.
Student-Parent-Teacher Plan (SPT)	This is meant for the student to fill out at the request of the student-athletes so that a contractual agreement exists for make-up work during their recovery.

Updated 3/2016

Redwood Empire Schools' Insurance Group
Student Accident Report

Instructions: TO BE COMPLETED IMMEDIATELY when an incident involving a student occurs requiring attention BEYOND BASIC FIRST AID. The school employee who either witnessed the student injury or was supervising the student at the time of injury, should complete this form, if possible. If additional pertinent facts develop, notify the principal's office immediately. NOTE: **This report is for the confidential use of RESIG and of attorneys for the school district and its employees in defending litigation.**

School District | School/Site: | Phone #:

Student's Name: | Parent/Guardian: | D.O.B. | Sex | Grade

Home Address | Phone No:

Where did accident occur? (e.g. playground, classroom, hallway, etc) | Date of Incident: | Time:

Description of Incident:

Describe Injury (e.g., bite, fracture, bump, cut, sprain, etc.)

Part of body injured: (Be specific)

Disposition of student: (e.g., back to class, home, hospital)

Was blood or other bodily fluid involved? Yes _____ No _____

What type of first aid was provided:

Does injured student have student accident insurance? Yes ___ No __ Name of Insurance Company?

Was any school rule violated? Yes _____ No _____ | Name of nearest supervisor:

Witnesses Present at Time of Accident

Name | Address | Phone No.

Have parents contacted school? Yes ___ No ___

Were parents contacted by school? Yes ___ No ___

Were parents or student told they would be contacted? Yes __ No__ If Yes, explain below.

Comments: _____

Report Submitted by: | Position: | Date: | Principal or Designee Signature | Date:

Distribution: Upon completion of form, please follow district procedures.

(District: please fax or send copy to RESIG 5760 Skylane Boulevard, Suite 100 Windsor, CA 95492 [Fax 836-9079] Attn: P & L Dept.)

Note: Any special concerns regarding this incident should be reported to RESIG at 836-0779 as soon as possible.

Maria Carrillo High School
ATHLETIC INJURY REPORT

Athlete's Name _____ Sport _____ Position: _____

Inj. Date _____ SID _____ D.O.B. _____ Age _____ Sex _____

SUBJECTIVE

BODY PART: _____ HISTORY: _____

OBJECTIVE

OBSERVATION: _____

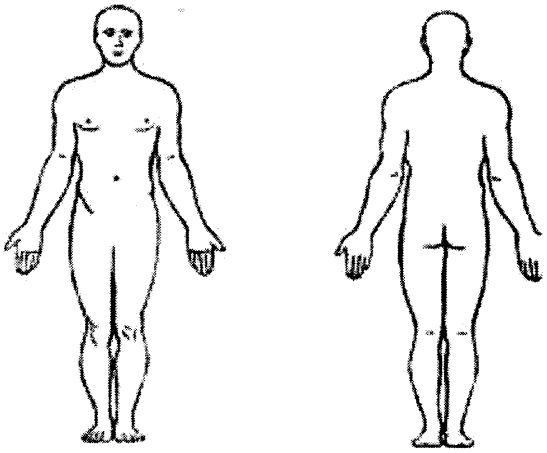
PALPATION: _____

R.O.M. _____

M.M.T. _____

NEUROVASCULAR: _____

SPECIAL TESTING: _____



ASSESSMENT

IMPRESSION OF INJURY: _____

PLAN

INITIAL TREATMENT: _____

REHABILITATION GOALS: _____

REFERRAL: _____ PHYSICIAN: _____ HOSPITAL: _____

COMMENTS: _____

ATHLETIC TRAINER'S SIGNATURE _____ DATE: _____

TREATMENT RECORD

Athlete's Name ______________________________ Sport: ______________________________

Injury ______________________________________ Date of Injury: _______________________

DATE	PROGRESS RECORD

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Doctors Visit Note

Please share this and other attached documents with your doctor when you have an appointment for your injury, and then return to your athletic trainer after the appointment. This note will help provide information about your injury and sports participation based on your doctors visit.

Athlete Name: _____ **Sport:** _____
Date of Injury: _____ **Date of Visit:** _____ **Evaluator's Name:** _____

Injury/Diagnosis: _____
Comments: _____
_____
_____
_____

Sports Participation Status: (Please initial any recommendations that you select below)
_____ May **NOT** return to sports participation at this time.
_____ May begin the return to play protocol based on the SCAT 3 concussion assessment tool
_____ May return to **FULL** sports participation at this time (no limitations). Return of symptoms should result in re-evaluation by physician (MD/DO/PAC/LAT/Neurophysiologist)
_____ Follow up ***required*** before cleared to participation (Appointment date: _____)

Other comments: _____
_____
_____

_____ **may contact me regarding this injury Yes** _____ **No** _____

Provider Name (Printed): _____ **Phone:** _____

Provider Signature: _____ **Date:** _____

Provider Stamp:

PARENT CONSENT:

I give _____ permission to contact the provider above to discuss this injury as needed.

Parent Signature: _____ Date: _____

Physician Letter to School

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To Whom it May Concern:

Patient Name: _____ DOB: _____

INJURY STATUS	*Exam Date:*

____ Has been diagnosed by a MD/DO with a concussion and is under our care.
Medical follow-up evaluation is scheduled for *(date):* _____

____ Was evaluated and did not have a concussion injury. There are no limitations on school and physical activity

ACADEMIC ACTIVITY STATUS *(Please mark all that apply)*

____ This student is not to return to school

____ This student may begin a return to school based on successful progression through the CIF Return to Learn Protocol. This student requires the necessary school accommodations set forth on the Physician (MD/DO) Recommended School Accommodations Following Concussion form.

____ This student is no longer experiencing any signs or symptoms of concussion and may be released to full academic participation.

Comments: _____

PHYSICAL ACTIVITIY STATUS *(please mark all that apply)*

____ This student is not to participate in physical activity of any kind.

____ This student is not to participate in recess, PE class, or other physical activities except for untimed, voluntary walking.

____ This student may begin a monitored, graduated return to play progression (per CIF Concussion RTP Protocol)

____ This student is cleared for full, unrestricted athletic participation (has completed the CIF Concussion RTP Protocol)

Comments: _____

Physician *(MD/DO)* Signature: _____ **Date:** _____

Physician Stamp and Contact Info:

Parent/Guardian Acknowledgement Signature: _____ **Date:** _____

Physician (MD/DO) Recommended School Accommodations Following Concussion

Patient Name: _____ **Date:** _____

I, _____, give permission for my physician to share the following information with my child's school and for communication to occur between the school and my physician for changes to this plan.

Parent Signature:

Physician Name and Contact Information: _____ **Physician Signature:** _____

The patient will be reevaluated for revision of these recommendations in _____ weeks. Date: _____

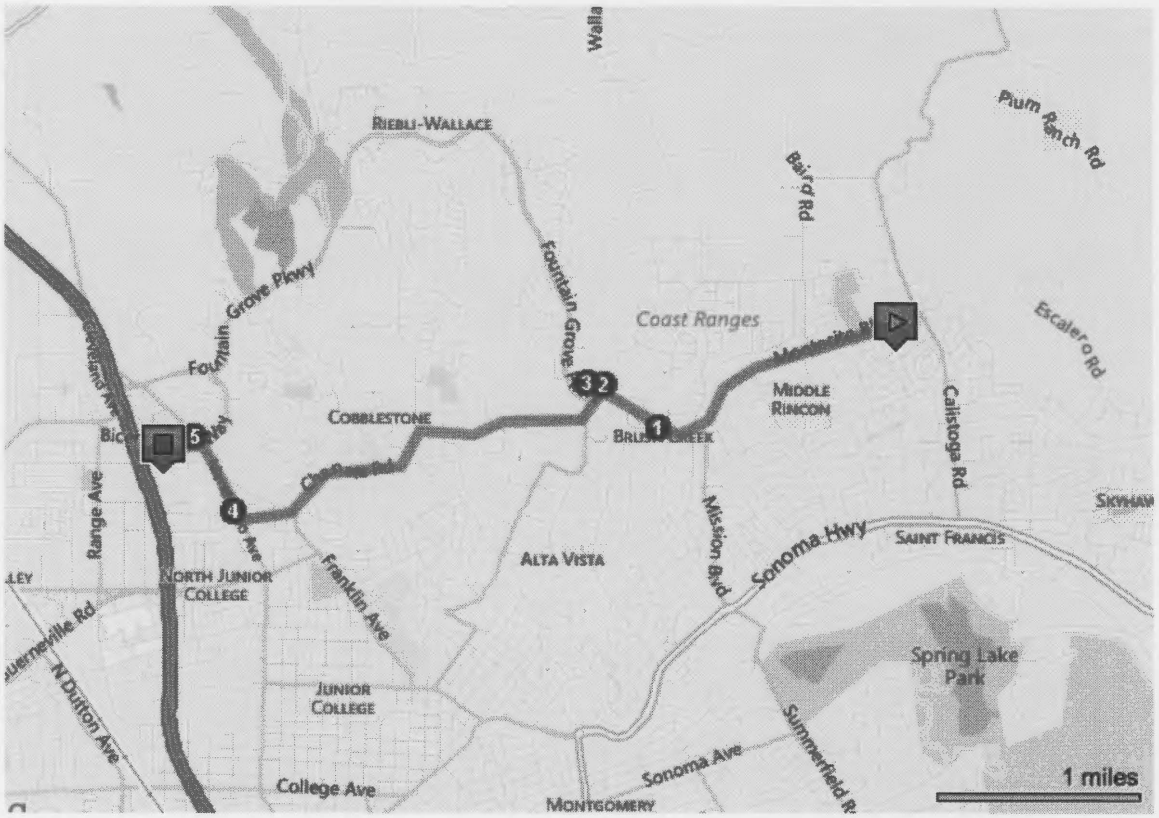
This patient has been diagnosed with a concussion (a brain injury) and is currently under our care. Please excuse the patient from school today due to the medical appointment. Flexibility and additional supports are needed during recovery. The following are suggestions for academic adjustments to be individualized for the student as deemed appropriate in the school setting. Adjustments can be modified as the student's symptoms improve/worsen. Please see the CIF Return to Learn Protocol for more information (cifstate.org)

Area	Requested Modifications	Comments/ Clarifications
Attendance	∇ No School ∇ Partial School day as tolerated by student- emphasis on core subjects *Encouraged Classes*: _____ *Discouraged Classes*: _____ ∇ Full School day as tolerated by student ∇ Water bottle in class/snack every 3-4 hours	
Breaks	∇ If symptoms appear/worsen during class, allow student to go to quiet area or nurses' office; if no improvement after 30 minutes allow dismissal to home ∇ *Mandatory Breaks*: _____ ∇ Allow breaks during day as deemed necessary by student/teachers	
Visual Stimulus	∇ Enlarged print (18 font) copies of textbook material/assignments ∇ Pre-printed notes (18 font) or note taker for class material ∇ Limited computer, TV screen, bright screen use ∇ Allow handwritten assignments (as opposed to typed on a computer) ∇ Allow student to wear sunglasses/hat in school; seated away from lights ∇ Reduce brightness on monitors/screens ∇ Change classroom seating to front of room as necessary	
Auditory Stimulus	∇ Avoid loud classroom activities ∇ Lunch in a quiet place with a friend ∇ Avoid loud classes/places (ie. Music, band, choir, shop class, gym) ∇ Allow student to wear earplugs as needed ∇ Allow class transitions before the bell	
School Work	∇ Simplify tasks (i.e. 3 step instructions) ∇ Short breaks (5 minutes) between tasks ∇ Reduce overall amount of in-class work ∇ Prorate workload (only core or important tasks) ∇ No homework ∇ Reduce amount of nightly homework _____ minutes per class; _____ minutes maximum per night ∇ Will attempt homework, but will stop if symptoms occur ∇ Extra tutoring/assistance requested ∇ May begin make-up of essential work	
Testing	∇ No testing ∇ Additional time for testing/untimed testing ∇ Alternative Testing methods; oral delivery of questions, oral response ∇ No more than one test a day ∇ No Standardized Testing	
Educational Plan	∇ Student is in need of an IEP and/or 504 Plan (for prolonged symptoms lasting >3 months, if interfering with academic performance)	
Physical Activity	∇ No physical exertion/athletics/gym/recess ∇ Walking in PE class/recess only ∇ May begin return to play following the CIF Return to Play (RTP) protocol	

Maria Carrillo High School Supplies 2016-2017							
	Item	Item #	Description	Unit	Amount	Price	Total
TAPE							
	J&J Athletic Tape- NO SUB	555-0533	1.5" x 15 yd	32/case	12	$49.65	$595.80
	J&J Zonas Athletic Tape	555-5122	1" x 10 yd	12/case	2	$11.52	$23.04
	Jaylastic 4500 Athletic Stretch Tape	529-0029	1.5" x 5 yd	32/case	4	$32.49	$129.96
	ELASTIKON Elastic Tape	555-0459	2" x 2.5 yd	24/case	3	$57.27	$171.81
	ELASTIKON Elastic Tape	555-6816	3" x 2.5 yd	16/case	2	$57.27	$114.54
	Powerflex- Black	613-0167	2" x 6 yd	24/case	2	$25.62	$51.24
	Heel & Lace Pads	134-8918	3"x 3"	2000/box	1	$17.13	$17.13
	Tuf-Skin Taping Base	134-2271	10-oz	1 each	2	$7.91	$15.82
	Seri-Strip Compound	777-4516	2/3cc	40/box	1	$33.21	$33.21
BANDAGES							
	Elastic Bandage	900-4679	4" x 4.5 yd	10/box	1	$3.68	$3.68
	Elastic Bandage	900-4680	6" x 4.5 yd	10/box	1	$5.26	$5.26
	Flexible Fabric Bandage	112-6144	Knuckle	100/box	2	$2.47	$4.94
	Flexible Fabric Bandage	155-2347	2" x 3"	100/box	1	$7.96	$7.96
	Flexible Fabric Bandage	648-3961	4-Wing	50/box	2	$7.82	$15.64
	Non-woven Sponges	120-0685	4" x 4"	2 x 50/tray	3	$2.85	$8.55
EMS							
	Stifneck Select Collars	602-8100	Adult	1 each	2	$5.73	$11.46
	Spur Disposible Resuscitators	499-3940	Adult	1 each	1	$10.48	$10.48
	Push-button Aluminum Crutches	112-7072	5'2"-5'10"	1 each	2	$11.18	$22.36
	Push-button Aluminum Crutches	283-0015	5'10"-6'6"	1 each	2	$11.40	$22.80
	Orange Blue SAM Splint	360-1359	36"	1 each	2	$7.19	$14.38
GLOVES							
	ColorTouch PF Latex Pink Gloves	565-9292	Medium	100/box	3	$8.18	$24.54
INSTRUMENTS							
	Medical Tuning Fork	496-9762	7" Fixed	1 each	1	$8.52	$8.52
	Iris Scissors	100-2767	4.5"	1 each	1	$3.98	$3.98

	Digital Psychrometer	796-9456		1 each	1	$72.81	$72.81
	Essentials Dual-Head Series Scope	900-4809		1 each	1	$3.61	$3.61
KITS							
	Medpac CrutchPac Plus- Black	486-4571		1 each	1	$204.56	$204.56
REHAB							
	the Cuff Individual Weights	635-7425	1 lb	1 each	1	$5.93	$5.93
	the Cuff Individual Weights	635-2481	4 lb	1 each	1	$9.49	$9.49
	Hand Wate Plyometric Ball	392-9893	1.1 lb	1 each	1	$6.20	$6.20
	Hand Wate Plyometric Ball	392-4257	3.3 lb	1 each	1	$7.98	$7.98
	Exercise Tubing with Handles	261-3555	36" Light	1 each	1	$6.09	$6.09
	Exercise Tubing with Handles	103-6074	36" Med	1 each	1	$6.34	$6.34
	Exercise Tubing with Handles	707-0507	36" Heavy	1 each	1	$6.59	$6.59
	ProStretch Plus	893-0007		1 each	1	$22.99	$22.99
TOPICALS							
	Triple Antibiotic Ointment	900-4788	0.9g	144/box	1	$7.73	$7.73
ATF							
	Facial Tissues	900-4214	2-ply	100/box	5	$1.09	$5.45
	Premium Cotton Balls	100-0468	Medium	4000/case	1	$10.99	$10.99
						TOTAL:	$1,693.86
						with tax	$1,831.29

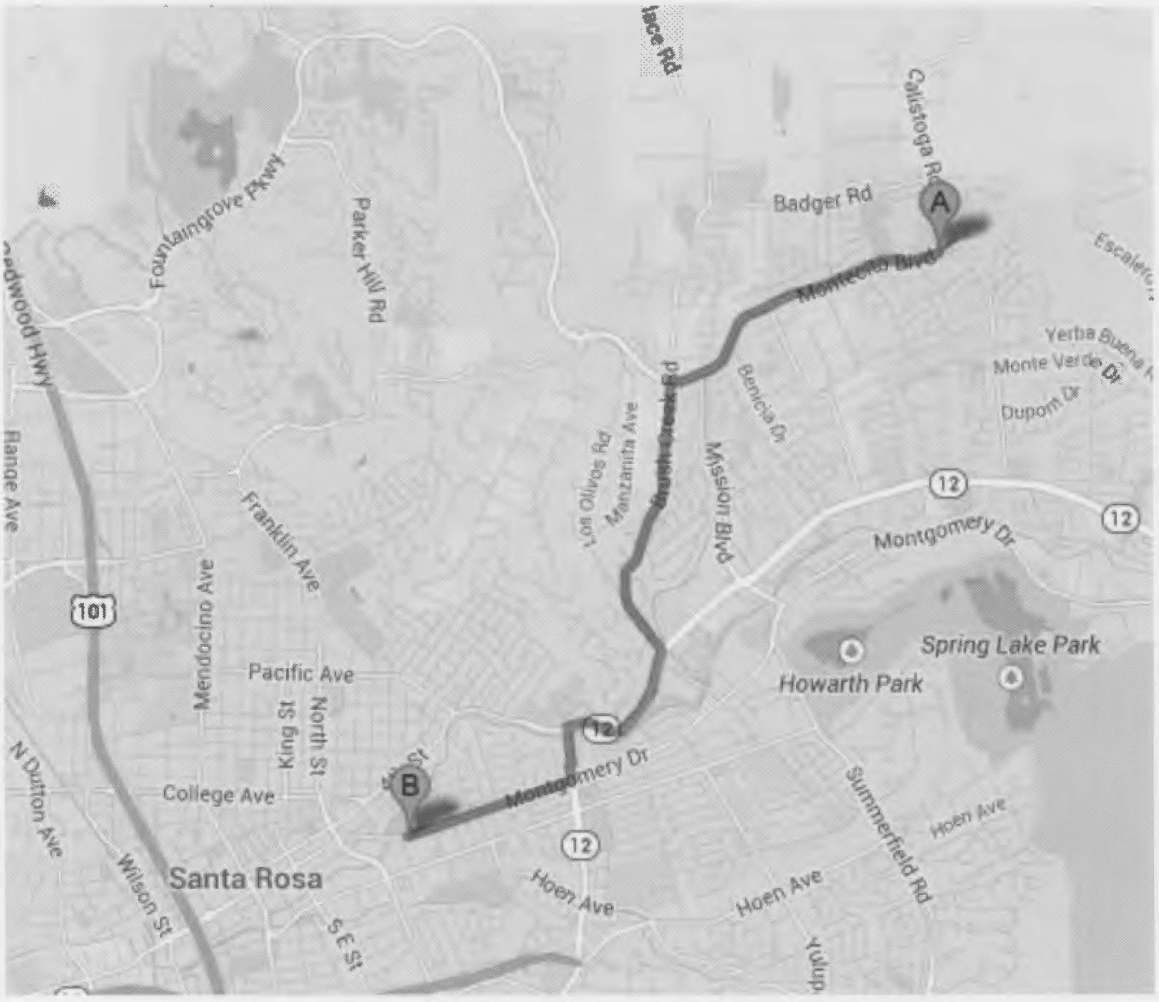
Directions to Kaiser Permanente



1. Depart Montecito Blcd toward Mossgate Dr
2. Bear right onto Fountain Grove Pkwy/Fountaingrove Pkwy (1.3 mi)
3. Take ramp right and follow signs for Chanate Rd (0.4 mi)
4. Bear left onto Chanate Rd (2.2 mi)
5. Turn right onto Mendocino Ave (0.4 mi)
6. Turn left onto Bicentennial Way (0.2 mi)
7. Arrive at Bicentennial Way (If you reach Range Ave, you've gone too far)

Phone: (707) 393-4000
Address: 401 Bicentennial Way
Santa Rosa, Ca 95403

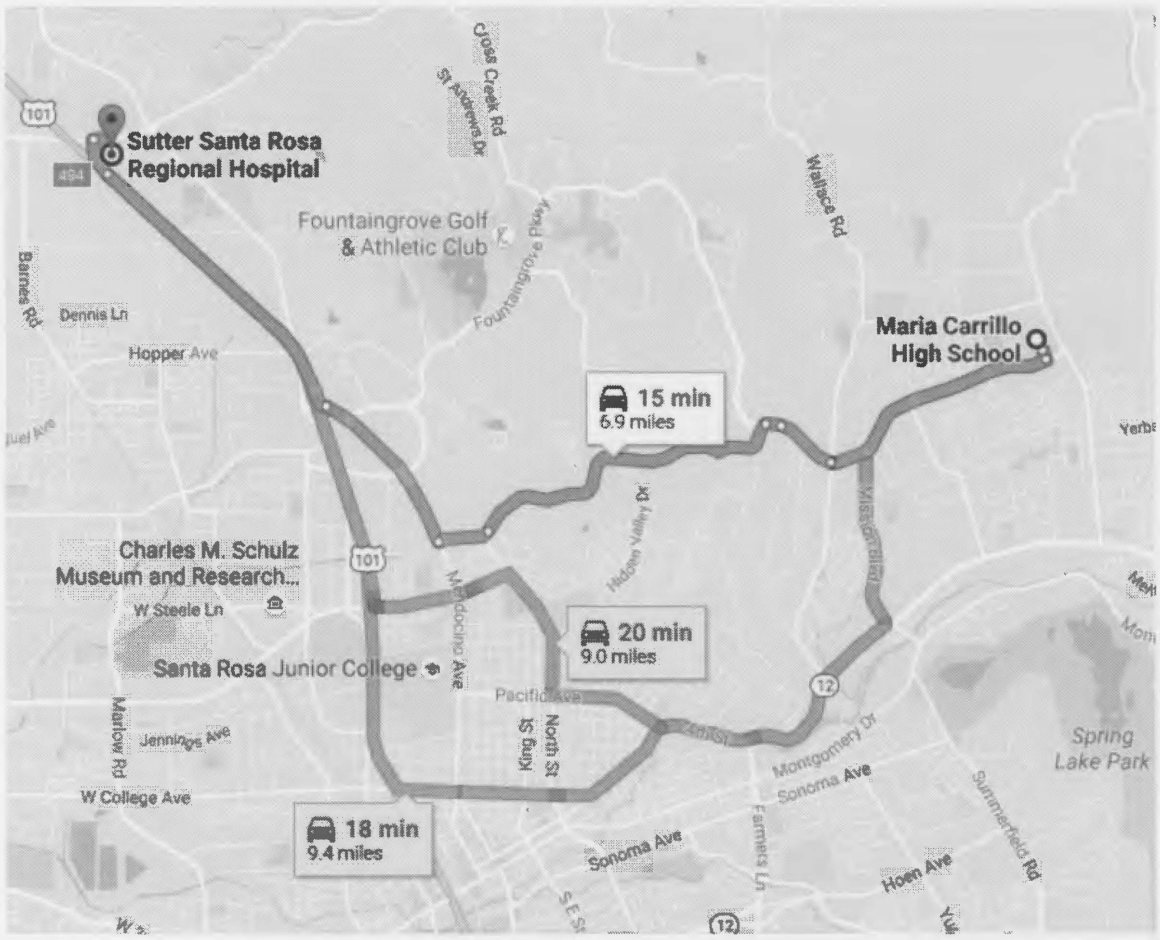
Directions to Santa Rosa Memorial Hospital



1. Head southwest on Montecito Blvd (1.3 mi)
2. Turn left onto Brush Creek Rd (1.2 mi)
3. Turn right onto CA-12 W (0.6 mi)
4. Take the 1st left onto Farmers Ln (0.2 mi)
5. Take the 1st right onto Montgomery Dr (0.7 mi)

Phone: (707) 546-3210
Address: 1165 Montgomery Dr
Santa Rosa, Ca 95405

Directions to Sutter Medical Center



1. Turn right onto Montecito Blvd (1.4 mi)
2. Continue onto Fountain Grove Pkwy (0.4 mi)
3. Use the right lane to take the Chanate Rd ramp and continue 1.8 mi
4. Continue straight to stay on Chanate Rd (0.3 mi)
5. Turn right onto Mendocino Ave (1.0 mi)
6. Use the left 2 lanes to turn left to merge onto US-101 N toward Eureka (1.8 mi)
7. Take exit 494 for River Rd toward Guerneville (0.2 mi)
8. Use the right 2 lanes to turn right onto Mark West Springs Rd

Phone: (707) 576-4000
Address: 30 Mark West Springs Rd
Santa Rosa, Ca 95403

HENRY SCHEIN®

135 DURYEA ROAD
MELVILLE, NY 11747

Quote Confirmation

SHIP TO:

Maria Carrillo High School
6975 Montecito Blvd
Santa Rosa CA 954092787

BILL TO:

Maria Carrillo High School
6975 Montecito Blvd
Santa Rosa CA 954092787

Maria Carrillo High School
6975 Montecito Blvd
Santa Rosa, CA 95409-2787

ACCOUNT #	TOTAL AMOUNT
3038369	
ORDER NUMBER	**ORDER DATE**
43489709 SQ	08/05/16
PAGE #	...
1	

LINE NO	ITEM CODE	UNIT SIZE DRUG CLASS	DESCRIPTION & STRENGTH		QTY. ORD SHIPPED	SHIPPING DETAILS CUSTOMER P.O.#	UNIT PRICE	EXTENSION
1	5550533	32Rls/Ca	Coach Porous Athletic Tap	1-1/2"x15yd 1.000	12 12	 QUOTE 08/05	49.65	595.80
2	5555122	12rl/Bx	Zonas Adhesive Tape	1"x10yd 2.000	2 2	 QUOTE 08/05	11.52	23.04
3	5290029	32/Ca	Tape Jaylastic 4500 White	1.5"x5yd 3.000	4 4	 QUOTE 08/05	32.49	129.96
4	5550459	24/Ca	Elastikon Elstc Tape Spee	2"x2.5Yds 4.000	3 3	 QUOTE 08/05	57.27	171.81
5	5556816	16/Ca	Elastikon Elstc Tpe Speed	3"x2.5Yds 5.000	2 2	 QUOTE 08/05	57.27	114.54
6	6130167	24/Ca	Powerflex Tape Black	2"x6Yds 6.000	2 2	 QUOTE 08/05	25.62	51.24
7	1348918	2000/rl	Heel & Lace Pad Foam	3" 7.000	1 1	 QUOTE 08/05	17.13	17.13
8	1342271	Ea	Tuf-Skin Colorless	10oz 8.000	2 2	 QUOTE 08/05	7.91	15.82
9	7774516	40/Bx	Benzoin Tincture Steri-St	.66ml/vl 9.000	1 1	 QUOTE 08/05	33.21	33.21
10	9004679	10/Bx	Elastic Bandage LF 4" N/S	4"x4.5yds 10.000	1 1	 QUOTE 08/05	3.68	3.68

ACCOUNT #	TOTAL AMOUNT
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PAGE #	...
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43489709 SQ	08/05/16
PAGE #	...
2	

LINE NO	ITEM CODE	UNIT SIZE DRUG CLASS	DESCRIPTION & STRENGTH		QTY. ORD SHIPPED	SHIPPING DETAILS CUSTOMER P.O.#	UNIT PRICE	EXTENSION
11	9004680	10/Bx	Elastic Bandage LF 6" N/S	6"x4.5yds	1		5.26	5.26
				11.000	1	QUOTE 08/05		
12	1126144	100/Bx	Bandage Adhsv Fabric Knuc	Knuckle	2		2.47	4.94
				12.000	2	QUOTE 08/05		
13	1552347	100/Bx	Super-Band Patch	2"x3"	1		7.96	7.96
				13.000	1	QUOTE 08/05		
14	6483961	50/Bx	Flex-Band 4 Wing	3"x3"	2		7.82	15.64
				14.000	2	QUOTE 08/05		
15	1200685	2x50/Tr	Gauze Sponge NW Ster 4x4P	4x4Ply	3		2.85	8.55
				15.000	3	QUOTE 08/05		
16	6028100	Ea	Collar Stifneck Select Ad	Universal	2		5.73	11.46
				16.000	2	QUOTE 08/05		
17	4993940	Ea	Spur Resuscitator W/Mask	Adult	1		10.48	10.48
				17.000	1	QUOTE 08/05		
18	1127072	Pair	Crutch Aluminum Adult	5'2"-5"10"	2		11.18	22.36
				18.000	2	QUOTE 08/05		
19	2830015	1/Pr	Crutch Complete Alum 5'10	Tall Adult	2		11.40	22.80
				19.000	2	QUOTE 08/05		
20	3601359	Ea	Sam Splint Orange/blue	36"x4.25"	2		7.19	14.38
				20.000	2	QUOTE 08/05		

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PAGE #	...
3	

LINE NO	ITEM CODE	UNIT SIZE DRUG CLASS	DESCRIPTION & STRENGTH	QTY. ORD SHIPPED	SHIPPING DETAILS CUSTOMER P.O.#	UNIT PRICE	EXTENSION
21	5659292	100/Bx	ColorTouch PF Ltx Pink Gl Medium	3		8.18	24.54
			21.000	3	QUOTE 08/05		
22	4969762	Ea	Tuning Fork 256 CPS	1		8.52	8.52
			22.000	1	QUOTE 08/05		
23	1002767	Ea	Scissor Iris 4.5" Straigh Standard	1		3.98	3.98
			23.000	1	QUOTE 08/05		
24	7969456	Ea	Psychrometer Digital Yellow	1		72.81	72.81
			24.000	1	QUOTE 08/05		
25	9004809	Ea	Steth Dualhead Essentials 22" Black	1		3.61	3.61
			25.000	1	QUOTE 08/05		
26	4864571	Ea	Bag Crutch Crutchpac Plus 55X9X13"	1		204.56	204.56
			26.000	1	QUOTE 08/05		
27	6357425	Ea	Weight Cuff 1lb	1		5.93	5.93
			27.000	1	QUOTE 08/05		
28	6352481	Ea	Weight Cuff 4lb	1		9.49	9.49
			28.000	1	QUOTE 08/05		
29	3929893	Ea	Cando Hand Wate Ball 1.1L Tan	1		6.20	6.20
			29.000	1	QUOTE 08/05		
30	3924257	Ea	Cando Hand Wate Ball 3.3L Red	1		7.98	7.98
			30.000	1	QUOTE 08/05		

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3038369	1,831.29
ORDER NUMBER	**ORDER DATE**
43489709 SQ	08/05/16
PAGE #	...
4	

LINE NO	ITEM CODE	UNIT SIZE DRUG CLASS	DESCRIPTION & STRENGTH	QTY. ORD SHIPPED	SHIPPING DETAILS CUSTOMER P.O.#	UNIT PRICE	EXTENSION
31	2613555	Ea	Exerciser Can-Do W/Handle Red	1		6.09	6.09
			31.000	1	QUOTE 08/05		
32	1036074	EA	Exerciser Can-do W/handle MED-GRN	1		6.34	6.34
			32.000	1	QUOTE 08/05		
33	7070507	EA	Exerciser Can-do-w/hndl HVY/BLU	1		6.59	6.59
			33.000	1	QUOTE 08/05		
34	8930007	Ea	ProStretch PLUS	1		22.99	22.99
			34.000	1	QUOTE 08/05		
35	9004788	144/Bx	Triple Antibiotic Ointmen	1		7.73	7.73
			35.000	1	QUOTE 08/05		
36	9004214	100/Bx	Facial Tissue	5		1.09	5.45
			36.000	5	QUOTE 08/05		
37	1000468	4000/Ca	Cotton Ball Medium Non Sterile	1		10.99	10.99
			37.000	1	QUOTE 08/05		
38			TAX			137.43	137.43

ACCOUNT #	TOTAL AMOUNT
3038369	1,831.29
ORDER NUMBER	**ORDER DATE**
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SANTA ROSA CITY SCHOOLS
Excellence is our Common Ground

SANTA ROSA CITY SCHOOL DISTRICT

2016-17 HIGH SCHOOL STUDENT ATHLETIC CLEARANCE PACKET

I. PROCEDURE FOR COMPLETING ATHLETIC CLEARANCE:

The following information must be signed by the parent/guardian and student to be personally handed to the athletic director for approval prior to tryouts. When the athletic director has completed the approval process he/she will notify the coach as to the eligibility status of the student. The coach will then notify the student that they have been approved to participate in tryouts. **No student is allowed to participate in a tryout, practice, or athletic contest until this process is completed and turned in to the athletic director.**

(CHECK LIST) The only forms that must be returned to the Athletic Director are pages 13 through 18.

_____ 1. A signed and completed Student Application Form, Parent Permission Form to(page 14)
_____ 2. A signed and dated Physical's Statement on Physician's Letterhead which states that the student athlete is approved to participate in school sponsored athletic teams. ***(must be signed after June 1st of the participating year).***
_____ 3. A signed and completer Santa Rosa City School District Athletic Eligibility Screening Form (pg. 15). ***This form is only completed and submitted to the Athletic Director if the student athlete is in grades 10- 12th and has attended another high school for any period of time prior to attending their current high school. (page 15)***
_____ 4. A signed and completed Adult Driver/Use of Privately Owned Vehicle and Parent Permission to Transport Son/Daughter Form (pg. 16)
_____ 5. A signed and dated Student Driver/Use of Privately Owned Vehicle and Parent/Guardian of Student Driver Form (pg. 17)
_____ 6. A signed and completed Verification of Receiving, Reading and Understanding Form (pg. 18)
_____ 7. A signed and completed Athletic Insurance Information Statement, Emergency Procedure Authorization, Optimal Emergency Treatment Authorization and Emergency/Disaster Authorization & Permission to Transport Son/Daughter (pg. 19)
_____ 8. A signed and completed Authorization for Sports Medicine Services and Consent to Treat. (pg. 20)
_____ 9. A signed form must be signed and dated Participation Physical Examination History Form (MEDICAL HISTORY FORM). This form must be placed in an envelope with the student's name and sport on the envelope. This envelope can be handed given to the Athletic Trainer or Athletic Director. This information is confidential document. (pg. 21)

II. PHYSICIAN PHYSICAL EXAMINATION INFORMATION:

The physical Examination must be dated **June 1 or later for the current school year.** The physical examination is valid until July 1 of the same school year (i.e., A physical examination for the 2016-17 school year is valid until July 2017).
The physical examination must be conducted by a Medical Doctor, Nurse Practitioner or osteopath. A physical performed by a Chiropractor will not be accepted.

III. PHYSICAL EDUCATION CREDITS FOR SUCCESSFUL PARTICIPATION IN CIF-SANCTIONED INTERSCHOLASTIC SPORT. Board Policy 6146.11 allows students in grades 10, 11, and 12 who have already earned 10 PE credits prior to the start of the sport season, to earn 5 credits per sport not to exceed 10 credits, which will go toward their PE graduation requirement. Athletes must be physically present and be physically engaged during the SRCS team practices and competition, missing no more than 10 total days of participation for the season, to be eligible for earning PE credits. Alternative athletic activities (club teams) cannot be offered in lieu of school team participation. If the student meets these eligibility requirements, the student must complete and submit the required form within 10 days of the specified completion date of the season of sport for credit to be accepted. Please contact the high school or refer to "Board Policy 6146.11 – Alternative Credits Toward Graduation" for more details.

NOTE:
It is very important that you hand in the above requested documents at least a week or two before the beginning of the sport season. If the student turns in the information on the first day of practice you will more than likely miss at least the first week of practice.

STATE AND SECTION AFFILIATION AND SPORTS OFFERED

STATE AND SECTION AFFILIATION:

All Santa Rosa City School District high schools are members of the California Interscholastic Federation (CIF) and a member of the North Coast Section (NCS).

LEAGUE AFFILIATION:

Three of the Santa Rosa City Schools are in the North Bay League (NBL) and two of the schools are in the Sonoma County League (SCL).

The North Bay League	The Sonoma County League
Cardinal Newman High School	Analy High School
Casa Grande High School	El Molino High School
Maria Carrillo High School	Elsie Allen High School
Montgomery High School	Healdsburg High School
Rancho Cotate High School	Petaluma High School
Santa Rosa High School	Piner High School
Ukiah High School	Sonoma Valley High School
Windsor High School	

Athletic Teams Sanctioned by the Santa Rosa City Schools District		
Fall	**Winter**	**Spring**
JV and Varsity Football	Freshman, JV and Varsity Boys' Basketball	JV and Varsity Baseball
JV and Varsity Boys' Cross Country	Freshman, JV and Varsity Girls' Basketball	JV and Varsity Softball
JV and Varsity Girls' Cross Country	Wrestling	JV and Varsity Boys' Swimming and Diving
JV and Varsity Girls' Soccer	JV and Varsity Boys' Soccer	JV and Varsity Girls' Swimming and Diving
JV and Varsity Volleyball		JV and Varsity Boys' Track & Field
Girls' Tennis		JV and Varsity Girls' Track &Field
Girls golf		Boys' Golf
		Boys' Tennis
		Co-ed Badminton

Official season practice starting dates:	
Football:	**Monday, August 8, 2016**
Fall Sports:	**Monday, August 15, 2016**
Winter Sports:	**Monday, November 17, 2016**
Spring Sports:	**Monday, February 6, 2017**

NOTICE ON SERIOUS, CATASTROPHIC, AND PERHAPS FATAL ACCIDENTS

The Santa Rosa City School District provides an extensive athletic program and makes every effort to ensure that the program is educational, beneficial, and as safe as possible for students. Yet, by its very nature, competitive athletics may put students in situations in which SERIOUS, CATASTROPHIC, and perhaps FATAL accidents may occur.

Many forms of athletic competition result in physical contact among players, strenuous physical exertion, and the use of equipment that may result in accidents and numerous other exposures to risk of injury.

Student-athletes and their parents/guardians must assess the risks involved in such participation and make their choice to participate in spite of those risks. No amount of instruction, precaution, or supervision will totally eliminate all risks of injury. Just as driving an automobile involves choice of risk; athletic participation by high school students also may be inherently dangerous. The obligation of parents and students in making this choice to participate cannot be over-stated.

By granting permission for your student to participate in athletic competition, you, the parent or guardian, acknowledge that such risk exists.

Students will be instructed in proper techniques to be used in athletic competition and in the proper utilization of all equipment worn or used in practice and competition. Students must adhere to that instruction and utilization, and must refrain from improper uses and techniques.

I understand and acknowledge that in order to participate in athletic activities, I agree to assume liability and responsibility for any and all potential risks which may be associated with participation in such activities. I also understand, acknowledge and agree that the District, its employees, officials, agents or volunteers shall not be held liable for injuries/illnesses suffered incidental to and/or associated with preparing for and/or participating in athletic activities. I further waive, release and discharge them from any further claims, demands, obligations, or causes of action for any injury/illness or property damage suffered by my son/daughter arising as a result of engaging or receiving instruction in said activity that is incidental thereto.

If any of the foregoing is not completely understood, please contact your school principal for further information.

ACADEMIC REQUIREMENTS FOR EXTRACURRICULAR ACTIVITIES

1. A student must have earned a 2.0 grade point average (on a 4-point scale) in the grading period prior to participation.
2. A student must maintain a 2.0 grade point average (on a 4-point scale) during the time the student participates in the activity.
3. **Probationary Period:** Students who earn a GPA between 1.4 and 2.0 in the grading period prior to the start of any activity or season may participate on a probationary status until the next grading period, at which time the student must earn a 2.0 GPA. (See exception #4 below).
4. A student may have probationary status once in the ninth grade and once more in the next three years (grades 10 through 12).
5. Students not meeting these requirements shall be declared ineligible until the next date of determination.
6. A student must be enrolled in and passed a minimum of 20 credits of coursework in the previous grading period (this requirement cannot be waived).
7. Transferring from one school to another without changing residence may affect your athletic eligibility under the NCS and C.I.F. rules. You are responsible for contacting the athletic director or going to the NCS Website (cifncs.org) for more information.

HAZING

Education Code 32050
As used in this article, "hazing" includes any initiation or pre-initiation into a student organization or any pastime or amusement engaged in with respect to such an organization, which causes, or is likely to cause, bodily danger, physical harm, or personal degradation or disgrace resulting in physical or mental harm, to any student or other person attending any school, community college, college, university, or other educational institution in this state; but the term "hazing" does not include customary athletic events, or other similar contests or competitions.

Education Code 32051
No student, or other person in attendance at any public, private, parochial, or military school, community college, college, or other educational institution, shall conspire to engage in hazing, participate in hazing, or commit any act that causes or is likely to cause bodily danger, physical harm, or personal degradation or disgrace resulting in physical or mental harm to any fellow student, or person attending the institution. The violation of this section is a misdemeanor, punishable by a fine of not less than one hundred dollars ($100), nor more than five thousand dollars ($5,000), or imprisonment in the county jail for not more than one year, or both.

Santa Rosa City School Board Policy 6145.5(a)
No student shall conspire in hazing, participate in hazing, or commit any act that causes or is likely to cause bodily physical harm or personal degradation or disgrace resulting in physical or mental harm to any fellow student or person. Persons violating this policy shall be subject to district discipline, misdemeanor penalties, and forfeiture of entitlements.

ANABOLIC STEROIDS AND ILLEGAL DRUGS

As a condition of membership in the California Interscholastic Federation (CIF) and the governing board of the Santa Rosa City School District a Board Policy prohibiting the use of anabolic steroids and illegal drugs. CIF Bylaw 524 requires that all participating students and their parents/guardians sign an agreement.

Student-athletes and parents/guardians recognition of this requirement is an agreement that the student-athlete not use androgen/anabolic steroids or other illegal drugs without a written prescription of a fully licensed physician as recognized by the American Medical Association, to treat a medical condition.

Student-athletes must also recognize that under CIF Bylaw 200.D, the student may be subject to penalties if the student or parent/guardian provides false or fraudulent information to the CIF, NCS, NBL or Santa Rosa City School District including ineligibility for any CIF competition. The Santa Rosa City School District policy regarding the use of illegal drugs will be enforced for any violations of these rules which will result in disciplinary measures for the student. These measures may include, but are not limited to, restriction from athletics, suspension or expulsion.

CITIZENSHIP STANDARDS AND SERIOUS INFRACTIONS

The following policies apply to all students involved in extra-curricular activities. If you have any questions, please talk to your coach, athletic director, or the administrator at your school who oversees the athletic program.

CITIZENSHIP STANDARDS

A. While there are citizenship standards applicable to all students, higher standards are expected of student athletes because the community and other students recognize these students as models and leaders.

1. Any student who commits a violation of Education Code 48900 that results in suspension could be removed from participation on any athletic team they currently reside. Team rules and expectations are reviewed by coaches at preseason meetings for parents and students. (See your school handbook or Board Policy and Administrative Regulations 5114.13 and 5114.13.1 for a list of suspension offenses.) (See the Santa Rosa City Schools Website (www.srcs.k12.ca.us).
2. Prior to the imposition of penalties as described above, the parent/guardian and student will be provided an opportunity to have a conference with school officials to present their side of the case and to comment on the offense and penalty involved.
3. Each district school and each coach/athletic director is authorized to seek and enforce reasonable standards of conduct and reasonable penalties for violation thereof. These must be in writing and are subject to the approval of the school athletic director and the principal or designee.
4. **In order to be eligible to practice or participate in an activity on any school day, participants must be in school for a full day.** Exceptions to this rule will be allowed in unusual cases if cleared through the school principal or designee. Advance notice is preferred, if possible.
5. Students must not play on an "outside" team in the same sport while participating in the high school season of sport. Students may practice with the outside team, but may not play in scrimmages or contests. CIF Exception: it is permissible for a female student to compete on an outside soccer team during the Fall Soccer Season, because the NCS Season of Sport is in the winter.

B. It is the responsibility of the principal or designee to insure that:

1. Each coach/activity sponsor reviews these regulations with each team/club/group at the beginning of each sport or activity each year.
2. Effort is made to notify students and parents/guardians of these regulations annually in writing.

SERIOUS INFRACTIONS -- EDUCATION CODE 48900

A. Infractions of Education Code 48900 for which students may be suspended are listed in the Parental Annual Notice in the section "Excerpts From California Education Code".

B. A pupil may be suspended or expelled for acts listed above and related to school activity or attendance which occur at any time, including, but not limited to, any of the following:

1. While on school grounds.
2. While going to or coming from school.
3. During the lunch period, whether on or off the campus.
4. During, or while going to or coming form, a school sponsored activity.

C. Regarding eligibility to participate in athletics/activities, a student is automatically reinstated after 25 school days from the day he or she is suspended.

CONCUSSION INFORMATION

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a "ding" or a bump on the head can be serious. You can't see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- Headaches
- "Pressure in head"
- Nausea or vomiting
- Neck pain
- Balance problems or dizziness
- Blurred, double, or fuzzy vision
- Sensitivity to light or noise
- Feeling sluggish or slowed down
- Feeling foggy or groggy
- Drowsiness
- Change in sleep patterns
- Amnesia
- "Don't feel right"
- Fatigue or low energy
- Sadness
- Nervousness or anxiety
- Irritability
- More emotional
- Confusion
- Concentration or memory problems (forgetting game plays)
- Repeating the same question/comment

Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays lack of coordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can't recall events prior to hit
- Can't recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion shall be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (Second Impact Syndrome) with devastating and even fatal consequences. It is well known those adolescent or teenage athletes will often under-report symptoms of injuries and concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion shall be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new CIF Bylaw 313 now requires implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

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 and for the remainder of the day.

And

A student-athlete who has been removed may not return to play until the athlete is evaluated by a licensed heath care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider.

You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. **When in doubt, the athlete sits out**. For current and up-to-date information on concussions you can go to: http://www.cdc.gov/ConcussionInYouthSports/

NOTE: Santa Rosa City Schools has implemented concussion baseline testing for certain sports. Any student-athlete who participates in these designated school sports shall be baseline tested prior to competition. See your coach for more details and schedule for testing.

Fall	Winter	Spring
• JV & Varsity Football • JV & Varsity Girls Soccer • JV & Varsity Volleyball • Cheerleading- Not a School Sport	• Freshman, JV & Varsity Boys and Girls Basketball • Wrestling • JV & Varsity Boys Soccer	• JV & Varsity Baseball • JV &Varsity Softball • JV &Varsity Diving • JV &Varsity Track & Field for High Jump and Pole Vault only

CIF - Santa Rosa City School District
Code of Conduct for Interscholastic Student-Athletes

Interscholastic athletic competition should demonstrate high standards of ethics and sportsmanship and promote the development of good character and other important life skills. The highest potential of sports is achieved when participants are committed to pursuing victory with honor according to six core principles: trustworthiness, respect, responsibility, fairness, caring, and good citizenship (the "Six Pillars of Character"). This Code applies to all student-athletes involved in interscholastic sports in California. I understand that, in order to participate in high school athletics, I must act in accord with the following:

TRUSTWORTHINESS

1. ***Trustworthiness***-- be worthy of trust in all I do.
   Integrity—live up to high ideals of ethics and sportsmanship and always pursue victory with honor; do what's right even when it's unpopular or personally costly.
   Honesty—live and compete honorably; don't lie, cheat, steal or engage in any other dishonest or unsportsmanlike conduct.
   Reliability—fulfill commitments; do what I say I will do; be on time to practices and games.
   Loyalty— be loyal to my school and team; put the team above personal glory.

RESPECT

2. ***Respect***-- treat all people with respect all the time and require the same of other student-athletes.
3. ***Class*** -- live and play with class; be a good sport; be gracious in victory and accept defeat with dignity; give fallen opponents help compliment extraordinary performance, show sincere respect in pre- and post-game rituals.
4. ***Disrespectful Conduct*** --do not engage in disrespectful conduct of any sort including profanity, obscene gestures, offensive remarks of a sexual or *racial* nature, trash-talking, taunting, boastful celebrations, or other actions that demean individuals or the sport.
5. ***Respect Officials*** -- treat contest officials with respect; don't complain about or argue with official calls or decisions during or after an athletic event.

RESPONSIBILITY

6. ***Importance of Education*** ~ be a student first and commit to getting the best education I can. Be honest with myself about the likelihood of getting an athletic scholarship or playing on a professional level and remember that many universities will not recruit student-athletes that do not have a serious commitment to their education, the ability to succeed academically or the character to represent their institution honorably.
7. ***Role-Modeling*** -- Remember, participation in sports is a privilege, not a fight and that I am expected to represent my school, coach and teammates with honor, on and off the field. Consistently exhibit good character and conduct yourself as a positive role model. Suspension or termination of the participation privilege is within the sole discretion of the school administration.
8. ***Self-Control*** -- exercise self-control; don't fight or show excessive displays of anger or frustration; have the strength to overcome the temptation to retaliate.
9. ***Healthy Lifestyle*** -- safeguard your health; don't use any illegal or unhealthy substances including alcohol, tobacco and drugs or engage in any unhealthy techniques to gain, lose or maintain weight.
10. ***Integrity of the Game*** -- protect the integrity of the game; don't gamble. Play the game according to the rules.

FAIRNESS

11. ***Be Fair*** -- live up to high standards of fair play; be open-minded; always be willing to listen and learn.

CARING

12. ***Concern for Others*** -- demonstrate concern for others; never intentionally injure any player or engage in reckless behavior that might cause injury to others or myself.
13. ***Teammates*** -- help promote the well being of teammates by positive counseling and encouragement or by reporting any unhealthy or dangerous conduct to coaches.

CITIZENSHIP

14. ***Play by the Rules*** ~ maintain a thorough knowledge of and abide by all applicable game and competition rules.
15. ***Spirit of rules*** ~ honor the spirit and the letter of rules; avoid temptations to gain competitive advantage through improper gamesmanship techniques that violate the highest traditions of sportsmanship.

I have read and understand the requirements of this Code of Conduct. I understand that I'm expected to perform according to this code and I understand that there may be sanctions or penalties if I do not.

PARENT/GUARDIAN CODE OF CONDUCT

The role of the parent/guardian regarding interscholastic athletic activities

The role of the parent/guardian in the education of a student is vital. The support shown in the home is often manifested in the ability of a student to accept the opportunities presented at the school. Referees, Athletic Directors, and School Administration, may remove any spectator they feel is threatening, unduly negative, or creating a hostile and threatening environment.

There is a value system - established in the school, nurtured in the school - that young people are developing. Their involvement in the classroom and other activities contributes to that development. Trustworthiness, citizenship, caring, fairness, and respect are some of the lifetime values taught through athletics. These are the principles of good sportsmanship and character. With them, the spirit of competition thrives, fueled by honest rivalry, courteous relationships and graceful acceptance of results.

As a parent/guardian of a student-athlete attending a Santa Rosa City School, your goals should include:

1. Realize that athletics are part of the educational experience, and the benefits of involvement go beyond the final score of an athletic contest.
2. Encourage our students to perform their best, just as you would urge them to excel with their classes.
3. Participate in positive cheers that encourage our student athletes while discouraging any cheers that would re-direct that focus including those that are meant to ridicule, embarrass, taunt, or demean an opponent or official.
4. Refrain from any activity before, during or after a contest that is meant to ridicule, embarrass, taunt, or demean and opponent or official.
5. Learn, understand and respect the rules of the game, the officials who administer them and their decisions.
6. Respect the task our coaches face as teachers and support them as they strive to educate our youth, both in life and learning more about themselves
7. Respect our athletic opponents as student- athletes and acknowledge them for striving to do their best.
8. Develop a sense of dignity and civility under all circumstances.

You can have a major influence on your student's attitude about academics and athletics. The leadership role you take will help influence your child and our community for the years to come. In the end, sports are played just a game. It is a place where we allow others the opportunity to challenge themselves to improve their skills, motivate themselves to excel, learn more about themselves and develop life skills.

Pledge of Good Sportsmanship - "Victory with Honor"

The Santa Rosa City School District has adopted the CIF/NCS "Victory with Honor" principles as a guideline for the promotion of good sportsmanship among athletes, coaches and spectators. We ask for your cooperation towards achieving the goal of making this district and its schools known as a place where we maintain a proper perspective, practice good sportsmanship, and acts of concern and respect.

NORTH COAST SECTION ATHLETE EJECTION POLICY NOTIFICATION FORM

The following rules and minimum penalties are applicable to players as adopted by the NCS Board of Managers on April 21, 1995. This policy will be in effect beginning with the 1995 - 1996 school year, (and will include non-league, league, invitational tournaments/events, post-season; league, section or state playoffs, etc.

- **Action: Ejection of a player from a contest for unsportsmanlike or dangerous conduct.**
  Penalty: The player shall be ineligible for the next contest (non-league, league, invitational tournament, post-season {league, section or state} playoff, etc.).

- **Action: Illegal participation in the next contest by a player ejected in a previous contest.**
  Penalty: The contest shall be forfeited and the ineligible player shall be ineligible for the next contest.

- **Action: Second ejection of a player for unsportsmanlike or dangerous conduct from a contest during one season.**
  Penalty: The player shall be ineligible for the remainder of the season.

- **Action: One or more players leave the bench to begin or participate in an altercation.**
  Penalty: The player(s) shall be ejected from the contest-in-question and become ineligible for the next contest (non-league, league, invitational tournament, post-season {league, section or state} playoff, etc.).

- **Action: A participant deliberately strikes a game official at a contest.**
  Penalty: The player shall be immediately ejected from the contest and all athletic eligibility is permanently revoked for the remainder of the student's high school attendance.

PROCEDURE FOR MAKING A COMPLAINT AGAINST A COACH

Please note: All letters of complaint first made to the Santa Rosa City School District Office will be automatically sent back to the school level for the athletic director and/or principal' s attention.

If a problem arises concerning a member of the coaching staff regarding personal behavior, ethics, coaching practices or philosophy, a student or parent/guardian should follow the following procedure.

1. Every effort should be made to resolve a complaint at the earliest possible stage. The complainant should communicate directly to the coach in order to resolve concerns. It is recommended that the student approach the coach first in a respectful manner, before the parent/guardian intervenes. If for any reason the student does not feel comfortable communicating with the coach on the issue, the parent/guardian should approach the coach and discuss it with him/her. Please do not berate or abuse the coach at any time. If no agreement can be reached that is mutually agreed upon by both parties, proceed to step #2.

2. If a complaint is unable or unwilling to resolve the complaint directly with the coach, he/she may submit an oral or written complaint to the athletic director. Complaintant must be submitted within a reasonable period of time not to exceed three months from the event giving rise to the complaint.

3. If a complaint is not resolved with the athletic director, it may then go to the principal for further action toward resolution. All complaints related to district personnel other than administrators shall be submitted in writing to the principal or immediate supervisor.

NOTE: For more information on the complaint process, see AR 1312.1 in the SRCS Board Policies.

PROSPECTIVE COLLEGE ATHLETE

What do I need to do and when?

Grade 9: Enroll in College Prep (P) level Courses, earn good grades, and register @ NCAA Eligibility Center Website. www.ncaa.org

Grade 10: Continue Academic Plan as above and begin speaking to your coach about "good fit colleges" you can begin to reach out to.

Grade 11:
1. Make sure your NCAA Eligibility Portal is updated
2. Make sure you are on course to meet core course requirements (verify you have the correct number of core courses and that the core courses are on your school's 48-H with the Eligibility Center).
3. Upon completion of the junior year, have your high school registrar send a copy of your transcript to NCAA. If you have attended any other high school, make sure the transcript is sent to the Eligibility Center from each high school.
4. When registering for the ACT or SAT, request test scores to be sent to the Eligibility Center (code is "9999").
5. Begin your amateurism questionnaire on your NCAA Portal.
6. Continue to send film and talk to "good fit colleges".
7. Formal and Informal visits to colleges arranged by the college coach.

Grade 12:
1. Complete the amateurism questionnaire and sign the final authorization signature online on or after April 1, if you are expecting to enroll in college in the Fall Semester. If you are expecting to enroll in the Spring Semester, sign the final authorization signature on or after October 1 of the year prior to the enrollment.
2. Send a final transcript with proof of graduation to the College Eligibility Center.
3. Singing of letter of intent to D1 or D2 colleges.
4. Notify your Athletic Director if you sign a letter of intent.

INSURANCE INFORMATION

California State Education Code Section 32221.5

"Under state law, school districts are required to ensure members of school athletic teams have accidental injury insurance that covers medical and hospital expenses resulting from accidental bodily injuries in one of the following amounts:

1. A group or individual medical plan with accidental benefits of at least two hundred dollars ($200) for each occurrence and major medical coverage of at least ten thousand dollars ($10,) with no more than one hundred dollars ($100) deductible and no less than eighty percent ($80) payable for each occurrence.
2. Group or individual medical plans which are certified by the Insurance Commissioner to be equivalent to the required coverage of at least one thousand, five hundred dollars ($1,500).
3. At least one thousand, five hundred dollars ($1,500) for all such medical and hospital expenses.

This insurance requirement can be met by the school district offering school insurance or other health benefits that cover medical and hospital expenses.

The insurance otherwise required by this section shall not be required for any individual team member or student who has such insurance or a reasonable equivalent of health coverage provided for him/her in any other way or manner, including, but not limited to, purchase by himself/herself or by the parent/guardian. This would include personal of family insurance.

Some pupils may qualify to enroll in no-cost or low-cost local, state, or federally sponsored health insurance programs. Information about these programs may be obtained by calling 1-800-427-8982."

Possible no-cost or low-cost local, state, or federally sponsored health insurance programs are as follows:

- California Kids/Partnership Health Plan – 1-800-467-8736
- Kaiser Permanente Child Health Plan – 1-800-819-1354
- Healthy Families Program – 1-800-880-5305
- Myers – Stevens & Toohey & Company Inc. - 1-800-827-4695
- No-Cost Medical Insurance – 1-800-819-1354
- Redwood Community Health Coalition – 544-6911 Ext. 1079
- Southwest Community Health Center – 547-2222 Ext. 106
- St. Joseph Health System of Sonoma County – 547- 2149
- Sutter Family Practice Center – 576-4497

Keep Their Heart in the Game

A Sudden Cardiac Arrest Information Sheet for Athletes and Parents/Guardians

What is sudden cardiac arrest?

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens blood stops flowing to the brain and other vital organs. SCA is NOT a heart attack. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the victim to collapse. The malfunction is caused by a congenital or genetic defect in the heart's structure.

How common is sudden cardiac arrest in the United States?
As the leading cause of death in the U.S., there are more than 300,000 cardiac arrests outside hospitals each year, with nine out of 10 resulting in death. Thousands of sudden cardiac arrests occur among youth, as it is the #2 cause of death under 25 and the #1 killer of student athletes during exercise.

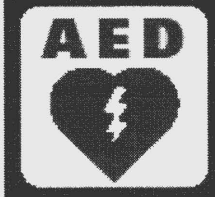
Who is at risk for sudden cardiac arrest?
SCA is more likely to occur during exercise or physical activity, so student-athletes are at greater risk. While a heart condition may have no warning signs, studies show that many young people do have symptoms but neglect to tell an adult. This may be because they are embarrassed, they do not want to jeopardize their playing time, they mistakenly think they're out of shape and need to train harder, or they simply ignore the symptoms, assuming they will "just go away." Additionally, some health history factors increase the risk of SCA.

FAINTING is the #1 SYMPTOM OF A HEART CONDITION

What should you do if your student-athlete is experiencing any of these symptoms?
We need to let student-athletes know that if they experience any SCA-related symptoms it is crucial to alert an adult and get follow-up care as soon as possible with a primary care physician. If the athlete has any of the SCA risk factors, these should also be discussed with a doctor to determine if further testing is needed. Wait for your doctor's feedback before returning to play, and alert your coach, trainer and school nurse about any diagnosed conditions.

What is an AED?

An automated external defibrillator (AED) is the only way to save a sudden cardiac arrest victim. An AED is a portable, user-friendly device that automatically diagnoses potentially life-threatening heart rhythms and delivers an electric shock to restore normal rhythm. Anyone can operate an AED, regardless of training. Simple audio direction instructs the rescuer when to press a button to deliver the shock, while other AEDs provide an automatic shock if a fatal heart rhythm is detected. A rescuer cannot accidently hurt a victim with an AED—quick action can only help. AEDs are designed to only shock victims whose hearts need to be restored to a healthy rhythm. Check with your school for locations of on-campus AEDs.



The Cardiac Chain of Survival

On average it takes EMS teams up to 12 minutes to arrive to a cardiac emergency. Every minute delay in attending to a sudden cardiac arrest victim decreases the chance of survival by 10%. Everyone should be prepared to take action in the first minutes of collapse.

Early Recognition of Sudden Cardiac Arrest

Collapsed and unresponsive.
Gasping, gurgling, snorting, moaning or labored breathing noises.
Seizure-like activity.

Early Access to 9-1-1

Confirm unresponsiveness.
Call 9-1-1 and follow emergency dispatcher's instructions.
Call any on-site Emergency Responders.

Early CPR

Begin cardiopulmonary resuscitation (CPR) immediately. Hands-only CPR involves fast and continual two-inch chest compressions—about 100 per minute.

Early Defibrillation

Immediately retrieve and use an automated external defibrillator (AED) as soon as possible to restore the heart to its normal rhythm. Mobile AED units have step-by-step instructions for a bystander to use in an emergency situation.

Early Advanced Care

Emergency Medical Services (EMS) Responders begin advanced life support including additional resuscitative measures and transfer to a hospital.

Cardiac Chain of Survival Courtesy of Parent Heart Watch

Keep Their Heart in the Game

Recognize the Warning Signs & Risk Factors of Sudden Cardiac Arrest (SCA)

Tell Your Coach and Consult Your Doctor if These Conditions are Present in Your Student-Athlete

Potential Indicators That SCA May Occur

- O Fainting or seizure, especially during or right after exercise
- O Fainting repeatedly or with excitement or startle
- O Excessive shortness of breath during exercise
- O Racing or fluttering heart palpitations or irregular heartbeat
- O Repeated dizziness or lightheadedness
- O Chest pain or discomfort with exercise
- O Excessive, unexpected fatigue during or after exercise

Factors That Increase the Risk of SCA

- O Family history of known heart abnormalities or sudden death before age 50
- O Specific family history of Long QT Syndrome, Brugada Syndrome, Hypertrophic Cardiomyopathy, or Arrhythmogenic Right Ventricular Dysplasia (ARVD)
- O Family members with unexplained fainting, seizures, drowning, or near drowning, or car accidents
- O Known structural heart abnormality, repaired or unrepaired
- O Use of drugs, such as cocaine, inhalants, "recreational" drugs, excessive energy drinks or performance-enhancing supplements

What is CIF doing to help protect student-athletes?

CIF amended its bylaws to include language that adds SCA training to coach certification and practice and game protocol that empowers coaches to remove from play a student-athlete who exhibits fainting—the number one warning sign of a potential heart condition. A student-athlete who has been removed from play after displaying signs or symptoms associated with SCA may not return to play until he or she is evaluated and cleared by a licensed health care provider. Parents, guardians and caregivers are urged to dialogue with student-athletes about their heart health and everyone associated with high school sports should be familiar with the cardiac chain of survival so they are prepared in the event of a cardiac emergency.

I have reviewed and understand the symptoms and warning signs of SCA and the new CIF protocol to incorporate SCA prevention strategies into my student's sports program.

For more information about Sudden Cardiac Arrest visit

California Interscholastic Federation
http.www.cifstate.org

Eric Paredes Save A Life Foundation
http:www.epsavealife.org

CardiacWise (20-minute training video)
http.www.sportsafetyinternational.org

PHYSICAL EXAMINATION INFORMATION

All students that want to participate in the Santa Rosa City School District Athletic Program must have a completed physical examination.

⇨ **Attach Physician's Official Student Physical Examination Certification form to Page 14. Make sure the physical examination is dated after June 1 of the current school year.**

They are also required to turn in a completed Student Application, Parent Permission and Physicians Statement of Student Certification Form to the Athletic Director (Page 14).

The physical examination must be dated June 1 or later for the current school year. The physical examination is good until July 1 of the same school year. (i.e., Physical exam for the 2016-2017 school year is good until July 1, 2017.)

The physical examination may be administered by a Medical Doctor, Nurse Practitioner or Osteopath. A physical performed by a Chiropractor will not be accepted.

NOTE: If you have turned in a valid verification of a Sports Physical after June 1, 2016 for this school year (2016-2017) and you have already been cleared as a participant for a specific sport, your physical and athletic packet are on record and the documents are good for the rest of the school year, unless an injury occurs. If an injury occurs, a new Doctors note must release the athlete from restriction prior to performing. All Athletes must let their AD's know, prior to participating in another season of sport, their intent of participating in another school sport so they will have prior proof of clearance.

STUDENT MEDICAL HISTORY CONFIDENTIAL FORM

The Medical History Form is a confidential form and shall be maintained and released only in accordance with law. The confidentiality of this form is covered by the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA). As soon as the form is signed by the parent/guardian and the athlete, it must be placed in a sealed envelope for the student to hand to the athletic director or athletic trainer at their school. This is NOT to be given to or accepted by any other school personnel. If it is given to the athletic director, he/she will give the envelope directly to the athletic trainer. The athletic trainer will open the envelope, place the form in a folder and keep it under lock and key in the Training Room. The athletic trainer is the only school official that will have access to this information.

PLEASE BE SURE THAT YOUR STUDENT ATHLETE UNDERSTANDS THE IMPORTANCE OF GETTING THE SEALED ENVELOPE TO THE ATHLETIC DIRECTOR OR ATHLETIC TRAINER WHEN THEY HAND IN THE STUDENT ATHLETIC CLEARANCE PACKET TO THE ATHLETIC DIRECTOR.

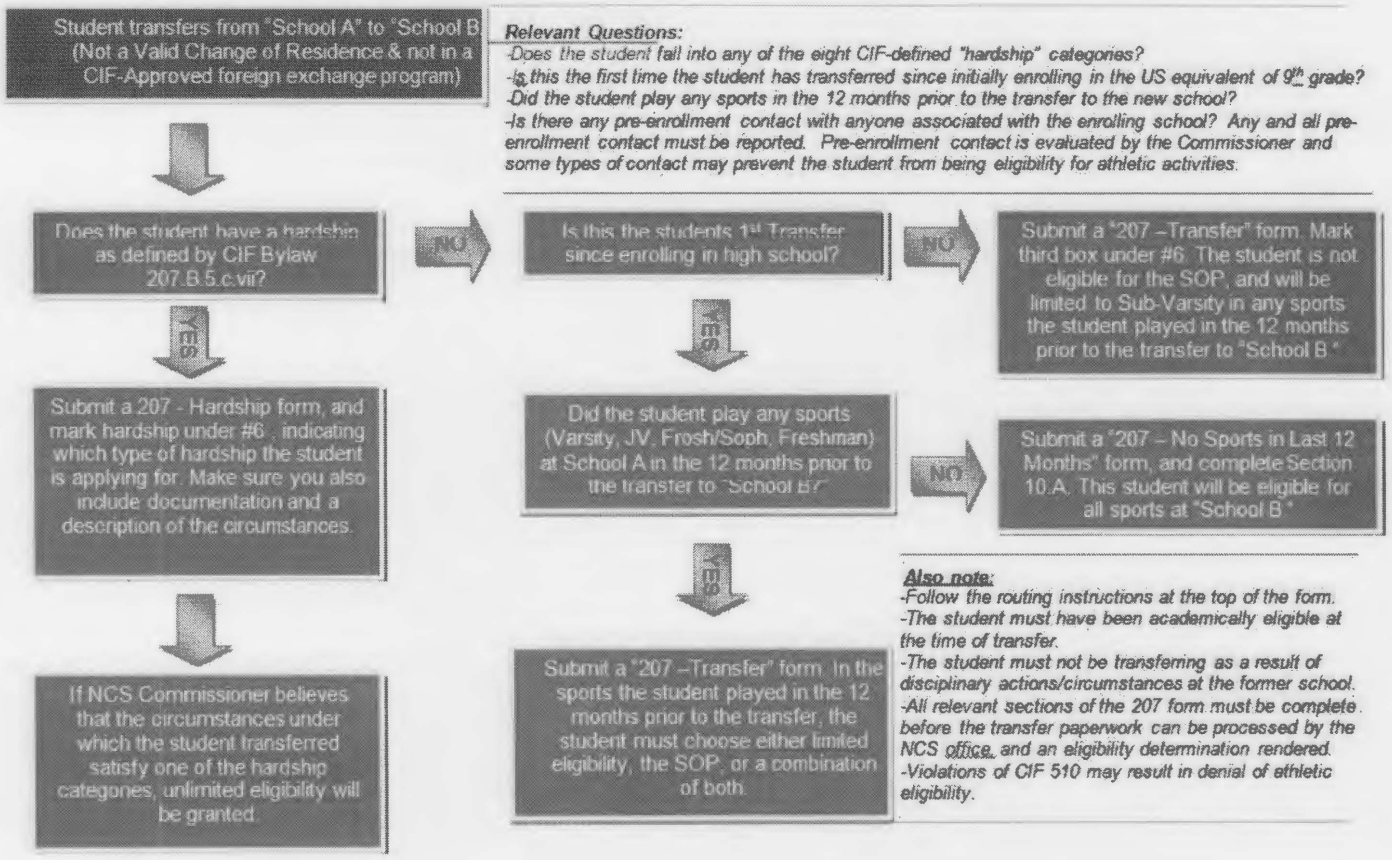
NOTE: PLEASE BE SURE THE STUDENT ATHLETE'S NAME AND SPORT TO BE PLAYED IS ON THE ENVELOPE.

Now that SRCS has athletic trainers at the five high schools this information provided by parents regarding their student athletes will aid the trainers in providing the best possible treatment when an injury occurs. We thank you for being willing to fill out this form, putting it in a sealed envelope with your son/daughter's name and sport and getting it to the athletic trainer at your school.

AUTHORIZATION FOR SPORTS MEDICINE SERVICES AND CONSENT FOR TREATMENT

The Athletic Trainers need your permission to treat your student athlete in case of an injury due to athletic participation. This form needs to be signed by the parent/guardian and by the student in order for treatment to be rendered. Please be sure that your student returns this signed form to the Athletic Director with the other required forms necessary for participation.

2014-2015 CIF/NCS Transfer Eligibility Rules - not a CIF defined valid change of address



GIVE THE NEXT 4 PAGES (PAGES 14-21) OF THIS PACKET TO THE ATHLETIC DIRECTOR OR ATHLETIC TRAINER FOR SPORTS CLEARANCE

STUDENT APPLICATION FORM

Student Name (Print) _____ School _____

Grade: 9 10 11 12 ID #: _____ Date: _____ Date of Birth: M/Y _____

Sports(s): Fall: _____ Winter: _____ Spring: _____

Fall	Winter	Spring
Girls Soccer	Basketball (Girls and Boys)	Boys Tennis
Football	Wrestling	Boys Golf
Girls Volleyball	Boys Soccer	Baseball
Cross Country (Girls and Boys)		Girls Softball
Girls' Tennis		Swimming and Diving (Girls and Boys)
Girls Golf		Track & Field (Girls and Boys)
		Co-ed Badminton

Previous High School Attended: _____

If you attended another high school, complete the back of this page (Page 15). ⟶

This application to compete in interscholastic athletics for the above high school is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations of the California Interscholastic Federation and have read and signed all the necessary documents in the High School Student Athletic Clearance Packet.

⇨ **Student Signature** _____ Date: _____

PARENT PERMISSION FORM

(This section is to be completed by the parent/guardian)

I hereby give my consent for the above named student: 1) to represent his/her school in all athletic activities and participate in all California Interscholastic Federation approved sports except: _____;
(See page 2 of this packet - Athletic Teams Sanctioned) 2) to accompany any team of which he/she is a member on its local or out-of-town trips. I authorize the school to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the student in the course of such athletic activities or such travel; 3) I further waive, release, and discharge the Santa Rosa City School District from any claims, demands, obligations or causes of action for any injury/illness or property damage suffered by my son/daughter arising as a result of engaging or receiving instruction in said activity or any activity that is incidental thereto.

⇨ **Parent/Guardian Signature** _____ Date: _____

PHYSICIAN'S STATEMENT OF STUDENT CERTIFICATION

Attach physician's official student certification form to this document. Form must be on Office Letterhead and signed by a Medical Doctor, Nurse Practitioner or Osteopath. A physical performed by a Chiropractor will not be accepted. Make sure the physical examination is dated after June 1 of the current school year.

This form is only completed by 10th, 11th or 12th grade students who have attended (for any period of time) a different high school from where they are enrolled currently.

SRCS ATHLETIC ELIGIBILITY SCREENING FORM

Please answer the questions below to the best of your knowledge so that we may determine if you have any eligibility problems this year.

Student's Name: _____ Date of Birth: _____ Grade: _____

Current Address: _____ City / Zip: _____

1. I transferred to this school because:

a. _____ my family moved from the old address to my new address.	f. _____ of discipline problems at my former school.
b. _____ I moved from one parent to another parent.	g. _____ of Open Enrollment.
c. _____ I moved from my parent(s) to a relative or another guardian.	h. _____ of an Inter-/ Intra-District Transfer.
d. _____ I moved from a relative or guardian to my parents.	i. _____ I left a continuation school.
e. _____ a court order placed me at my new address.	j. _____ I moved from a parent to live with another person.

2. Sport(s) and level of participation in the previous 12 calendar months:
   1. _____ 2. _____ 3. _____ 4. _____

	YES	NO
3. Have you attended a school other than this school within the last year? If yes, date left that school_____ If yes, give the name of your previous school._____		
4. Have you lived at any other address within the past year? Date you left that address_____ If yes, give your previous address_____		
5. Are you a foreign exchange student? Name of the program_____		
6. Did you play the same sport(s) during the current school year at your prior school?		
7. Have you exceeded eight consecutive semesters of attendance since enrolling in the 9th grade?		
8. Will you turn 19 years old before June 15 of this school year?		
Definition of Undue Influence and Pre-Enrollment Contact **Undue Influence:** Undue influence is any act, gesture or communication (including accepting material or financial incumbent to attend a CIF member school for the purpose of engaging in CIF competition regardless of the source) which is performed personally, or through another, which may be objectively seen as incumbent, or as part of a process of inducing a student, or his or her parent or guardian, by or on behalf of, a member school, to enroll in, transfer to or remain in, a particular school for athletic purposes. **Pre-enrollment Contact:** Any and all pre-enrollment contact of any kind whatsoever with a student must be disclosed by the student, parent and the school to the North Coast Section Office on a completed CIF 510 form. Pre –enrollment contact may include, but not limited to: any communication of any kind, directly or indirectly, with the student, parent(s), relatives, or friends of the student about the athletic programs at a school; orientation information programs, shadowing programs; attendance at outside athletic events or by anyone associated with the school to observe the student; participation by the student in any programs supervised by the school or its associates before enrollment in the school.		
9. Have you had pre-enrollment contact of any kind by anyone from, or associated with, this school or this school's athletic program to secure or retain you or your parents to participate in athletics? (i.e. Parents or former student/athletes, booster club members, alumni, spouses or relatives of the coach, school employees, former coaches, coaching position applicant)		
10. Have you participated for a coach from this school on any club, travel team, sports camp or AAU team in the past 24 months?		
11. Do you live in the attendance area for this school?		
12. Did you shadow at this school before you enrolled?		

I hereby certify that the above information is correct. I fully understand that providing false or fraudulent information to gain eligibility could lead to ineligibility of the student for a period of up to 24 months and sanctions against the school's athletic program.

Parent/Guardian Signature	Date
Student Signature	Date

Due to financial reasons, it is not possible for Santa Rosa City Schools to provide bus transportation to athletic events. Schools must rely on private vehicles driven by the student, other students, parents, and adult volunteers to transport our students to athletic practices and competitions. **The Parent/Guardian MUST complete and sign AT LEAST ONE of the three transportation options noted below: A, B, C.**

A) If the parent drives his or her child or other students and/or you give permission for another adult to transport your son or daughter.
B) If you give permission for another adult or eligible student to transport your son or daughter to school sponsored activities
C) If your son or daughter is driving himself/herself in a privately owned vehicle to school sponsored activities.

IMPORTANT NOTE: If this section is not completed, your child will not be allowed to participate in the athletic event.

A) ADULT DRIVER / USE OF PRIVATELY OWNED VEHICLE

This form must be used when personally owned vehicles of employees, parents, and volunteers are used for school-sponsored activities. **A no answer to any statement prohibits the use of this driver and/or vehicle.**

Driver's Name_____ Date of Event _____
Event _____ School _____

I CERTIFY TO THE FOLLOWING:

1. I am the registered owner/legal lessor of the vehicle that will be transporting students. I am 21 years old or older. If vehicle is borrowed, registered owner must verify numbers 4 and 5 below and sign below.
2. I have a valid driver's license. License Number_____
3. I have a clean driving record in that I have never been convicted of drunk driving, driving under the influence of drugs, or of reckless driving for the past five (5) years.
4. I have liability/medical coverage on this vehicle with the following limits:
   Property Damage.....$50,000 Medical.....$5,000 Bodily Injury.....$100,000 - $300,000
   Name of Insurance Company _____
   Local Agent (if applicable) _____
5. My vehicle is not designed to carry more than 9 passengers (including driver) nor will I transport more than 9 in accordance with the State Vehicle SPAB regulations. This vehicle is in good working order (tires, brakes, lights, turn signals, windshield wipers) and each passenger will have a seat belt.
   Make/Model/Year of Vehicle _____
   License Plate Number _____Number of passenger seat belts _____

I certify that the information provided above is true and correct to the best of my knowledge. I understand that my vehicle liability/medical insurance is primary in case of an auto claim and that if the limits of liability under the owner's policy fail to satisfy the legal liability involved, the District's policy is secondary, only with regard to vehicles owned and driven for school business by school employees. There is no excess coverage provided to volunteer or student drivers.

⇨ **Signature of Driver** _____Date _____
Driver's Address _____ Phone Number _____

⇨ **Signature of Registered Owner of Loaned Vehicle**_____ Date _____
Address _____ Phone Number _____

PRINT Student's Name _____
Reviewed by Teacher/Coach/Athletic Director _____ Date_____

B) USE OF PRIVATELY OWNED VEHICLES
PARENT PERMISSION TO TRANSPORT SON/DAUGHTER

The following form is to be completed by parents who wish to give their daughter or son permission, in advance, to be transported to school-sponsored activities in a vehicle owned and driven by a private individual(s):

I hereby give my son/daughter, permission to be transported to school-sponsored activities during school year _____
or (Date of Event or Athletic Season) _____in a vehicle owned and driven by:

_____**Parent Driver** and/or _____**Student Driver** (Who has fulfilled all driver's license requirements as specified by the state of California and does not currently possess a provisional driver's license.)

_____ _____
⇨**Parent/Guardian Signature** Date

C) STUDENT DRIVER/USE OF PRIVATELY OWNED VEHICLE

This form must be used when private vehicles are used for school-sponsored activities. **A no answer to any statement prohibits the use of this driver and/or vehicle.**

Driver's Name_____
Date of Event, Activity or Athletic Season _____
School: _____

I CERTIFY TO THE FOLLOWING:

1. I am the registered owner/legal lessor or my parent/guardian is the registered owner/legal lessor of the vehicle, which will be transporting students. If vehicle is borrowed, registered owner must verify numbers 4 and 5 below and sign part B.
2. I have fulfilled all driver's license requirements as specified by the State of California and do not currently possess a provisional driver's license. License Number _____
3. I have a clean driving record in that I have never been convicted of drunk driving, driving under the influence of drugs, or of reckless driving.
4. I have liability/medical coverage on this vehicle as required by State law with the following limits:
   Property Damage.....$50,000 Bodily Injury.....$100,000 - $300,000 Medical.....$5,000
   Name of Insurance Company _____
   Local Agent (if applicable) _____
5. My vehicle is not designed to carry more than 9 passengers (including driver) nor will I transport more than 9 in accordance with the State Vehicle SPAB regulations. This vehicle is in good working order (tires, brakes, lights, turn signals, windshield wipers) and each passenger will have a seat belt.
   Make/Model/Year of Vehicle _____
   License Plate Number _____Number of passenger seat belts _____

I certify that the information provided above is true and correct to the best of my knowledge. I understand that my vehicle liability/medical insurance is primary in case of an auto claim and that if the limits of liability under the owner's policy fail to satisfy the legal liability involved, the District's policy is secondary, only with regard to vehicles owned and driven for school business by school employees. There is no excess coverage provided to volunteer or student drivers.

⇨ **Signature of Driver** _____ Date _____

Driver's Address _____Phone Number _____

C. PARENT/GUARDIAN OF STUDENT DRIVER

A. I give my permission for my son/daughter, _____, to drive the above vehicle for the school sponsored activities as noted above
B. My son/daughter _____can transport other students in above vehicle for the school sponsored activities as noted above.
C. I understand that the vehicle liability/medical insurance is primary in case of an auto claim and that if the limits of liability under the owner's policy fail to satisfy the legal liability involved, the District's policy is secondary, only with regard to vehicles owned and driven for school business by school employees. There is no excess coverage provided to volunteer or student drivers.

⇨ Parent / Guardian Signature _____Date _____
Parent's Address _____ Phone Number_____

⇨ Registered Owner Signature of Loaned Vehicle_____ Date_____
Address _____ Phone Number_____

Reviewed by Teacher/Coach/Athletic Director_____ Date_____

VERIFICATION OF RECEIVING, READING AND UNDERSTANDING

1. Student Application Form & Parent Permission Form, Physicians Letter, Eligibility Screening Form, Physical Exam Information and Physical Education Credit for Participation in School Sports – Page 1
2. State and Section Affiliation & Sports Offered – Page 2
3. Santa Rosa City School District Notice of Serious, Catastrophic and Perhaps Fatal Accidents – Page 3
4. Santa Rosa City School District Academic Requirements for Extra-Curricular Activities – Page 4
5. Hazing Policy – Page 4
6. Anabolic Steroids and Illegal Drug Policy – Page 4
7. Citizenship Standards and Serious Infractions - Page 4
8. Concussion Information Form – Pages 4 & 5
9. Code of Conduct for Interscholastic Student-Athletes & Student and Parent/Guardian - Page 6
10. Parent/Guardian Code of Conduct - Page 7
11. Athlete Ejection Policy Notification Form - Page 7
12. Procedure for Making a Complaint Against Coaches & Prospective College Athletes - Page 8
13. Insurance Information & Physical Examination Information – Page 9
14. Sudden Cardiac Arrest Information – Pages 10 & 11
15. Physical Examination Information, Student Medical History and Medical Services and Consent to Treat – Page 12
17. NCS Transfer Eligibility Rule and Guidelines – Page 13

I have received, read and understand the following sections that have been included in the Santa Rosa City School District Student Clearance Packet.

Student- Athlete Name (Print) ⇨	**Student- Athlete Signature**	**Date**
Parent/Guardian Name (Print) ⇨	**Parent/Guardian Signature**	**Date**

ATHLETIC INSURANCE INFORMATION STATEMENT

Student-Athlete's Name_____

I have sent a check for accident insurance as indicated below in order to meet the requirements of the California Law (Code Section 32221)

Check the appropriate response

( ) Tackle football Insurance (Covers tackle football only).
( ) School Time Insurance (Covers sports other than football.
( ) Full Time Insurance (Covers sports other than football).

OR

( ) I have health or accident insurance for my daughter/ son which meet the requirements of California Law (Code Section 32221) and elect not to purchase student insurance **(Must list company name and policy or group number below).**

_____ _____

Company Name **Policy or Group Number**

I will promptly notify the school in the event insurance coverage no longer applies to my student.

⇨ **Parent/Guardian Signature**_____ **Date**_____

EMERGENCY PROCEDURE / DISASTER AUTHORIZATION

Athlete's Name_____ Student ID# _____

Sport(s) to be played this year: _____

In case of emergency, disaster, illness or accident to the above mentioned student-athlete, the coach is authorized to contact and release to the following contacts in the order indicated:

		PHONE # 1	PHONE # 2
First Contact Choice Name		1.	2.
First Contact Choice Address			
Second Contact Choice Name		1.	2.
Second Contact Choice Address			

Family Physician (Name) _____ **Phone** _____

Check the medical emergencies that need to be brought to the attention of the coach:
_____ Allergies _____ Asthma _____Diabetes _____ Heart Problems ____Multiple Concussions _____ Bee Stings

Other medical conditions to be aware of: _____

⇨ **Parent/Guardian Signature**_____ **Date**_____

OPTIONAL EMERGENCY TREATMENT AUTHORIZATION

To: Physician or Emergency Personnel: I give permission for emergency medical treatment of _____, if I am unavailable.

⇨ **Parent/Guardian Signature** _____ **Date**_____

Parent Signature Required:

PERMISSION TO TRANSPORT SON/DAUGHTER

	Student rides with own Parent
	Student rides with Other Adult Driver
	Student rides with other eligible Student Driver
	Student drives himself/herself

Parent/Guardian Signature:_____ **Date:**_____

NOTE: PLEASE SIGN AND DATE THIS FORM AND THE MEDICAL HISTORY FORM, PLACE IT IN A SEALED ENVELOPE WITH THE STUDENT ATHLETE'S NAME AND SPORT ON THE ENVELOPE AND GIVE IT TO THE ATHLETIC TRAINER.

SANTA ROSA CITY SCHOOLS
Excellence is our Common Ground

AUTHORIZATION FOR SPORTS MEDICINE SERVICES AND CONSENT FOR TREATMENT

I, the undersigned, am the parent/legal guardian of, _____, a minor and student
(*Student-athlete name- please print*)
at _____ planning on participating in _____.
(Name of school) (Sport)

I understand that the Certified Athletic Trainer (ATC) is contracted by the school to provide sports medicine services for the school's student-athletes. I hereby give consent for an ATC and/or other sports medicine clinical staff to provide sports medicine services for the above minor. Sports medicine services include, but are not limited to: administering first aid for athletic injuries, providing initial treatment and management of acute injuries, and assessing athletic injuries at the request of the athlete, the athlete's coach, or the athlete's parent/guardian. The Athletic Trainer and/or other sports medicine clinical staff will perform only those procedures that are within their training, credential limitations and scope of professional practice to prevent, care for, and rehabilitate athletic injuries. I understand that a written report for any athletic injury assessment for the athlete will be confidentially maintained in the files of the training room or school nurse's office.

I, hereby authorize the Athletic Trainer and/or other sports medicine staff who provide services to the above-named athlete to disclose information about the athlete's injury assessments and post-injury status. I understand such disclosures will be done, as needed, with the involved coaching staff, Athletic Director of the school, the school nurse, any treating healthcare provider and/or consulting concussion management specialist.

I understand that there is no charge for me for the above listed athletic training services. If the athlete is in need of further treatment by a physician, or of rehabilitation services for the injury, he or she may see the provider of his/her choice.

Injured athletes that have been evaluated and/or treated by a physician must submit written clearance from that physician to the Athletic Trainer prior to the athlete being permitted to resume activity. In circumstances where an athlete has been removed from play because of a suspected head injury or concussion, the athlete will not be permitted to return to play until the athlete is evaluated by a licensed health care provider, receives medical clearance and written authorization from that provider. This Authorization shall remain in effect for one sports season beginning with the date set forth below.

Parent/Guardian Name _____ Signature _____ Date _____
Relationship to student athlete _____ Cell/Work phone _____
Home Address _____ Home phone _____
Student Athlete Name _____ Sex _____ Grade _____ Date of Birth _____
Allergies _____
Current Medications (ie. asthma inhalers, epi-pen, etc.) _____
Physical Impairments _____
Other Pertinent Medical History (surgeries, diabetes, seizures, heart condition, etc.) _____
_____
_____
Physician Name _____ Physician Phone _____

Pre-Participation Head Injury/Concussion Reporting:
Has student ever experienced a traumatic head injury (a blow to the head)? Yes___ No___ If yes, when?___
Has student ever received medical attention for a head injury? Yes __ No __ If yes, when? _____
If yes, please describe the circumstances: _____
Duration of symptoms (headache, difficulty concentrating, fatigue) for most recent concussion: _____

_____ _____
Student Athlete Signature *Parent/Guardian Signature*

Sign in Sheet

Date	Name	Sport	JV/V	Body Part	Treatment

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