Ann Sobrato High School Athletics

401 Burnett Ave., Morgan Hill, CA 95037

Emergency Action Plan

Ann Sobrato Athletics Emergency Action Plan

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Ann Sobrato Athletics Emergency Action Plan

INTRODUCTION

Most athletic injuries do not result in an emergency situation. Through careful pre-participation physical screenings, adequate medical coverage, and safe practice and training techniques, most potential emergencies may be averted. However, when an emergency situation arises, time is the utmost critical factor. Preparation is key to ensuring that each emergency situation is managed appropriately. Should an emergency situation arise during an athletic event, the Ann Sobrato Athletic Department has established a written emergency action plan.

The Emergency Action Plan is a pre-established plan that provides guidance during an emergency situation. This plan identifies the personnel involved, who is responsible for executing what specific task, and the type of equipment available to carry out the task. Bottom-line, the Emergency Action Plan is designed to minimize time and confusion, while providing quality care, until advanced medical assistance arrives. The emergency plan is comprehensive and practical, and yet flexible enough to adapt to any emergency situation.

It is expected that all persons associated with Ann Sobrato Athletics be familiar with the Emergency Action Plan, and be able to implement it immediately. Please review and understand the information provided in the following pages.

Medical Emergencies

The Emergency Action Plan will be activated when an injury or illness is deemed a medical emergency. A **medical emergency** is any condition whereby the athlete's life may be in danger or risk permanent impairment requiring Emergency Medical Services (EMS) to give further medical attention and/or transport an athlete to the hospital. Situations in which EMS should be called include, but are not limited to:

- an athlete is in cardiac arrest
- an athlete is not breathing or having difficulty breathing
- serious head injuries or head injury with loss of consciousness
- it is suspected that an athlete may have spinal injuries (neck and/or back)
- severe bleeding that cannot be stopped
- an athlete has an obvious fracture/deformity
- severe heat exhaustion or suspected heat stroke
- an athlete showing signs of shock

Non-Medical Emergencies

For the following non-medical emergencies: fire, bomb threats, severe weather and violent or criminal behavior, refer to the school district's emergency action plan guidebook (multi-colored flip chart) and follow the instructions provided.

COMPONENTS OF THE EMERGENCY ACTION PLAN

The Emergency Team

A Certified Chiropractic Sports Physician (CCSP) is a Doctor of Chiropractic who has undergone additional post-graduate training in the prevention and management of sports injuries. Christine Taylor, D.C., C.C.S.P. follows the recommendations and guidelines of the National Athletic Trainers Association (NATA).

It is required that the CCSP, all coaches, and sports medicine student assistants (SMSAs) are trained in CPR/AED use and first aid. It is recommended that all personnel also be trained in the prevention of disease transmission. The CCSP may have SMSAs onsite at competitions and practice as well as coaches to assist in providing emergency first aid as she sees fit. EMS will be on site for home football games. Visiting teams should be informed of all EAP procedures.

Chain of Command

Certified Chiropractic Sports Physician
Athletic Director
Administrators
Head Coach
Assistant Coach
School Resource Officer
Sports Medicine Student Assistants
Other Athletes

The highest person in the chain of command who is present at a scene will be the designated person in charge, or **leader**. That person is responsible for deciding whether or not to call 911, instructing others how they may be of help and will be the person who stays with the athlete until EMS arrives.

Emergency Team Roles

1. Establish scene safety
2. Immediate care of the athlete
3. Emergency equipment retrieval
4. Activation of Emergency Medical System
5. Direction of EMS to scene

Emergency Equipment

Availability of emergency equipment will vary by venue and circumstance. During all hosted ("Home") events at Ann Sobrato attended by the CCSP, emergency equipment will be located on-site and alongside the home teams' bench, including an automatic external defibrillator (AED). For all other events held on the Ann Sobrato campus, coaches should bring the medical kit supplied at the beginning of each season. Additional equipment can quickly be accessed from the Athletic Training Room.

Personnel should be familiar with the function and operation of each type of emergency equipment. Equipment should be in good operating condition, and personnel must be trained in advance to use it properly.

There are several automatic external defibrillators (AED) on campus They may be found in the following locations:

1. Gymnasium lobby
2. Pool deck storage room
3. Training Room
4. Main office
5. LIbrary

***Coaches should take note of the closest AED to their practice and game locations.**

Emergency Communication

Communication is the key to immediate delivery of appropriate healthcare in an athletic emergency situation. All members of the emergency team must work together to provide the best possible care to the student-athlete. Communication among all personnel prior to events will help establish roles and improve rapport. If emergency transportation is not available on site of an event, direct communication with the EMS is necessary. Although cellular phones are the best source of mobile communication, a back-up plan to the nearest "landline" telephone needs to be established. It is the responsibility of all personnel to know the location of the nearest "landline" telephone to each venue (see #3, page 6). When dialing EMS from a Sobrato campus phone, dial 9-1-1.

Quick, clear, concise, communication is the key to a quick delivery of emergency care.

Activating the EMS system

Making the Call: 911
Providing Information:

1. Caller name, 401 Burnett Ave. Morgan Hill, caller's phone number
2. Nature of emergency: medical or non-medical*
3. Number of athletes
4. Condition of athlete(s)
5. Emergency first aid initiated
6. Specific directions to location ("Take the #3 (East) entrance to the gym")
7. Other information as requested
8. Do not hang up unless/until told to do so by operator

Ann Sobrato High School is located at: **401 Burnett Ave., Morgan Hill, 95037**
The closest major intersection to the school is **Monterey, south of Cochrane**.
#1 entrance (West) leads to all fields. A post key is required for direct access to the football field/track
#2 entrance leads to Main Office only
#3 entrance (East) leads to gym, pool, weight room, dance room, and tennis courts - EMS has key to gate

Emergency Protocol

Once it has been decided that EMS should be called, the following protocol should be followed:

1. The highest person on the chain of command will be deemed the **leader**, and will stay with the athlete to monitor the athlete's condition and administer necessary first aid. If possible, someone else on the chain of command should also stay and assist.

2. The highest person on the chain of command will make the call to EMS or will designate another person to make the call.
   - ➢ Dial 9-1-1 from either your cell phone or "landline"

   EMS should be told what the emergency is, the condition of the athlete and how to get to where the athlete is. Also, tell EMS that someone will meet them at the appropriate entrances to aid in directing the ambulance. DO NOT HANG UP UNTIL EMS HANGS UP FIRST (see Activating the EMS System, page 5).

3. *All personnel on the chain of command should have a cellular phone with them*. Landline phones at Ann Sobrato are located in the main office, classrooms, coaches offices, and the training room office.

4. After EMS has been called, the front office or an administrator should be notified that there is an emergency situation on campus. Coaches should all have Dr. Taylor, Mr. Crawford, and Mr. Pierce's phone numbers preprogrammed into their phones (see Emergency Contacts, page 7). A text to all three at once will receive a quick response.

5. The **leader** will send runners to all entrances/turns between where the athlete is located (venue specific location) and Burnett Ave. to direct the ambulance to the athlete. Runners should stay in their positions and wave the ambulance through the proper turns to get to the athlete.

6. The **leader** will designate another person to attempt contact with the athlete's parents. Emergency contact information can be found on Athlete Emergency Medical Cards which coaches, sports medicine staff, and designated individuals should *have with them at all times*. If a parent is not present, an assistant coach and the Athlete Emergency Medical Card should accompany the athlete to the hospital.

7. If transport is deemed necessary by EMS, the athlete will be taken to the nearest medical center, unless the parent requests otherwise.

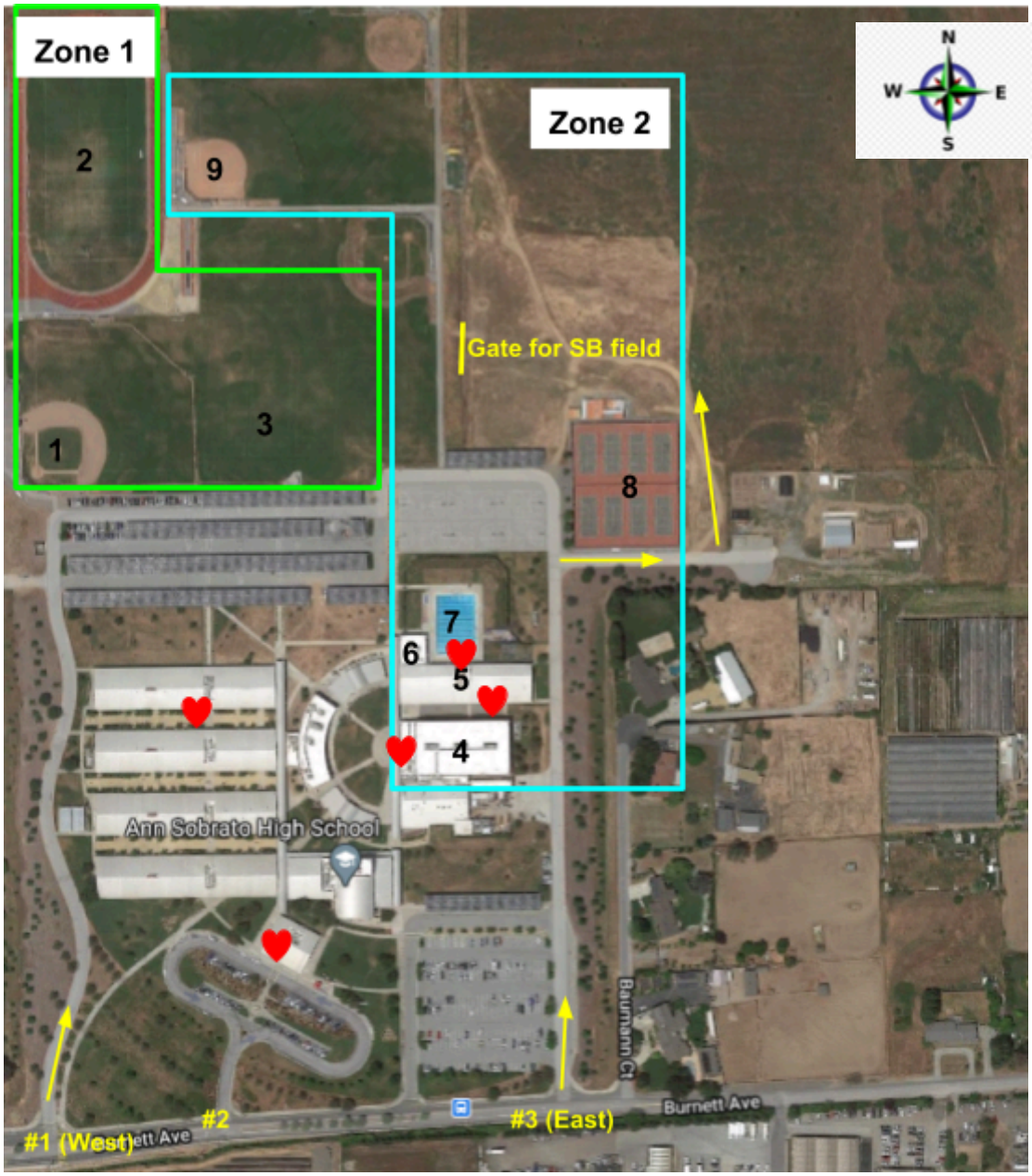
EMERGENCY CONTACTS		
EMS	9-1-1	*From either cell phone or landline*
Christine Taylor, DC, CCSP	(408) 201-6200 x41268 (O) (408) 205-5124 (C)	*Program this number into your cell phone*
Lawrence Crawford Athletic Director	(408) 201-6240 (O) (408) 706-0087 (C)	*Program this number into your cell phone*
Mark Pierce Assistant Principal	(408) 201-6211 (O) (650) 353-1924 (C)	*Program this number into your cell phone*
Lorraine Soto Campus Supervisor	(408) 201-6200 x41507 (O) (408) 612-1622 (C)	
Principal Theresa Sage	(408) 201-6201 (O)	
Sobrato Main Office	(408) 201-6200	

ADDRESS: Ann Sobrato High School
401 Burnett Ave.
Morgan Hill, CA 95037

ZONE 1: (Baseball Field, Field Hockey Field, Football Field, Soccer Field, Track)
EMS Route: Monterey to #1 Entrance (West) to Student Lot; requires post key
Primary AED: Gymnasium
Secondary AED: Training Room
Tertiary AED: Swimming pool storage room

ZONE 2: (Gymnasium, Locker Rooms, Weight Room, Dance Room, Pool, Tennis Courts, Softball Field)
EMS Route: Monterey to #3 Entrance (East); EMS has access key
Primary AED: Gymnasium
Secondary AED: Training Room
Tertiary AED: Swimming pool storage room

ZONE 3: OFF SITE (Cross Country, Golf, Girls Soccer)
EMS Route: will be dependent upon the location of athlete
**Coaches should know the address and specific directions to each location*



Map Key: ❤️**AED**

Entrance #1 (West) leads to Zone 1

- **(1) Baseball Field**
- **(2) Football Field, Soccer Field, Lacrosse Field, Track**
- **(3) Field Hockey, Practice Field**

Entrance #2 leads to Main Office ONLY

Entrance #3 (East) leads to Zone 2

- **(4) Gymnasium**
- **(5) Locker Rooms, Weight Room**
- **(6) Dance/Wrestling Room**
- **(7) Pool**
- **(8) Tennis Courts**
- **(9) Softball Field**

Ann Sobrato High School Athletics

Emergency Action Plan

Pt. II

Basic Injury Management for Coaches

(This is not meant to take the place of appropriate medical evaluation)

Introduction

Getting Hurt on the Field

If an athlete is injured on the field, no matter what type, ***he/she should never be moved if a head or neck injury is suspected***. If the injured athlete has a head or spinal injury and is moved, the vertebrae can shift and sever the spinal cord. A severed spinal cord can mean permanent paralysis for that athlete. Thus, you should **never move an injured athlete!** The CCSP attends the sports with the highest percentage of injuries (football, wrestling, and home basketball games). While the CCSP cannot be at every sporting event, she is available to help all student athletes in the training room. At sporting events where she is not present, it will be necessary for the coach to evaluate the injury and use a "common sense" approach to determine whether or not it is necessary to call for an ambulance.

When in doubt, dial 9-1-1

First Aid Kits/Bags for Coaches

The training room will supply a first aid kit/bag to all sport teams upon request. Coaches should bring their First Aid kit/bag to all practices and games that do not have the CCSP scheduled to be present with them. Supplies are limited. Coaches should not tape athletes who aren't getting taped daily by athletic trainers. You are always welcome to buy your own tape. The Medical kit supplies should only be used for medical issues (pre wrap is NOT to be used as a hairband). It is the responsibility of the head coach to return the medical kit to the CCSP or Athletic Director upon completion of the season. Failure to do so will result in a monetary charge to your team's budget for the replacement cost, or until the kit is returned.

Injury Privacy and the Law

The Health Insurance Portability and Accountability Act (HIPAA) prohibits any dissemination of medical information to non-authorized parties. Administrators, coaches, and sports medicine personnel should never release any information about an athlete's injury or condition to any person without the expressed consent of the athlete's parent(s)/guardian.

SUDDEN CARDIAC ARREST

Recognizing Sudden Cardiac Arrest (SCA):

SCA is a condition in which the heart suddenly and unexpectedly stops beating. If this happens, blood stops flowing to the brain and other vital organs. SCA usually causes death if it's not treated within minutes.

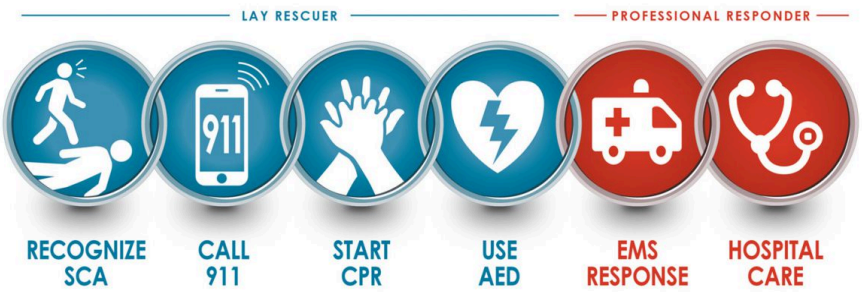
Symptoms of SCA may include:

1) Unexpected sudden dizziness, feeling faint
2) Loss of consciousness/non-responsive
3) No or abnormal breathing (gasping only)
4) Eyes may be wide open

Treatment:

1) Check to ensure scene is safe
2) Call 911 or instruct someone to call
3) Send someone to retrieve the AED
4) Begin chest compressions (Press HARD & FAST)
5) Send someone to meet the ambulance at the access point
6) Prepare/apply AED when it arrives
7) Transport victim and contact family
8) Contact AD and CCSP

Cardiac Chain of Survival:



All Sobrato coaches are required to be CPR certified

CONCUSSION

Recognizing Concussion

Concussions do not always involve a loss of consciousness. ANY traumatic blow to the head or to another part of the body that causes a whiplash effect is considered a mechanism of injury for concussions. While headache is the most common symptom of concussion, each individual will experience a concussion differently. Therefore, all of the potential signs and symptoms of a concussion should be considered. A symptom checklist can assist the evaluator in making a more objective return to play decision.

If a player sustains *any* signs or symptoms of a concussion, he/she must be removed from play. Only an athletic trainer or a physician may clear the athlete to return to play.

Concussion Signs and Symptoms:

Physical:	**Cognitive:**	**Emotional:**
Headache	Amnesia	Personality changes
"Bell rung"	Memory problems	Nervousness
Ringing in the ears	Dazed or Confused	Sadness
Nausea/Vomiting	Poor concentration	Depression
Numbness or tingling	Easily distracted	Sluggishness
Double vision or Seeing "stars"	Feeling "in a fog"	Inappropriate emotions
Vacant stare or "Glassy Eyed"	Feeling "slowed down"	Change in personality
Sensitivity to light/noise		Irritability
Balance problems		Sleep disturbance
Drowsiness/Fatigue		
Excessive sleep		
Loss of consciousness		

Baseline Cognitive Testing

At Ann Sobrato High School, the CCSP performs baseline neurological testing on all sport athletes prior to the start of the season. When an athlete sustains a concussion, the involved athlete will repeat the testing and the scores will be compared to those of the baseline test. This provides for more objective return to play decision-making. Coaches need to know that research indicates that high school aged athletes take from 7-15 days to fully recover from a Grade 1, or mild, concussion. Returning the athlete to play too soon following even a mild concussion can lead to Second Impact Syndrome and death.

WOUND CARE

ALWAYS apply gloves **first** before beginning wound care

Abrasions & Turf Burns

- Clean the affected area thoroughly.
- Clean/Scrub with an antiseptic towelette.
- Apply antibiotic ointment (Neosporin)
- Cover with gauze bandage, pre-wrap and soft tape
- Wrap with pre-wrap and soft tape for all participation.

Covering the wound is not enough. It is imperative the wound is cleaned thoroughly in order to prevent infection.

Lacerations

- Apply direct pressure with gauze to stop bleeding
- Clean the wound thoroughly with an antiseptic towelette, and/or send athlete to the training room for more thorough irrigation.
- Steri-strip, if the bleeding stops
- If bleeding does not stop and wound is deep (greater than 1/8" deep), cover with pressure bandage and send to physician for evaluation/stitches
- If wound is caused by an object, refer for tetanus.

Blisters

- Clean the blister thoroughly with an antiseptic towelette.
- Place petroleum jelly pad over blister to avoid continuous rubbing
- Wrap with pre-wrap and soft tape
- Watch for inflammation (redness) and warmth, and possibly streaking (long term). These are signs of infection
- If infection develops, refer to a physician immediately for antibiotics.

Never pop a blister! The skin helps to provide a protective barrier against infection.

Watch for Shock

- Excessive bleeding can lead to shock. Don't waste time trying to find a dressing
- Use gloved hand and apply direct pressure over the wound
- Elevate the extremity
- Keep applying steady, firm pressure until the bleeding is controlled
- Once bleeding is controlled, apply a dressing firmly in place (pressure bandage)
- Refer to the Emergency Room for further treatment.

NEVER apply white athletic tape around muscle. Only use stretch elastic tape (cohesive) around muscle bellies.

BONE AND JOINT INJURY

Recognizing Fractures & Dislocations

An open fracture will typically be self evident due to the exposed bone, and most dislocations are apparent due to deformity of the limb/joint. The following clues suggest you are dealing with a closed fracture:

- The athlete felt a bone break or heard a "snap"
- The athlete feels a grating sensation when he/she moves a limb
- One limb appears to be a different length, shape or size than the other, or is improperly angulated
- Inability to move a limb or part of a limb (e.g., the arm, but not the fingers), or the movement produces intense pain
- Loss of a pulse at the end of the extremity
- Loss of sensation at the end of the extremity
- Numbness or tingling sensations
- Reddening of the skin around a fracture shortly after the injury is sustained
- Involuntary muscle spasms
- Other unusual pain, such as intense pain in the rib cage when a patient takes a deep breath or coughs.

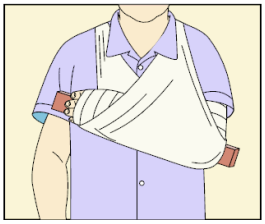
Applying Ice To A Fracture Can Increase Throbbing Sensation…

Fracture/Dislocation Treatment

Any suspected fracture should always be splinted before the athlete is allowed to move. Splint the joint above and below the affected area. DO NOT attempt to relocate a dislocated joint.

How to apply a splint

1. Check pulse distal to the fracture/dislocation, then remove clothing from the injured part. Don't force a limb out of the clothing. You may need to cut clothing off with scissors to prevent causing additional pain.
2. Apply a cold compress or an ice pack wrapped in cloth, if possible.
3. Place a splint on the injured body part, keeping the injured limb in the position you find it. Add soft padding around the injured part, then place something firm (like a board or rolled-up newspapers) over the padding, making sure it is long enough to stabilize the joints above and below the injury. Use tape to keep the splint in place.
4. Re-check pulse to ensure the limb is not wrapped too tightly.
5. Seek medical care. Do NOT allow the athlete to eat or drink anything, in case medication or surgery is needed

	
Wrist, Arm, Shoulder Sling & swathe	**Ankle & lower leg**

SKIN DISORDERS

Impetigo

Impetigo is a common bacterial skin infection caused by Group A *Streptococcus* (GAS) or "strep."

Methicillin-Resistant Staphylococcus aureus (MRSA)

Staphylococcus aureus ("staph") is a bacteria that is carried on the skin or in the nose of approximately 25% to 30% of healthy people without causing infection. Staph bacteria are one of the most common causes of skin infections in the U.S. Most of these skin infections are minor (such as pimples and boils), are not spread to others (not infectious), and usually can be treated without antibiotics. However, some staph bacteria are resistant to certain antibiotics -- one type is called MRSA.

MRSA stands for methicillin-resistant *Staphylococcus aureus*. MRSA is a staph bacteria that certain antibiotics in the penicillin family should be able to treat, but cannot. However, other non-penicillin antibiotics can effectively treat most MRSA infections.

Although health care providers can treat most MRSA skin infections in their offices, MRSA can be very serious and even cause death. MRSA can cause pneumonia or severe infections of the blood, bones, heart valves, and lungs. MRSA can be fatal if not identified and treated with effective antibiotics.

How are impetigo and MRSA spread?

Both GAS and MRSA can be transmitted through direct person-to-person contact with someone who has the infection. They can also be picked up indirectly through contact with an item (such as a wrestling mat, weight benches, gear, towel, razor, or cell phone) that is contaminated with the bacteria.

Signs & Symptoms of Impetigo:	**Signs & Symptoms of MRSA:**
● Sores begin as small red spots, usually on the face (especially near nose/mouth), but can appear anywhere on the body. ● The sores are often itchy, but usually not painful. ● The sores develop into blisters that break open and ooze fluid -- this fluid contains infectious bacteria that can infect others if they have contact with it. ● After a few days, the ruptured blisters form a flat, thick, honey-colored (yellowish-brown) crust that eventually disappears, leaving red marks that heal without scarring. ● There may be swollen glands (enlarged lymph nodes), but usually no fever.	● Commonly occur where there is a break in the skin (for example, a cut or wound), or in areas covered by hair (for example, the beard area, back of the neck, armpit, groin, legs, or buttocks) ● Red swollen bump (first appears like a pimple or spider bite in most cases) ● Bumps are warm to the touch, painful, filled with pus, or draining. The pus or drainage contains the infectious bacteria that can be spread to others. ● Sometimes accompanied by fever and chills

Preventing MRSA and other skin disorders

- Cover all wounds
- Practice good hygiene
    - Wash hands REGULARLY
    - SHOWER with SOAP immediately after EVERY practice/game and do not re-wear sweaty clothing
    - Wash practice clothing DAILY
- Do not share clothing or personal items (razors, towels, etc.)
- Clean all equipment - helmets, shoulder pads, wrestling mats, weight equipment, etc. after each use
    - Wrestling mats should be disinfected both before and after every practice/competition
- Prevent turf burns
- Report all skin blemishes/changes to CCSP for evaluation

Treatment of Skin Infections

- All infections should be covered
- After evaluation by the CCSP, suspicious skin infections will be referred to a physician
    - Any treatment prescribed by the physician, including but not limited to oral antibiotics, should be followed carefully for the entire duration
- All athletes determined to have a contagious skin infection will be excluded from practice/play until a physician has determined it is no longer infectious (a doctor's note is required)

ENVIRONMENTAL

Heat Related Illnesses

Exercise produces heat within the body and can increase an athlete'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. If left untreated, very high body temperatures may cause damage to the brain or other vital organs.

Heat Illness Prevention

1. Adequate hydration
    - Individuals should maintain hydration and appropriately replace fluids lost during practices and games.
    - Players should have free access to readily available fluids at all times.
2. Gradual Acclimatization
    - Intensity and duration of exercise should be gradually increased over a period of 7-14 days to give athletes time to build fitness levels and become accustomed to practicing in the heat.
    - Protective equipment should be introduced in phases.
3. Additional prevention measures
    - Alter practice plans in extreme environmental conditions. Coaches should be aware of both the temperature and humidity. The greater the humidity, the more difficult it is for the body to cool itself. Use this **OSHA-NIOSH Heat Safety Tool** app to determine precautions for athletic activity. The AD and/or CCSP will also provide updates regarding practice modifications during high heat days.
    - Eat a well-balanced diet which aids in replacing lost electrolytes (sodium/salt, potassium) and avoid drinks containing stimulants such as ephedrine or high doses of caffeine.
    - Athletes with heat illness risk factors (e.g. out of shape, obesity, fever, prior dehydration, poor circulation, sunburn) should be closely supervised during strenuous activities in hot or humid climates.

EXERTIONAL HEAT ILLNESS

While exertional heat illness (EHI) is not always a life-threatening condition, exertional heat stroke (EHS) can lead to fatality if not recognized and treated properly. Through proper education and awareness, EHS can be recognized and treated correctly. Exertional heat stroke has had a 100% survival rate when immediate cooling (via cold water immersion or aggressive whole body cold water dousing) was initiated within 10 minutes of collapse.

The **two main criteria** for diagnosing EHS are rectal temperatures >104°F (40°C) immediately post collapse and central nervous system dysfunction (e.g. irrational behavior, irritability, emotional instability, altered consciousness, collapse, coma, dizziness, etc.)

The table on the following page outlines the various heat illnesses that athletes may experience, how to recognize them, and treatment for each.

Recognizing Exertional Heat Illness

Heat Stroke	Heat Exhaustion	Heat Syncope	Heat Cramps
Dysfunction or shutdown of body systems due to elevated body temperature which cannot be controlled. This occurs with a core body temperature greater than 104 degrees Fahrenheit.	Inability to continue exercise due to heat-induced symptoms. This occurs with an elevated core body temperature between 97 and 104 degrees Fahrenheit.	Dizziness or fainting due to high temperatures. It often occurs after standing for long periods of time, immediately following cessation of activity, or rapidly standing after resting or sitting.	Acute, painful, involuntary muscle contractions that occur during or after intense exercise sessions.
Signs observed by teammates, parents, and coaches include: ● Dizziness ● Drowsiness, loss of consciousness ● Seizures ● Staggering, disorientation ● Behavioral/cognitive changes (confusion, irritability, aggressive, hysteria, emotional instability) ● Weakness ● Hot and wet or dry skin ● Rapid heartbeat, low blood pressure ● Hyperventilation ● Vomiting, diarrhea	● Dizziness, lightheadedness, weakness ● Headache ● Nausea ● Diarrhea, urge to defecate ● Pallor, chills ● Profuse sweating ● Cool, clammy skin ● Hyperventilation ● Decreased urine output	● Fatigue ● Tunnel Vision ● Dizziness ● Lightheadedness, fainting ● Pale or sweaty skin	● Muscle cramps ● Sweating, thirst, fatigue
This is a MEDICAL EMERGENCY. Death may result if not treated properly and rapidly. Stop exercise, remove from heat, remove clothing, immerse athlete in cold water for aggressive, rapid cooling (if immersion is not possible, cool the athlete as described for heat exhaustion), Call 911 (AFTER cooling has been initiated), monitor vital signs until paramedics arrive.	Stop exercise, move player to a cool place, remove excess clothing, give fluids if conscious, **COOL BODY**: fans, cold water, ice towels, ice bath or ice packs. Fluid replacement should occur as soon as possible. The Emergency Medical System (EMS) should be activated if recovery is not rapid. **When in doubt, CALL 911.** Athletes with heat exhaustion should be assessed by a physician as soon as possible in all cases.	Move the athlete to a cool, shaded area, elevate the legs and rehydrate. Remove excess clothing and cool the athlete with wet towels or ice bags.	If cramps occur **without** any other heat illness related symptoms then treat by gently stretching the cramping muscle. Ice or gentle massage may also help to stop the cramp. The athlete should drink fluids, especially with electrolytes if possible. No referral to a physician is necessary if the cramp resolves rapidly.

Heat Index Procedures

Administration of Heat Index Procedures:

1. When the air temperature is 80 degrees (Fahrenheit) or higher, Heat index or THI using a Wet Bulb indicator on the field will be checked 1 hour before the contest/practice by the athletic director, CCSP, or school designee.
2. Download this **OSHA-NIOSH Heat Safety Tool** app to your phone. Schools may also use a Wet Bulb indicator on the field that will be used.
3. Enter zip code or city and state in the location section of the app, if necessary, or determine the THI by using a Wet Bulb indicator.
4. If the heat index or the Wet Bulb Indicator is **90 degrees or above**, the athletic director, CCSP, or school designee must re-check the Heat index or Wet Bulb indicator at halftime or midway point of the contest.
5. If the Heat index or Wet Bulb indicator is **96 degrees (Fahrenheit) or more**, the contest will be suspended.

Please refer to the following chart to take the appropriate actions:

	Cat 1	Activity Guidelines
No Risk	< 76.1°F <24.5°C	Normal Activities – Provide at least three separate rest breaks each hour with a minimum duration of 3 min each during the workout.
Low Risk	76.3 - 81.0°F 24.6-27.2°C	Use discretion for intense or prolonged exercise; Provide at least three separate rest breaks each hour with a minimum duration of 4 min each.
Moderate Risk	81.1 - 84.0°F 27.3-28.9°C	Maximum practice time is 2 h. For Football: players are restricted to helmet, shoulder pads, and shorts during practice. If the WBGT rises to this level during practice, players may continue to work out wearing football pants without changing to shorts. For All Sports: Provide at least four separate rest breaks each hour with a minimum duration of 4 min each.
High Risk	84.2 - 86.0°F 29.0-30.0°C	Maximum practice time is 1 h. For Football: No protective equipment may be worn during practice, and there may be no conditioning activities. For All Sports: There must be 20 min of rest breaks distributed throughout the hour of practice.
Extreme Danger	≥ 86.2°F ≥30.1°C	No outdoor workouts. Delay practice until a cooler WBGT is reached.

Exertional Heat Stroke Emergency Treatment Summary

1. Remove all equipment and excess clothing
2. If possible, rapidly (5 minutes or less via cart) transport athlete to the training room.
3. Cool the athlete as quickly as possible, within 30 minutes, via whole body ice water immersion (place them in a tub with ice and water approximately 35-58°F); stir water and add ice throughout the cooling process.
    - ★ If rapid transport is not possible (no cart or tub), use the tarp and initiate the TACO (tarp-assisted cooling with oscillation) procedure. Sit or lay the athlete in the tarp and lift the corners and edges of the tarp (6 people minimum) to form a taco shape. Pour ice water on/around the athlete (approximately 4 gatorade coolers worth)
    - ★ If immersion is not possible (no tub or water supply), move athlete to a shaded, cool area and use rotating cold, wet towels to cover as much of the body surface as possible.
4. Maintain airway, breathing and circulation during cooling procedure.
5. After cooling has been initiated, activate the emergency medical system by calling 911.
6. Monitor vital signs such as rectal temperature, heart rate, respiratory rate, blood pressure, monitor CNS status.
    - ○ If rectal temperature is not available, DO NOT USE AN ALTERNATIVE METHOD (oral, tympanic, axillary, forehead sticker, etc.). These devices are not accurate and should never be used to assess an athlete exercising in heat.
7. Cease cooling when rectal temperature reaches 101-102°F

SPECIAL CONCERNS

Allergic Reactions & Anaphylaxis

- Allergic reactions can occur as the result of food ingestion, insect bite/sting, or exposure to environmental triggers (grasses/pollens).
- Minor reactions may include, but are not limited to: runny nose, red/watery eyes, hives, itching, irritation, etc.
    - For uncomplicated bites/stings, remove the stinger and apply Sting Relief
    - For other minor reactions contact a parent/guardian.
    - In most cases, Benadryl will fix the problem but as a coach, you cannot give any medicine to an athlete.
- Anaphylaxis is a severe, potentially life-threatening, allergic response to something you are allergic to.
    - If the athlete has a known allergy and is exposed to the allergen, it is important that he/she gets medical treatment immediately.
    - Anaphylaxis can be recognized by swelling of the lips, face, or tongue, and/or difficulty breathing.
    - If the athlete experiences difficulty breathing and/or if he/she has an Epi-Pen, get it for them and assist him/her to give themselves an injection.
    - Call 9-1-1

Asthma

- Only athletes who have been diagnosed with asthma should use inhalers.
- Athletes with asthma should only be allowed to use their own inhaler.
- Athletes with asthma are not allowed to practice unless they have their inhaler with them at practice. Coaches must ask to see their athlete's inhaler at practice while taking attendance.
- First aid for an asthma attack:
    - Get the athlete's medication/inhaler
    - Assist the athlete, as needed, with the medication
    - If the athlete does not improve within 5 - 15 minutes, or worsens , **call 9-1-1**.

Dental - Broken Tooth

If an athlete gets a tooth knocked out (or broken off)

- Keep the tooth
- Put the tooth in a cup of milk (only enough to cover tooth)
- If milk is unavailable, use water
- Have athlete chew gum and put over the exposed tooth in mouth (to prevent nerve irritation)
- Send to the dentist – don't forget to send the tooth.

Diabetes

Symptoms: rapid onset of altered mental status, intoxicated appearance, elevated heart rate, cold and clammy skin, hunger, anxiousness, seizures

What to Do:

- Ask the athlete. The athlete will direct you (is he/she hypoglycemic or hyperglycemic?). Does he/she want juice? Sugar?
- Have the athlete consume something with sugar, preferably in liquid form (juice, water with sugar mixed. DO NOT give diet soda as it has NO sugar in it.
- If athlete does not improve within 5 minutes, or worsens (loses consciousness), call 9-1-1

Coaches will be notified at the beginning of the season if they have a diabetic athlete that requires special care.

Seizures

- Help the athlete down to the ground gently.
- Remove any objects in their hand or nearby.
- Place something under the head to prevent head injury.
- Allow the seizure to finish. DO NOT attempt to restrain the athlete in any way.
- After the convulsions have ended, turn the athlete onto their side in the recovery position.
- Monitor - protect the airway. If athlete is turning blue, open the airway (lift chin and tilt head back).
- Call 9-1-1

Ann Sobrato High School Athletics

Emergency Action Plan

Pt. III
Sports Emergencies at various Ann Sobrato Sports Facilities

Sobrato Emergency Plan: Football

Football Field at Sobrato High School

Emergency Personnel: CCSP will be on school premises for all football practices. The CCSP and a number of Sports Medicine Student Assistants (SMSAs) on the Sobrato sideline for all games. EMTs will also be present on the Sobrato sidelines during all home football games.

Emergency Communication: The CCSP carries a cellular telephone (Christine Taylor, DC, CCSP – (408) 205-5124). The CCSP can also be reached via the two-way radios by an administrator.

Emergency Equipment: Supplies stored in the Training Room include trauma kit, splint kit, spine board, c-collars, crutches, wheelchairs, and various wound care necessities. Equipment brought to all Sobrato High School games to include motorized cart, trauma kit, spine board, c-collars, oxygen and oxygen masks, AED, wound care necessities, crutches, braces, various taping supplies, and any other items deemed necessary by the CCSP.

Roles of Certified Chiropractic Sports Physician (CCSP):

- Preventative care for all student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, and heat / cold therapy);
- Immediate evaluation and care of the more seriously-injured or ill student-athletes;
    - Activation of emergency medical system (EMS);
    - 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested;
- Return to play decision-making on the injured student-athlete;
- Physician referral of the injured student-athlete;
- Contacting the parent(s) of the injured student-athlete;
- Rehabilitative care for injured student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy). Rehabilitation should follow physician protocols.

Roles of Sports Medicine Student Assistants (if present):

- Emergency equipment retrieval (at request of CCSP)
- Assist CCSP, as needed and requested;
- Direct EMS personnel (ambulance) to scene.

Roles of Administrators/Coaches:

- Remove bollards (by baseball field) at the entrance to Football Field;
- Ensure entire pathway from baseball field to football field is clear and accessible to emergency personnel (ambulance and fire truck);
- Ensure access inside the gate surrounding the track is clear and accessible to emergency personnel; clear and control scene of bystanders, especially in front of the snack bar.

Sobrato Emergency Plan: Soccer, Track

Football Field at Sobrato High School

Emergency Personnel: Administrator or Designee; Athletic Director on school premise or on cellular phone access; CCSP on school premises and in the Training Room or on cellular phone access during practices and games.

Emergency Communication: The CCSP carries a cellular telephone (Christine Taylor, DC, CCSP – (408) 205-5124). The Athletic Director carries a cellular telephone (Lawrence Crawford- (408) 706-0087). Because some practices occur away from Sobrato's facilities as well as the need for late practices, we recommend the coaches for each of the soccer and track teams also carry cellular phones, in case of emergency.

Emergency Equipment: Supplies and equipment brought by team coaches for games/competitions include taping and bracing supplies, general trauma and wound care kits. Additional supplies stored in the Training Room include trauma kit, splint kit, spine board, c-collars, crutches, wheelchairs, various wound care necessities, and any other items deemed necessary by the CCSP. The closest AED is mounted inside of the foyer of the gym.

Roles of Certified Chiropractic Sports Physician (CCSP):

- Preventative care for all student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, and heat / cold therapy);
- Immediate evaluation and care of the more seriously-injured or ill student-athletes;
    - Activation of emergency medical system (EMS);
    - 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested;
- Return to play decision-making on the injured student-athlete;
- Physician referral of the injured student-athlete;
- Contacting the parent(s) of the injured student-athlete;
- Rehabilitative care for injured student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy). Rehabilitation should follow physician protocols.

Roles of Sports Medicine Student Assistants:

- Emergency equipment retrieval (at request of CCSP)
- Assist CCSP, as needed and requested;
- Direct EMS personnel (ambulance) to scene.

Roles of Administrators/Coaches:

- Remove bollards (by baseball field) at the entrance to Football Field;
- Ensure entire pathway from baseball field to football field is clear and accessible to emergency personnel (ambulance and fire truck);
- Direct EMS personnel (ambulance) to scene (in the event that there are no student trainers present);
- Scene control: limit scene to sports medicine personnel and move bystanders (including other athletes) away from area of injured athlete.

Sobrato Emergency Plan: Field Hockey, Lacrosse

South Field at Sobrato High School

Emergency Personnel: Administrator or Designee; Athletic Director on school premise or on cellular phone access; CCSP on school premises and in the Training Room or on cellular phone access during practices and games.

Emergency Communication: The CCSP carries a cellular telephone (Christine Taylor, DC, CCSP – (408) 205-5124). The Athletic Director carries a cellular telephone (Lawrence Crawford- (408) 706-0087). Because some practices occur away from Sobrato's facilities as well as the need for late practices, we recommend the coaches for each of the field hockey and lacrosse teams also carry cellular phones, in case of emergency.

Emergency Equipment: Supplies and equipment brought by team coaches for games include taping and bracing supplies, general trauma and wound care kits. Additional supplies stored in the Training Room include trauma kit, splint kit, spine board, c-collars, crutches, wheelchairs, various wound care necessities, and any other items deemed necessary by the CCSP. The closest AED is mounted inside of the foyer of the gym.

Roles of Certified Chiropractic Sports Physician (CCSP):

- Preventative care for all student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, and heat / cold therapy);
- Immediate evaluation and care of the more seriously-injured or ill student-athletes;
    - Activation of emergency medical system (EMS);
    - 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested;
- Return to play decision-making on the injured student-athlete;
- Physician referral of the injured student-athlete;
- Contacting the parent(s) of the injured student-athlete;
- Rehabilitative care for injured student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy). Rehabilitation should follow physician protocols.

Roles of Sports Medicine Student Assistants:

- Emergency equipment retrieval (at request of CCSP)
- Assist CCSP, as needed and requested;
- Direct EMS personnel (ambulance) to scene.

Roles of Administrators/Coaches:

- Ensure emergency entrance to south field is clear and accessible (watch for congested parking lots);
- Direct EMS personnel (ambulance) to scene (in the event that there are no student trainers present);
- Scene control: limit scene to sports medicine personnel and move bystanders (including other athletes) away from area of injured athlete.

Sobrato Emergency Plan: Baseball

Baseball Field at Sobrato High School

Emergency Personnel: Administrator or Designee; Athletic Director on school premise or on cellular phone access; CCSP on school premises and in the Training Room or on cellular phone access during practices and games.

Emergency Communication: The CCSP carries a cellular telephone (Christine Taylor, DC, CCSP – (408) 205-5124). The Athletic Director carries a cellular telephone (Lawrence Crawford- (408) 706-0087). Because some practices occur away from Sobrato's facilities as well as the need for late practices, we recommend the coaches for the baseball teams also carry cellular phones, in case of emergency.

Emergency Equipment: Supplies and equipment brought by team coaches for games include taping and bracing supplies, general trauma and wound care kits. Additional supplies stored in the Training Room include trauma kit, splint kit, spine board, c-collars, crutches, wheelchairs, various wound care necessities, and any other items deemed necessary by the CCSP. The closest AED is mounted inside of the foyer of the gym.

Roles of Certified Chiropractic Sports Physician (CCSP):

- Preventative care for all student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, and heat / cold therapy);
- Immediate evaluation and care of the more seriously-injured or ill student-athletes;
    - Activation of emergency medical system (EMS);
    - 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested;
- Return to play decision-making on the injured student-athlete;
- Physician referral of the injured student-athlete;
- Contacting the parent(s) of the injured student-athlete;
- Rehabilitative care for injured student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy). Rehabilitation should follow physician protocols.

Roles of Sports Medicine Student Assistants:

- Emergency equipment retrieval (at request of CCSP)
- Assist CCSP, as needed and requested;
- Direct EMS personnel (ambulance) to scene.

Roles of Administrators/Coaches:

- Remove bollards at the entrance to Baseball Field;
- Ensure entire pathway is clear and accessible to emergency personnel (ambulance and fire truck);
- Direct EMS personnel (ambulance) to scene (in the event that there are no student trainers present);
- Scene control: limit scene to sports medicine personnel and move bystanders (including other athletes) away from area of injured athlete.

Sobrato Emergency Plan: Softball

Softball Field at Sobrato High School

Emergency Personnel: Administrator or Designee; Athletic Director on school premise or on cellular phone access; CCSP on school premises and in the Training Room or on cellular phone access during practices and games.

Emergency Communication: The CCSP carries a cellular telephone (Christine Taylor, DC, CCSP – (408) 205-5124). The Athletic Director carries a cellular telephone (Lawrence Crawford- (408) 706-0087). Because some practices occur away from Sobrato's facilities as well as the need for late practices, we recommend the coaches for the softball teams also carry cellular phones, in case of emergency.

Emergency Equipment: Supplies and equipment brought by team coaches for games include taping and bracing supplies, general trauma and wound care kits. Additional supplies stored in the Training Room include trauma kit, splint kit, spine board, c-collars, crutches, wheelchairs, various wound care necessities, and any other items deemed necessary by the CCSP. The closest AED is mounted inside of the foyer of the gym.

Roles of Certified Chiropractic Sports Physician (CCSP):

- Preventative care for all student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, and heat / cold therapy);
- Immediate evaluation and care of the more seriously-injured or ill student-athletes;
    - Activation of emergency medical system (EMS);
    - 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested;
- Return to play decision-making on the injured student-athlete;
- Physician referral of the injured student-athlete;
- Contacting the parent(s) of the injured student-athlete;
- Rehabilitative care for injured student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy). Rehabilitation should follow physician protocols.

Roles of Sports Medicine Student Assistants:

- Emergency equipment retrieval (at request of CCSP)
- Assist CCSP, as needed and requested;
- Direct EMS personnel (ambulance) to scene.

Roles of Administrators/Coaches:

- Open all gates and direct EMS onto the dirt field, east of the playing fields, then onto the field south of the softball field.
- Ensure entire pathway is clear and accessible to emergency personnel (ambulance and fire truck);
- Direct EMS personnel (ambulance) to scene (in the event that there are no student trainers present);
- Scene control: limit scene to sports medicine personnel and move bystanders (including other athletes) away from area of injured athlete.

Emergency Plan: Basketball, Volleyball, Wrestling, Badminton, Cheer

Gymnasium at Sobrato High School

Emergency Personnel: Administrator or Designee; Athletic Director on school premise or on cellular phone access; CCSP on school premises and in the Training Room or on cellular phone access during practices and games.

Emergency Communication: The CCSP carries a cellular telephone (Christine Taylor, DC, CCSP – (408) 205-5124). The Athletic Director carries a cellular telephone (Lawrence Crawford- (408) 706-0087). Because of the need for late practices, we recommend the coaches for the basketball, volleyball, wrestling, badminton, and cheer teams also carry cellular phones, in case of emergency.

Emergency Equipment: Equipment brought to Sobrato High School games (basketball and wrestling) by the CCSP to include trauma kit, spine board, AED, wound care necessities, various taping supplies, and any other items deemed necessary by the CCSP. Supplies and equipment brought by team coaches for games not attended by the CCSP include taping and bracing supplies, general trauma and wound care kits. Additional supplies stored in the Training Room include trauma kit, splint kit, spine board, c-collars, crutches, wheelchairs, various wound care necessities, and any other items deemed necessary by the CCSP. The closest AED is mounted inside of the foyer of the gym.

Roles of Certified Chiropractic Sports Physician (CCSP):

- Preventative care for all student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, and heat / cold therapy);
- Immediate evaluation and care of the more seriously-injured or ill student-athletes;
    - Activation of emergency medical system (EMS);
    - 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested;
- Return to play decision-making on the injured student-athlete;
- Physician referral of the injured student-athlete;
- Contacting the parent(s) of the injured student-athlete;
- Rehabilitative care for injured student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy). Rehabilitation should follow physician protocols.

Roles of Sports Medicine Student Assistants:

- Emergency equipment retrieval (at request of CCSP)
- Assist CCSP, as needed and requested;
- Direct EMS personnel (ambulance) to scene.

Roles of Administrators/Coaches:

- Unlock the yellow gate that provides access to the rear of the gym
- Ensure entire pathway is clear and accessible to emergency personnel (ambulance and fire truck);
- Direct EMS personnel (ambulance) to scene (in the event that there are no student trainers present);
- Scene control: limit scene to sports medicine personnel and move bystanders (including other athletes) away from area of injured athlete.

Emergency Plan: Tennis

Tennis Courts at Sobrato High School

Emergency Personnel: Administrator or Designee; Athletic Director on school premise or on cellular phone access; CCSP on school premises and in the Training Room or on cellular phone access during practices and games.

Emergency Communication: The CCSP carries a cellular telephone (Christine Taylor, DC, CCSP – (408) 205-5124). The Athletic Director carries a cellular telephone (Lawrence Crawford- (408) 706-0087). Because of the need for late practices, we recommend the coaches for the tennis teams also carry cellular phones, in case of emergency.

Emergency Equipment: Supplies and equipment brought by team coaches for games include taping and bracing supplies, general trauma and wound care kits. Additional supplies stored in the Training Room include trauma kit, splint kit, spine board, c-collars, crutches, wheelchairs, various wound care necessities, and any other items deemed necessary by the CCSP. The closest AED is mounted inside of the foyer of the gym.

Roles of Certified Chiropractic Sports Physician (CCSP):

- Preventative care for all student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, and heat / cold therapy);
- Immediate evaluation and care of the more seriously-injured or ill student-athletes;
    - Activation of emergency medical system (EMS);
    - 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested;
- Return to play decision-making on the injured student-athlete;
- Physician referral of the injured student-athlete;
- Contacting the parent(s) of the injured student-athlete;
- Rehabilitative care for injured student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy). Rehabilitation should follow physician protocols.

Roles of Sports Medicine Student Assistants:

- Emergency equipment retrieval (at request of CCSP)
- Assist CCSP, as needed and requested;
- Direct EMS personnel (ambulance) to scene.

Roles of Administrators/Coaches:

- Unlock the yellow gate that provides access to road leading to the tennis courts
- Ensure entire pathway is clear and accessible to emergency personnel (ambulance and fire truck);
- Direct EMS personnel (ambulance) to scene (in the event that there are no student trainers present);
- Scene control: limit scene to sports medicine personnel and move bystanders (including other athletes) away from area of injured athlete.

Emergency Plan: Swimming and Water Polo

Swim Complex at Sobrato High School

Emergency Personnel: Administrator or Designee; Athletic Director on school premise or on cellular phone access; CCSP on school premises and in the Training Room or on cellular phone access during practices and games.

Emergency Communication: The CCSP carries a cellular telephone (Christine Taylor, DC, CCSP – (408) 205-5124). The Athletic Director carries a cellular telephone (Lawrence Crawford- (408) 706-0087). Because of the need for late practices, we recommend the coaches for the tennis teams also carry cellular phones, in case of emergency.

Emergency Equipment: Supplies and equipment brought by team coaches for games include taping and bracing supplies, general trauma and wound care kits. Additional supplies stored in the Training Room include trauma kit, splint kit, spine board, c-collars, crutches, wheelchairs, various wound care necessities, and any other items deemed necessary by the CCSP. The closest AED is located inside the storage room at the south end of the pool..

Roles of Certified Chiropractic Sports Physician (CCSP):

- Preventative care for all student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, and heat / cold therapy);
- Immediate evaluation and care of the more seriously-injured or ill student-athletes;
    - Activation of emergency medical system (EMS);
    - 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested;
- Return to play decision-making on the injured student-athlete;
- Physician referral of the injured student-athlete;
- Contacting the parent(s) of the injured student-athlete;
- Rehabilitative care for injured student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy). Rehabilitation should follow physician protocols.

Roles of Sports Medicine Student Assistants:

- Emergency equipment retrieval (at request of CCSP)
- Assist CCSP, as needed and requested;
- Direct EMS personnel (ambulance) to scene.

Roles of Administrators/Coaches:

- Unlock the yellow gate that provides access to road leading to the east entrance of the swimming pool
- Ensure entire pathway is clear and accessible to emergency personnel (ambulance and fire truck);
- Direct EMS personnel (ambulance) to scene (in the event that there are no student trainers present);
- Scene control: limit scene to sports medicine personnel and move bystanders (including other athletes) away from the area of injured athlete.

EMERGENCY CONTACTS		
EMS	9-1-1	*From either cell phone or landline*
Christine Taylor, DC, CCSP	(408) 201-6200 x41268 (O) (408) 205-5124 (C)	*Program this number into your cell phone*
Lawrence Crawford Athletic Director	(408) 201-6240 (O) (408) 706-0087 (C)	*Program this number into your cell phone*
Mark Pierce Assistant Principal	(408) 201-6211 (O) (650) 353-1924 (C)	*Program this number into your cell phone*
Lorraine Soto Campus Supervisor	(408) 201-6200 x41507 (O) (408) 612-1622 (C)	
Principal Theresa Sage	(408) 201-6201 (O)	
Sobrato Main Office	(408) 201-6200	

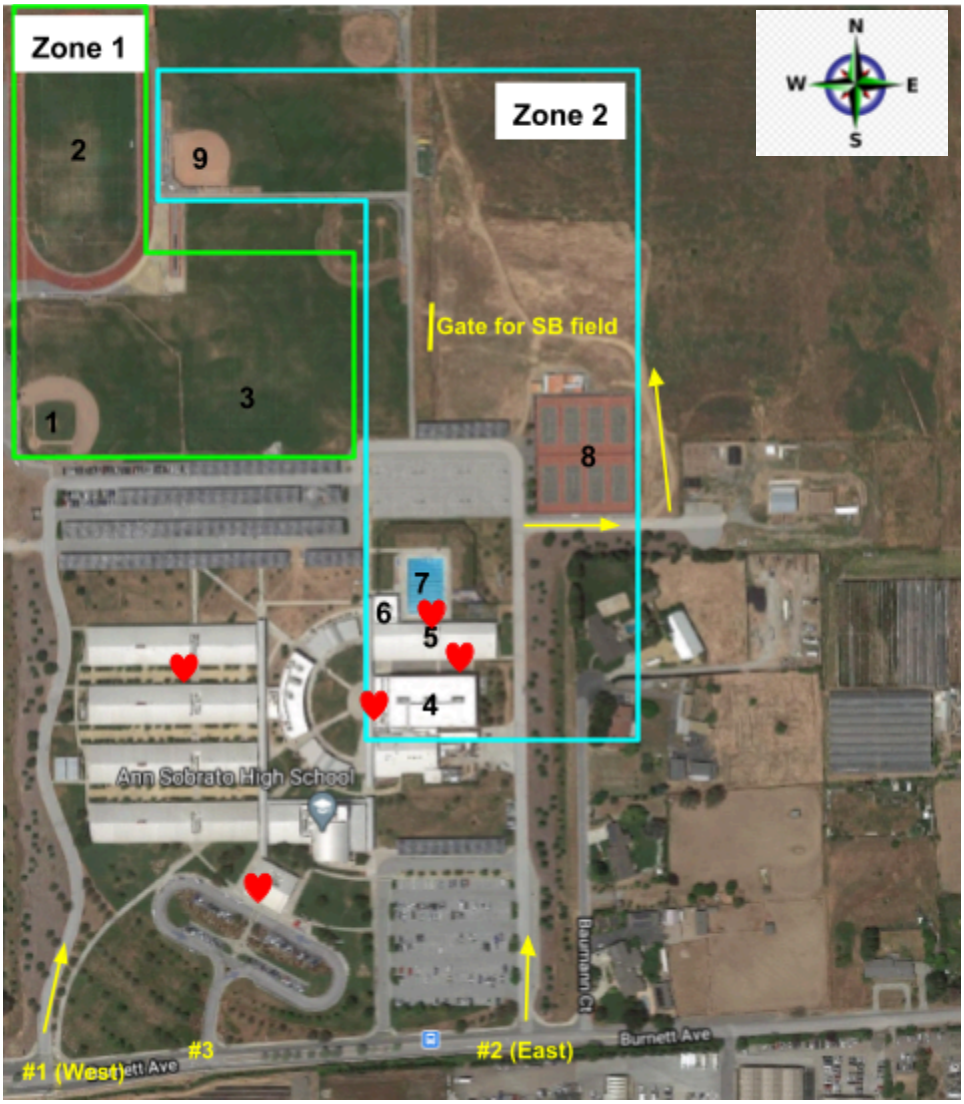
ADDRESS: Ann Sobrato High School
401 Burnett Ave.
Morgan Hill, CA 95037

ZONE 1: (Baseball Field, Field Hockey Field, Football Field, Soccer Field, Track)
EMS Route: Monterey to #1 Entrance (West) to Student Lot; requires post key
Primary AED: Gymnasium
Secondary AED: Training Room
Tertiary AED: Swimming Pool storage room

ZONE 2: (Gymnasium, Locker Rooms, Weight Room, Dance Room, Pool, Tennis Courts, Softball Field)
EMS Route: Monterey to #3 Entrance (East); EMS has access key
Primary AED: Gymnasium
Secondary AED: Training Room
Tertiary AED: Swimming Pool storage room

ZONE 3: OFF SITE (Cross Country, Golf, Girls Soccer)
EMS Route: will be dependent upon the location of athlete
**Coaches should know the address and specific directions to each location*

APPENDIX A: OVERHEAD MAP OF SPORTS FACILITIES



Map Key: ❤️**AED**

Entrance #1 (West) leads to Zone 1

- **(1) Baseball Field**
- **(2) Football Field, Soccer Field, Track**
- **(3) Field Hockey, Lacrosse Field**

Entrance #2 leads to Main Office ONLY

Entrance #3 (East) leads to Zone 2

- **(4) Gymnasium**
- **(5) Locker Rooms, Weight Room**
- **(6) Dance/Wrestling Room**
- **(7) Pool**
- **(8) Tennis Courts**
- **(9) Softball Field**