

# SoCal Youth Rugby Emergency Action Plan

## San Clemente High School

Name of Venue:	San Clemente High School			
Address of Venue:	700 Avenida Pico, San Clemente, CA 92673			
Cross Streets:	Avenida Pico and Calle Frontera			
Directions for EMS Access to the Field:	Enter at High School entrance traffic light on Avenida Pico			
Rugby Club Submitting this EAP:	San Clemente HS Triton Rugby Club			
Other Rugby Clubs that Host Matches at this Venue:	N/A			
Program Director/Primary Contact:	Stuart Proctor			
Program Director/Primary Contact Phone Number:	(949) 275-2611			
Does this site have its own security?	No			
If yes, Security Phone Number:	N/A			
Is there an AED on site?	Yes			
If yes, Location of AED/AEDs and procedure to access (ie keys need, campus contact number):	SCHS has a document covering EAP. We have a copy of that document. Nearest AED to stadium is located at stadium snack bar.			
Location of medical kit during events:	Home Team will have a fully stocked medical kit on sideline			
Location of athlete's emergency contact info:	Matchfacts and Club Teamsnap accounts			
Lightning Safe Structure: This should be a fully enclosed grounded building that participants and spectators can be evacuated to. If a structure of this sort is not available enclosed metal vehicles can be used as an alternative	Participants and spectators will evacuate to personal vehicles.			
Hospital 1:	Providence Mission Hospital			
Address of Hospital 1:	27700 Medical Center Rd, Mission Viejo, CA 92691			
Phone Number Hospital 1	(949) 364-1400			
Hospital 2:				
Address Hospital 2:				
Hospital 2 Phone Number:				
Nearest Kaiser Hospital:	Kaiser Permanente San Juan Capistrano Medical Offices			
Address Kaiser Hospital:	30400 Camino Capistrano, San Juan Capistrano, CA 92675			
Phone Number Kaiser Hospital:	(833) 574-2273			
Urgent Care:	MEDHERO Advanced Urgent Care and Wellness Center			
Address Urgent Care:	905 Calle Amanecer Ste 115, San Clemente, CA 92673			
Urgent Care Phone Number:	(949) 207-3603			
Urgent Care Hours of Operation:	8am-8pm			
EAP updated:	1/3/2024			

Emergency situations may arise at any time during athletic events and training. Expedient action must be taken in order to provide the best possible care to the athlete, coach, or other individual. The development and implementation of an emergency action plan will help ensure that the best care will be provided.

As emergencies may occur at any time and during any activity, clubs should be prepared at all times. Frequent review of the emergency action plan, maintenance of appropriate emergency equipment and supplies, Coach and AT education, preparticipation physical screenings, safe practice and training techniques, and adequate medical coverage can help both in the response to and mitigation of emergency situations.

Coaches and staff should be CPR, First Aid, and AED certified and should be up to date on their concussion, sudden cardiac arrest and heat illness training.

#### Role of the First Responder

1. Establish scene safety
2. Immediate care of injured/ill individual (ATC if available)
  - a. Check circulation, airway, breathing, level of consciousness, and for severe bleeding
3. Determine the need to activate Emergency Medical Services (EMS)
4. Designate an individual to contact Emergency Medical Services (if you are alone contact EMS yourself)
  - a. Dial 911 from a landline or cellular device
  - b. If EMS is on site seek them
5. Retrieve emergency equipment
  - a. Designate an individual to retrieve the AED (if available) and medical bag
6. Direct EMS to the scene
  - a. Designate an individual to meet EMS at the entrance of the venue
7. Crowd control
  - a. Designate individuals as needed to control spectators and participants and make way for EMS
  - b. If security is onsite contact them to help with crowd control or other needs
8. A parent, guardian, assistant coach, or other familiar adult must go with the injured/ill individual if they are transported to the emergency department
9. Notify parents or guardians if they are not on site
10. Document
  - a. Document all injuries and illnesses that occur
11. Notify Club Director, Head Coach, and Player Welfare Program Manager

#### Speaking with Dispatch

- ☐ Identify yourself (Name and Title)
- ☐ State the need for an ambulance
- ☐ Identify the type of injury/illness and the treatment that is being given
- ☐ Give location and phone number (address and cross streets)
- ☐ Give specific directions to the location of the patient
- ☐ Answer all questions and follow the dispatcher's instructions
- ☐ HANG UP LAST (only after the dispatcher has hung up)

Activate Emergency Action Plan for:

- ☐ Any loss of consciousness
- ☐ Possible spine injury
- ☐ Dislocation, open fracture, closed displaced fracture
- ☐ Difficulting breathing
- ☐ Absence of breathing or pulse
- ☐ If you are uncertain if you have a medical emergency and there is not more advanced care on site

Documentation

- ☐ Injury or illness of a SCYR athlete or referee must be documented and reported to the Player Welfare Program Manager, Christine Mitchell, at [christine@socalyouth.rugby](mailto:christine@socalyouth.rugby)
- ☐ Injury or illness of a parent, coach, or spectator should be documented and reported to the Club Program Director

Suspected Concussion or Head Injury

Any athlete suspected of sustaining a concussion or head injury must be immediately removed from participation and may not return to play until cleared. An athlete may not participate unless they have been cleared by a physician (MD or DO working within their scope of practice) and in accordance with the SCYR Concussion policy by the Player Welfare Program Manager and are on the Match Report.

Any Loss of Consciousness

All athletes who experience any type of loss of consciousness must be immediately removed from participation and may not return to play until cleared. The athlete must be cleared by a licensed healthcare provider (MD, DO, NP, PA) and in accordance with the SCYR Sudden Cardiac Arrest and Heat Illness Policies prior to returning to play.

Lightning Policy and Response

- ☐ Designate a person to monitor threatening weather and notify the head coaches and officials
- ☐ Monitor local weather reports
- ☐ Know where the closest "lightning safe structure" is and have a plan to evacuate participants and spectators.
- ☐ If you hear a clap of thunder or see a flash of lightning, stop play and evacuate to a lightning safe structure.
- ☐ If you are using a lightning tracker, stop play and evacuate to a lightning safe structure when lightning is within 10 miles of the field.
- ☐ Stay in a lightning safe structure for 30 minutes after the last visible flash of lightning or heard clap of thunder or until all lightning strikes have been outside of a 10 mile radius for 30 minutes.

Reminders

\*Home team is to provide injury ice\*

\*Each team should have a med kit on site\*

\*EAP should be posted on site during any practice or match\*

\*All coaches and team admin should be familiar with the EAP prior to any practice or match\*

# **San Clemente High School**

## **Athletics**



## **Crisis Management & Emergency**

## **Action Plan**

(Updated 7/1/21)

## Table of Contents

<b>Purpose .....</b>	<b>3</b>
<b>Staff Training .....</b>	<b>3</b>
<b>Information to Provide in Emergency .....</b>	<b>4</b>
<b>Chain of Command .....</b>	<b>4</b>
<b>Personal Injuries .....</b>	<b>5</b>
<b>Concussion Protocol .....</b>	<b>5</b>
<b>Medical Emergencies .....</b>	<b>6</b>
<b>Sudden Cardiac Arrest Protocol .....</b>	<b>6</b>
<b>Heat Illness Protocol .....</b>	<b>8</b>
<b>Weather Related Emergencies .....</b>	<b>10</b>
<b>Earthquake .....</b>	<b>11</b>
<b>Fire .....</b>	<b>12</b>
<b>Active Shooter .....</b>	<b>12</b>
<b>Bomb or Terrorism Threat .....</b>	<b>14</b>
<b>Civil Disturbances .....</b>	<b>14</b>
<b>Dealing with Family Members of Victims, Lawyers, and the Media .....</b>	<b>14</b>
<b>Appendices .....</b>	<b>15</b>
<b>Appendix A: SCHS Evacuation Route Map .....</b>	<b>15</b>
<b>Appendix B: SCHS Evacuation Off-Campus Rally Points Map .....</b>	<b>16</b>
<b>Appendix C: SCHS AED Locations Map .....</b>	<b>17</b>
<b>Appendix D: 911 Call Log .....</b>	<b>18</b>
<b>Appendix E: Accident Report .....</b>	<b>19</b>
<b>Appendix F: Concussion Return to Play Protocol .....</b>	<b>20</b>
<b>Appendix G: Emergency Phone Numbers .....</b>	<b>21</b>

## **SCHS Crisis Management and Emergency Action Plan**

### **Purpose**

To provide San Clemente High School with a crisis management and emergency action plan (EAP) in case of a serious or life-threatening situation and/or medical event that arises during practice or competitions. Although athletic trainers, coaches, and others involved in athletics must constantly be on guard for potential injuries, they must also be ready to react during potential life-threatening emergencies that may arise while on campus. Therefore, all are considered emergency responders and must have planned in advance for the action to be taken in the event of such an emergencies.

### **Staff Training**

All coaching staff members (CUSD paid employees and Tier I Volunteers) must have the following current certifications:

- CPR/First Aid/AED
- NFHS Fundamentals of Coaching
- NFHS Concussion Awareness
- NFHS Sudden Cardiac Arrest
- NFHS Heat Illness Prevention

CPR/First Aid/AED, Concussion Awareness, Sudden Cardiac Arrest and Heat Illness Prevention must be re-certified every two (2) years. Concussion Awareness, Sudden Cardiac Arrest and Heat Illness Prevention courses are accessed online through [www.nfhslearn.org](http://www.nfhslearn.org). CPR/First Aid/AED classes are offered in various locations (including SCHS) and taught by American Red Cross or American Heart Association certified trainers (cannot be done online).

AED specific training is also provided and SCHS currently has six (6) AED's in the following locations (**See Appendix C** for Map):

- Health Office (located within)
- Main Gym (located on inside wall at main entrance)
- Aux. Gym (located on inside wall at main entrance)
- Stadium (located on outside of snack bar)
- Pool Deck (located on outside wall of coaches' office)
- Upper Campus MPR (located on inside wall left side facing stage)

### **Information to Provide via Phone in Emergency**

- Name and phone number you are calling from
- Exact location of emergency and directions (street names, buildings, landmarks, entry into building, specific areas, etc.)
- Type of injury or illness
- Condition of patient(s) and type of aid being provided
- Number of people injured
- Other information as requested and be the last one to hang up

### **Chain of Command**

Athletic Trainer (ATC) is in charge of emergency until EMS arrives. Doctors will assist if summoned by ATC; coaches are also available to assist ATC but only if asked. The only exceptions are the visiting ATC, who is responsible for their team, and when ATC is not at games or practices the **head coach** is in charge until ATC or EMS arrive.

## Personal Injuries

San Clemente High School will have a certified athletic trainer (ATC) on campus every day Monday thru Friday (beginning at 1:00pm). If there is a personal injury to an athlete, coach, or spectator, the onsite ATC will provide aid and decide if Emergency Medical Services (EMS) is to be called. If 911 is called by the ATC, or the coach if the ATC is not present, a **911 Call Log** (located on MyCUSD – **See also Appendix D**) must be filled out and submitted within 24 hours (next school day if on a weekend or holiday). Any injury that requires further medical evaluation (i.e. concussion, severe sprains, bone breaks, etc...) an **Accident Report** (located on MyCUSD – **See also Appendix E**) must be filled out (ATC will fill out if present; otherwise, it is filled out by the coach) and submitted within 24 hours (next school day if on a weekend or holiday). No athletes who are injured are able to participate in athletics until they are cleared by a medical doctor.

**Concussion Protocol:** In accordance with CA State Law AB 2127 (Effective 1-1-15) and CIF Blue Book Bylaw 503 H, 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; the mindset should be to error on the side of caution – ***when in doubt, sit him/her out***. A student-athlete who has been removed from play may not return to play until the athlete is evaluated by a licensed health care provider trained in education and management of concussion and receives written clearance to return to play from that health care provider. If a licensed health care provider, trained in education and management of concussion determines that the athlete sustained a concussion or a head injury, the athlete is required to complete a graduated return-to-play protocol of **no less than seven (7) full days** from the time of diagnosis



under the supervision on a licensed health care provider (See **Appendix F** for Return to Play Protocol – To Be Administered by ATC or Physician).

Note: Fill out 911 Call Log within 24 hours or next school day (See **Appendix D**).

### **Medical Emergencies**

All medical emergencies will be handled by the school's certified athletic trainer (ATC) (See **Appendix D** for ATC Phone #). All injured/ill individuals (student-athlete, coach, spectator) will be treated by the ATC while either the coach, athletic director or school administrator contacts emergency services; they will also unlock any gates to make sure all emergency vehicles have access to the facility where the medical emergency is taking place. If no ATC is present, the coach will apply First Aid/CPR as trained while either an assistant coach or other individual will call 911 and attempt to notify the athletic director and school administration. In addition, if a cardiac event is suspected after assessment, AED's will be utilized as needed (See **Appendix C** for AED Locations). Again, both an Accident Report and 911 Call Log must be filled out within 24 hours (or next school day if on a weekend).

Note: Fill out 911 Call Log within 24 hours or next school day (See **Appendix D**).

***Sudden Cardiac Arrest Protocol:*** In accordance with Assembly Bill 2009 (Effective 7-1-2019), any school district or charter school in the State of California that offers an interscholastic athletic program must have a written emergency action plan (EAP) that describes the location and procedures to be followed in the event of sudden cardiac arrest and other medical emergencies related to the athletic program's activities or events. All athletic trainers (ATC's), as well as athletic coaches (paid and volunteer) are trained in CPR and AED bi-annually and must be current with this certification throughout employment; all are considered members of the Cardiac Emergency Response Team (CERT) and must be prepared to perform the duties outlined

below. According the American Red Cross (ARC), for each minute that defibrillation is delayed, it reduces someone's chances for survival by approximately 10%; therefore, it is crucial that immediate action is taken to ensure the best possible outcome. If a sudden cardiac arrest event is suspected, the following must take place immediately:

### **Check for Responsiveness of Victim**

- Gently shake and shout "Are you OK?"
- If unresponsive, **call 911**; give exact location and send a coach or player to meet Emergency Medical Services (EMS) to direct them.
- If face down, roll face up supporting head, neck and back in straight line.
- Check for breathing.
- **If person not breathing, bare chest and begin CPR** with cycles of 30 compressions and 2 breaths with both hands overlapped on center of chest, 2 to 2.4 inches deep, and a rate of 100-120 compressions per minute.
- **Apply use of AED** as soon as it is available.
- Resume CPR immediately after delivering shock or if no shock is advised.
- Transition care to EMS upon arrival so that they can provide advanced life support.
  - **Indications for Use of AED:**
    - Unconscious and
    - Absence of normal breathing and
    - Absence of pulse or signs of circulation
  - **Contraindications for NOT Using and AED:**
    - Conscious or

- Is breathing or
- Has a detectable pulse or other signs of circulation

***Heat Illness Protocol:*** First and foremost, all heat illnesses are preventable. It is important for all coaches to educate their student-athletes about the importance of adequate hydration.

- **Adequate Hydration:** The athlete should arrive to practices, games, and in-between exercise sessions well-hydrated to reduce the risk of dehydration. Water should be freely accessible and water breaks should be given in the shade if available at least every 15-20 minutes and should be long enough to allow athletes to ingest adequate volumes of fluid. Unnecessary equipment should be removed during breaks.
- **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.
- **Additional Prevention Measures:** Provide appropriate medical coverage during exercise. Encourage hydration status record-keeping. Athletes can weigh-in before and after practice, ideally in dry undergarments in check hydration status. The amount of fluid lost should be replaced by the next session of activity. An athlete should drink approximately 16 oz. of fluid for each kilogram of fluid lost (1 kg = 2.2 lbs.). Eat a well-balanced diet which aids in replacing lost electrolytes and avoid drinks containing stimulants such as ephedrine or high doses of caffeine. ***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. The National Weather Service provides a heat index tool (see below). Athletes with heat illness risk factors should be closely supervised during strenuous activities in hot or humid climates.

<https://www.weather.gov/safety/heat-index>

It is important to know the warning signs as well as the treatment of those exhibiting symptoms.

- **Heat Cramps:**

- Symptoms: Cramping in active muscles; cramping in stomach and legs most common.
- Treatment: Removed from activity. Rest in a cool place. Gentle stretching. Drink water and electrolyte replenishment (sport drink like Gatorade)

- **Heat Syncope:**

- Symptoms: Weakness. Fatigue. Fainting.
- Treatment: Removed from activity. Lay athlete down in cool place. Drink water and electrolyte replenishment. Should be seen by ATC and Medical Doctor.

- **Heat Exhaustion:**

- Symptoms: Rapid weight loss (water). Muscle cramps. Nausea/vomiting. Headache. Reduced sweating (clammy skin). Dizziness/Fainting.
- Treatment: Call 911. Remove clothing and immerse in ice/cold water. Place ice bags in pulse areas (armpits, groin and neck). Give water if conscious.

- **Heat Stroke:**
  - Symptoms: No sweating. Hot, dry skin. Nausea/vomiting. Seizures. Disorientation. Loss of consciousness.
  - Treatment: This is life threatening – call 911. Remove clothing and immerse in ice/cold water. Place ice bags over pulse points (armpits, groin and neck). DO NOT GIVE WATER.

### **Weather-Related Emergencies**

In the case of weather-related emergencies, such as lightning or high winds, all people will be evacuated from outside athletic facilities to a safe shelter. The designated safe shelters at SCHS are the main and auxiliary gyms (primary) as well as other buildings and classrooms that are frequented by people on a daily basis. Lightning's behavior is random and unpredictable. Preparedness and a quick response are the best defenses to minimize the lightning hazard. It is imperative that all student-athletes, athletic staff members, game officials, and spectators are aware of the potential that lightning can strike even if the storm is miles away.

Lightning detection services will be used as available. National Weather Service (NWS), local weather reports in combination with real time observations will be used to postpone all outdoor athletic events/practices. Apps on cell phones such as the Weather Channel are a great real time resource for weather alerts. When it comes to observation, "If you can see it (lightning) flee it; if you can hear it (thunder), clear it." When lightning is seen or thunder is heard, participation shall cease. The athletic administrator and/or coach are responsible for clearing athletes and spectators to seek safe shelter.

- **Safe shelter** would be the Main Gym and Aux. Gym (primary) as well as the Triton Center, Little Theater or any classroom.

- **Unsafe shelter** areas include all outdoor metal objects like flag poles, fences and gates, high mast light poles, metal bleachers, golf cars, machinery, etc. In addition, avoid trees, water, open fields or any outside high ground. Avoid using showers, plumbing facilities, and electrical appliances, and stay away from open windows, and doorways during the storm

The athletic director and/or coach will communicate with school administration to determine a safe time to return to the playing facility and resume the athletic contest. No athletic contest will resume until the athletic director, coaches, and officials have agreed; a minimum time standard would be 30 minutes after the last thunder is heard.

### **Earthquake**

During school hours, the school's earthquake procedures will be followed. After hours, the following earthquake procedures for each athletic facility will be followed:

- **Outdoor Athletic Facilities** – At first indication of ground movement, all on field participants should drop to the ground which will prevent anyone standing from being thrown to the ground. All spectators (during an athletic event) should sit and grab hold of the bench style seating (moving away from sides of the bleachers).
- **Indoor Athletic Facilities** – Move to the front of an interior wall, especially the corners, duck and cover (kneel and clasp hands behind neck). All spectators (during an athletic event) should sit and grab hold of the bench style seating (moving away from sides of the bleachers).
- **Pool** – Athletes move to shallow end. Spectators move up against surrounding building walls, duck and cover (facing away from any windows).

In case of injuries, the school's athletic trainer will tend to any injured persons along with emergency personnel as needed (**call 911** emergency services needed).

- **Evacuation Procedures** - Evacuate in a calm and orderly manner to a safe area (**See Appendix A** for Evacuation Routes). If possible instruct students to bring all their belongings with them to the evacuation area. If within an athletic facility, leave doors unlocked. Once in a safe area, immediately take roll. Coaches must stay with team at all times until it is safe to be released. It is important for coaches to stay calm and positive as his/her attitude and demeanor will often be mirrored by the student-athletes themselves.

Note: Fill out 911 Call Log within 24 hours or next school day (**See Appendix D**).

## **Fire**

If fire is small, locate a fire extinguisher and extinguish. If fire cannot be extinguished or is large in nature, **call 911** (Emergency Services).

- **Outdoor Athletic Facility** – Move to safe area if fire is in close proximity.

Note: Fill out 911 Call Log within 24 hours or next school day (**See Appendix D**).

- **Indoor Athletic Facility** – Pull fire alarm and immediately evacuate the building in a safe and orderly manner. Move to a safe area. SCHS Administrator (if on site) or coach will meet fire department and direct them to the location of the fire (**See Appendix A** for Evacuation Routes).

## **Active Shooter**

- **Outdoor Athletic Facility** - During initial shots fired, immediately drop and lie on the ground. If shooter is in immediate area, run and encourage others to run in zigzag pattern, bending over while running doing whatever it takes to get everyone away from

intruder. Seek shelter behind a block wall, tree or building while running away. If entering a building, DEE (**D**eny access, **E**vade; **E**ngage) procedures must be deployed; (**D**eny) lock all doors, turn off lights, mute cell phones, get away from windows and close blinds if possible, place barrier in front of door (desks, backpacks, books, etc...), and shelter in place. (**E**vade) If exiting toward the west from the snack bar field, softball field, stadium or baseball field, flee along the bottom of the slope along the freeway toward the gas station and/or McDonalds ultimately meeting at one of the rally points (**See Appendix B** for Map of Rally Points). **Call 911** when safety permits. Remain calm and be ready to describe shooter (if known), the location and request medical aid if necessary.

Note: Fill out 911 Call Log within 24 hours or next school day (**See Appendix D**).

- **Indoor Athletic Facility – *If active shooter is outside***, immediately move into Lockdown procedures and immediately deploy DEE (**D**eny access, **E**vade; **E**ngage) procedures; (**D**eny) lock all doors, turn off lights, mute cell phones, get away from windows and close blinds if possible, and place barrier in front of door (desks, backpacks, books, etc...), and shelter in place. (**E**vade) All personnel on athletic court/floor must immediately drop to the floor and if spectators present in bleachers, either move to floor and drop if prudent, or drop to lowest plank in bleachers directly in front or behind seat. ***If active shooter is inside***, immediately drop to floor or lowest plank in bleachers. After initial shots fired, shooter does not exit facility, and there is no place to hide and lives remain at risk, as a last recourse (**E**ngage) the shooter/intruder must be distracted and ultimately incapacitated. **Call 911** when safety permits. Remain calm and be ready to describe shooter (if known), the location and request medical aid if necessary.



Note: Fill out 911 Call Log within 24 hours or next school day (**See Appendix D**).

### **Bomb or Terrorism Threat**

In the case of a bomb or emergency threat during school hours, the SCHS Resource Officer (SRO) will be immediately notified (**call 911** immediately if SRO not present). Threat assessment will be made with either a shelter in place or evacuation based on decision of law enforcement, SCHS Administration, and CUSD Administration.

- After hours – Same procedure will take place with the onsite SCHS Administrator or coach working with law enforcement and being the point of contact.

Note: Fill out 911 Call Log within 24 hours or next school day (**See Appendix D**).

### **Civil Disturbances**

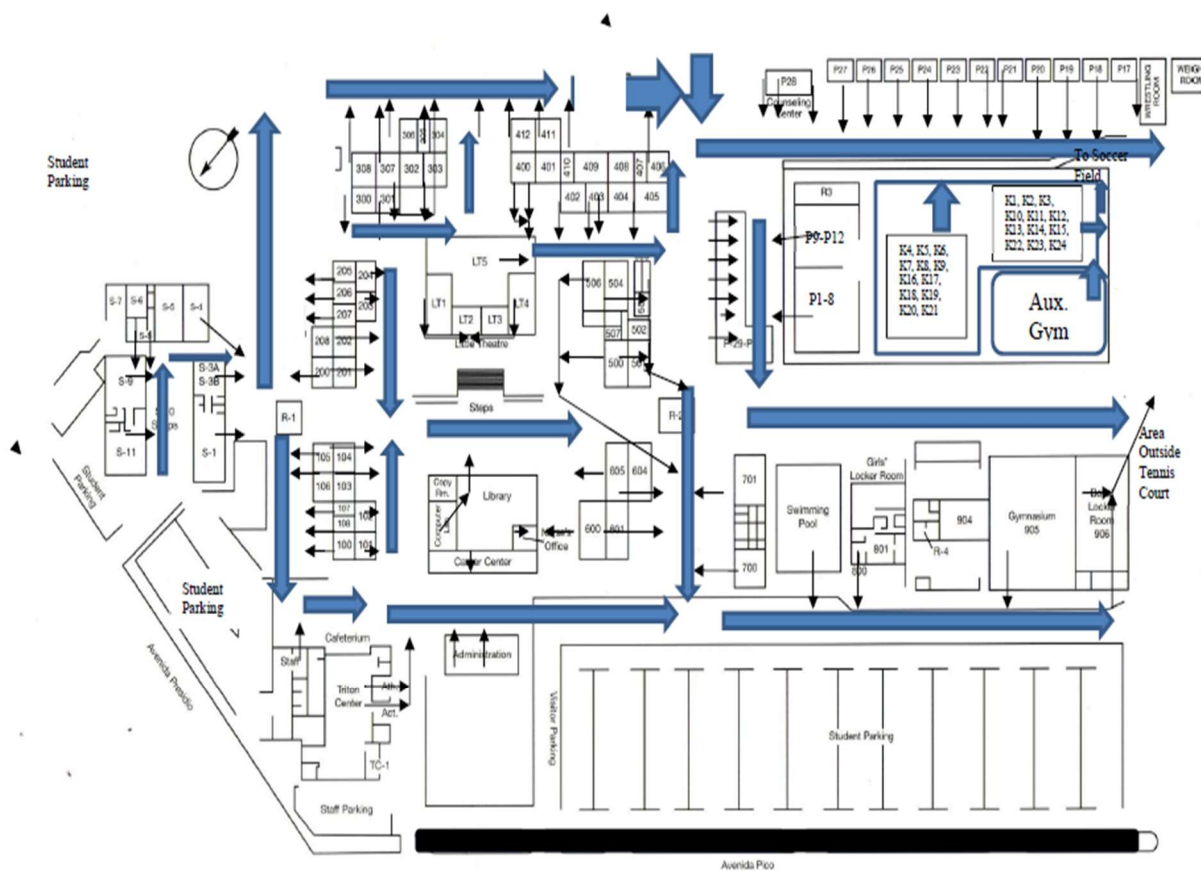
In the event of a civil disturbance, an SCHS Administrator will contact the SCHS Resource Officer (SRO) or **call 911** if SRO not present. All spectators, athletes, and coaches are required to follow the rules of the Capistrano Unified School District and San Clemente High School as well as the laws of the State of California. If any of the school rules are broken, the school's administrative team will be responsible for handling it. If there are any physical altercations or weapons violations, it will be handled by law enforcement.

Note: Fill out 911 Log within 24 hours or next school day (**See Appendix D**).

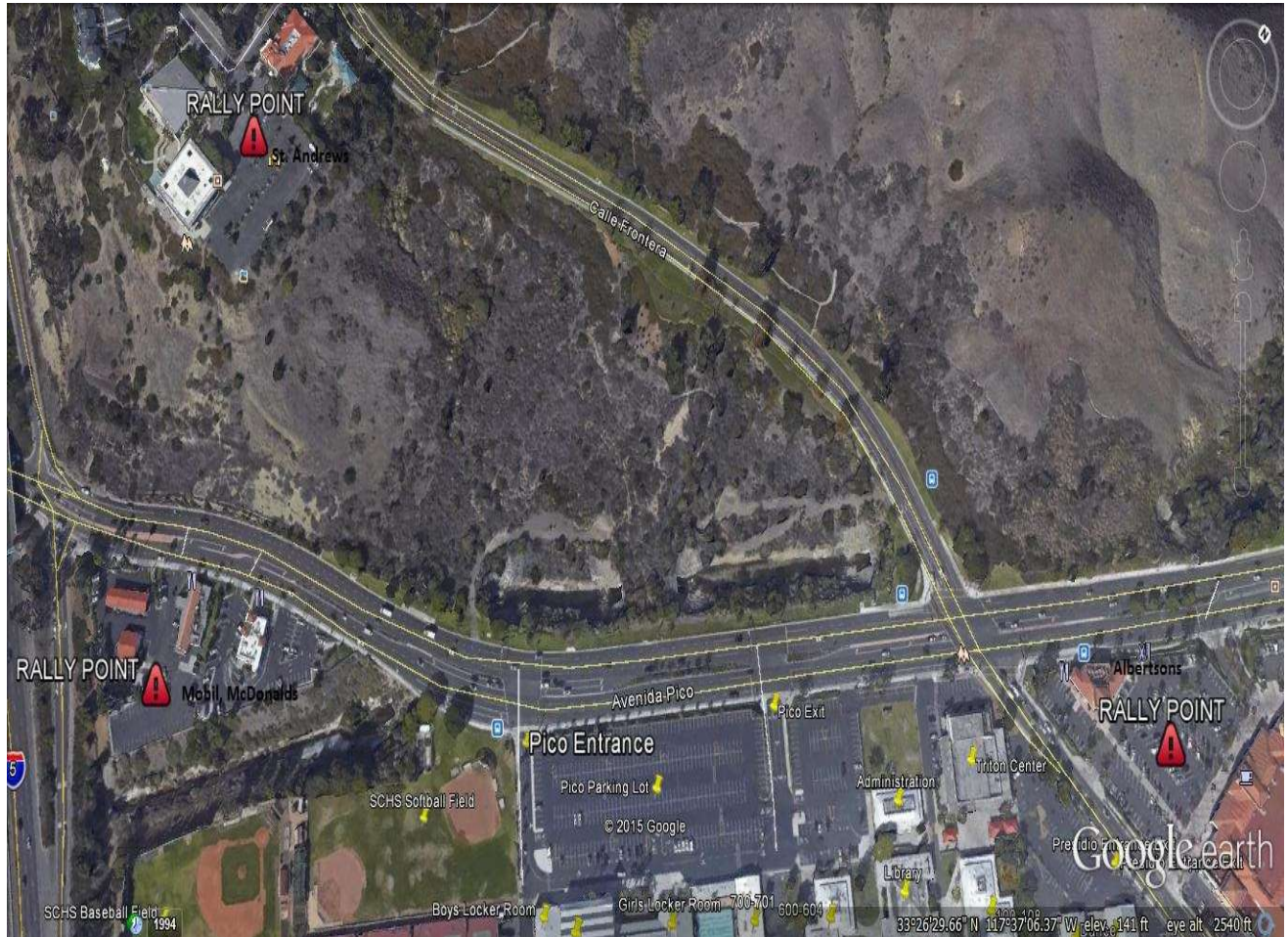
### **Dealing with Family Members of Victims, Lawyers, and the Media**

All communication with the public regarding any emergency action will be done by the SCHS Administration and/or Capistrano Unified School District representative(s). No other person should communicate to the public, including family members of victims, participants, lawyers, or the media (**See Appendix G** for Emergency Phone #'s).

**APPENDIX A**  
**SCHS EVACUATION ROUTE MAP**  
**2020-21**



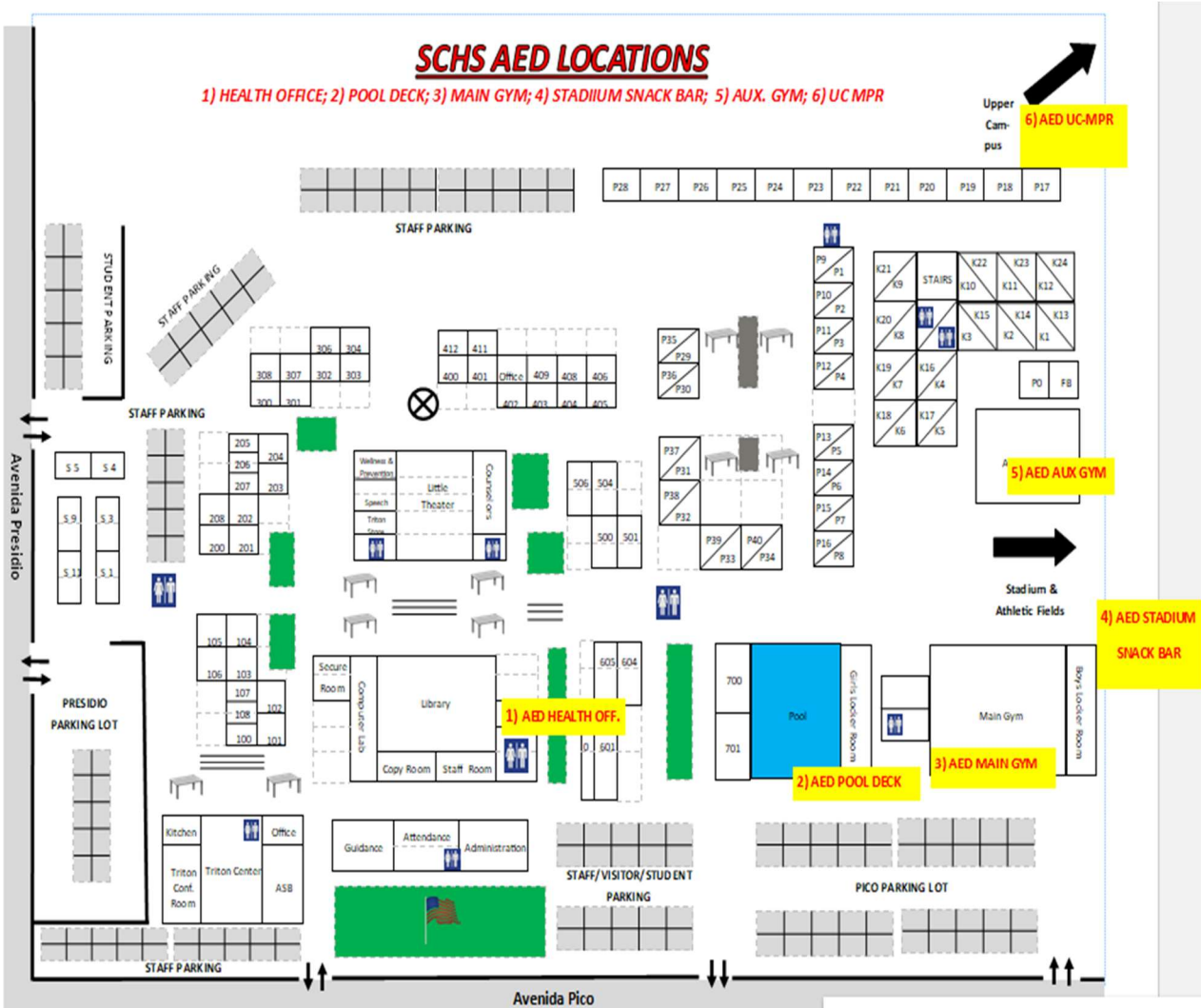
**APPENDIX B**  
**SCHS EVACUATION OFF CAMPUS RALLY POINTS**  
**2020-21**



**Rally Points**

- Mobil Gas Station/Starbucks/McDonald's Parking Lot
- St. Andrew's by the Sea Church Parking Lot
- Albertson's Parking Lot

**APPENDIX C**  
**SCHS AED LOCATIONS**  
**2020-21**





## APPENDIX D

### 911 CALL LOG



#### Capistrano Unified School District 911 LOG

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ School: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_

Description of Incident (including staff involved and location): \_\_\_\_\_

\_\_\_\_\_

Action Taken: \_\_\_\_\_

\_\_\_\_\_

Condition of Student After Incident: \_\_\_\_\_

\_\_\_\_\_

Student Released to: Parent \_\_\_\_\_ EMS \_\_\_\_\_ Other \_\_\_\_\_

Transported to: \_\_\_\_\_ Hospital. Accompanied to ER by \_\_\_\_\_

Reported Submitted By: Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

The following individuals were notified (After Principal/Designee Notification):

1. Parent/Guardian – Date: \_\_\_\_\_ Time: \_\_\_\_\_

2. Other (please list) - \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**A REPORT MUST BE COMPLETED FOR EACH 911 CALL AND FAXED/SCANNED TO THE DISTRICT OFFICE, HEALTH SERVICES AT [lmckain@capousd.org](mailto:lmckain@capousd.org) or (949) 248-9717 AND TO INSURANCE PROGRAMS AT (949) 487-0671.**

Reviewed by District Nurse: \_\_\_\_\_

\_\_\_\_\_

Reviewed by: \_\_\_\_\_ District Nurse

Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Executive Director

Date: \_\_\_\_\_

## APPENDIX E

### ACCIDENT REPORT

This report is done in anticipation of litigation for the ultimate transfer to defense counsel and with the intent that it remains confidential. The school employee either witnessing the accident or supervising at the time should complete, get an administrator's signature, and submit this form within 24 hours to the District Insurance Office. No copies are to be kept at the site. **IN CASE OF SERIOUS INJURIES, CALL AND REPORT IMMEDIATELY: District Insurance (949)234-9405 Fax(949)487-0671.**

Reset



#### Capistrano Unified School District CONFIDENTIAL STUDENT ACCIDENT REPORT

School:		Address:		Tele:
Injured's Name:		Grade:	Age:	
Injured's Address:			Tele:	
Where did accident occur:			Date:	Time:
Describe how accident occurred:				
Employee in charge of injured at the time of accident:				
Title:		Was employee present?		
Was any school rule or safety rule violated:		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain:
Witness(es): Name:		Address:		
Name:		Address:		
APPARENT NATURE OF INJURY:		INJURED PART OF BODY:		
Other:		Other:		
<input type="checkbox"/> Abrasion <input type="checkbox"/> Fracture <input type="checkbox"/> Sprain/Strain <input type="checkbox"/> Contusion <input type="checkbox"/> Puncture <input type="checkbox"/> Dislocation <input type="checkbox"/> Internal <input type="checkbox"/> Concussion <input type="checkbox"/> Laceration <input type="checkbox"/> Dental <input type="checkbox"/> Heat/Burn <input type="checkbox"/> Respiratory		<input type="checkbox"/> Head <input type="checkbox"/> Forehead <input type="checkbox"/> Neck <input type="checkbox"/> Shoulder <input type="checkbox"/> Back <input type="checkbox"/> Eye <input type="checkbox"/> Face <input type="checkbox"/> Nose <input type="checkbox"/> Mouth <input type="checkbox"/> Teeth <input type="checkbox"/> Arm <input type="checkbox"/> Wrist <input type="checkbox"/> Hand <input type="checkbox"/> Finger <input type="checkbox"/> Hip <input type="checkbox"/> Leg <input type="checkbox"/> Knee <input type="checkbox"/> Foot <input type="checkbox"/> Ankle		
List first aid procedures used:			By Whom:	
Was blood or other body fluid present: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Was the Responder exposed to blood or bodily fluid: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Exposure reported to:				
Person notified of student injury(Name Relationship):				
Disposition of injured person: <input type="checkbox"/> Class <input type="checkbox"/> Doctor <input type="checkbox"/> Hospital <input type="checkbox"/> Home				
If injured person left school, to whom released:				
Name and attitude of anyone contacting school:				
Remarks:				
School accident insurance purchased: <input type="checkbox"/> Yes <input type="checkbox"/> No			Name of Insurance:	
Follow up:				
Report completed by:(Signature)			Position:	
Report Approved by (Administrator):			Date:	

For your protection California law requires the following to appear on this form, "It is unlawful to: (a) present or cause to be presented any false or fraudulent claim for payment of a loss under a contract of insurance; (b) prepare, make or subscribe any writing with intent to present or use the same, or allow it to be presented or used in support of such claim. Every person who violates any provision of this section is punishable by imprisonment in the State Prison not exceeding 3 years or by fine not exceeding \$1000 or by both.

B-51 (Revised 10/15)

## APPENDIX F

### CONCUSSION RETURN TO PLAY PROTOCOL

(To be administered by ATC or Physician only)

#### CONCUSSION RETURN TO PLAY 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 a student athlete 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 have 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 any time 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	<ul style="list-style-type: none"><li>No activities requiring exertion (Weight lifting, jogging, P.E. classes)</li></ul>	<ul style="list-style-type: none"><li>Recovery and elimination of symptoms</li></ul>
	II-A	Light aerobic activity	<ul style="list-style-type: none"><li>10-15 minutes (<i>min</i>) of walking or stationary biking.</li><li><b>Must be performed under direct supervision by designated individual</b></li></ul>	<ul style="list-style-type: none"><li>Increase heart rate to no more than 50% of perceived maximum (<i>max</i>) exertion (e.g., 100 beats per min)</li><li>Monitor for symptom return</li></ul>
	II-B	Moderate aerobic activity (Light resistance training)	<ul style="list-style-type: none"><li>20-30 min jogging or stationary biking</li><li>Body weight exercises (squats, planks, push-ups), max 1 set of 10, no more than 10 min total</li></ul>	<ul style="list-style-type: none"><li>Increase heart rate to 50-75% max exertion (e.g., 100-150 bpm)</li><li>Monitor for symptom return</li></ul>
	II-C	Strenuous aerobic activity (Moderate resistance training)	<ul style="list-style-type: none"><li>30-45 min running or stationary biking</li><li>Weight lifting <math>\leq</math> 50% of max weight</li></ul>	<ul style="list-style-type: none"><li>Increase heart rate to <math>&gt;</math> 75% max exertion</li><li>Monitor for symptom return</li></ul>
	II-D	Non-contact training with sport-specific drills (No restrictions for weightlifting)	<ul style="list-style-type: none"><li>Non-contact drills, sport-specific activities (cutting, jumping, sprinting)</li><li>No contact with people, padding or the floor/mat</li></ul>	<ul style="list-style-type: none"><li>Add total body movement</li><li>Monitor for symptom return</li></ul>
<b>Minimum</b> 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	<ul style="list-style-type: none"><li>Controlled contact drills allowed (no scrimmaging)</li></ul>	<ul style="list-style-type: none"><li>Increase acceleration, deceleration and rotational forces</li><li>Restore confidence, assess readiness for return to play</li><li>Monitor for symptom return</li></ul>
		Full contact practice Full unrestricted practice	<ul style="list-style-type: none"><li>Return to normal training, with contact</li><li>Return to normal unrestricted training</li></ul>	
<b>MANDATORY:</b> 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)	<ul style="list-style-type: none"><li>Normal game play (competitive event)</li></ul>	<ul style="list-style-type: none"><li>Return to full sports activity without restrictions</li></ul>

Athlete's Name: \_\_\_\_\_ Date of Concussion Diagnosis: \_\_\_\_\_

**APPENDIX G**  
**EMERGENCY PHONE NUMBERS**  
**2020-21**

**SCHS Main Office (7:00am-4:00pm)** (949) 492-4165

**SCHS Administration**

- Jon Hamro (Athletic Director) ext. 13018
- Cameron Lovett (Asst. Principal) ext. 13005
- Deon Ford (Asst. Principal) ext. 13003
- Ashley Ortiz (Asst. Principal) ext. 13029
- Cat Nolan (Asst. Principal) ext. 13004
- Matt Reid (Activities Director) ext. 13016
- Chris Carter (Principal) ext. 13002

**SCHS Nurse's Office (School Hrs. Only)** ext. 13032

**SCHS Certified Athletic Trainers (ATC's)**

- TK Yoshino
- Ivan Hirsch

**Fire/Medical Emergency (OCFA)** 911

**Orange County Sheriff's Department (OCSD)** 911

- Non-Emergency (949) 770-6011

**Poison Control** (800) 222-1222