SoCal Youth Rugby Emergency Action Plan
MLK Park

Name of Venue:	MLK Park
Address of Venue:	4300 Mesa Dr., Oceanside CA 92056
Cross Streets:	Mesa Dr.
Directions for EMS Access to the Field:	Entrance to field from mesa drive into main parking lot on either side
Rugby Club Submitting this EAP:	Oceanside Multi School High
Other Rugby Clubs that Host Matches at this Venue:	N/A

Program Director/Primary Contact:	Veronica Williams
Program Director/Primary Contact Phone Number:	760-213-6256
Does this site have its own security?	Yes
If yes, Security Phone Number:	760-802-9579
Is there an AED on site?	No
If yes, Location of AED/AEDs and procedure to access (ie keys need, campus contact number):	N/A
Location of medical kit during events:	Oside coaches have med kits
Location of athlete's emergency contact info:	team snap app
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	Bathrooms/ Metal Vehicles

Hospital 1:	Tri-City Medical Hospital
Address of Hospital 1:	4002 Vista Way, Oceanside, CA 92056
Phone Number Hospital 1	760-940-3505

Hospital 2:	Scripps Memorial Hospital Encinitas
Address Hospital 2:	354 Santa Fe Drive, Encinitas, CA 92024
Hospital 2 Phone Number:	760-633-6501

Nearest Kaiser Hospital:	Tri-City Medical Hospital ** Kaiser Affiliated Hospital
Address Kaiser Hospital:	4002 W Vista Way, Vista, CA 92083
Phone Number Kaiser Hospital:	760-940-3505

Urgent Care:	Rady Children's Urgent Care Oceanside
Address Urgent Care:	3605 Vista Way Ste 172, Oceanside, CA 92056
Urgent Care Phone Number:	760-547-1000
Urgent Care Hours of Operation:	Monday-Friday & holidays: 4 p.m.-10 p.m. Saturday-Sunday: 1 p.m. -10 p.m.

EAP updated:	1/2025

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.

In accordance with CA law, all Coaches (including strength and conditioning staff and unpaid volunteers) must be CPR, First Aid, and AED certified and must 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 cellular device or land line
    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 via ambulance 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)

Lay person instructions for CPR and AED

1. Ensure the scene is safe
2. Tap and shout to check for responsiveness
3. Call for help
4. Phone 911 and get an AED
5. Check for normal breathing
    a. If the person is breathing normally, stay with the person until advanced help arrives
    b. If the person is not breathing normally or is only gasping, begin CPR and use an AED
6. Provide High Quality CPR and use an AED
    a. Provide 30 compressions at rate of 100 to 120 compressions per minute to a depth of at least 2 inches for adult, about 2 inches of a child and 1.5 inches for an infant
    b. Give two breaths for 1 second each using a pocket mask or barrier device. Do not interrupt compression for more than 10 seconds.
7. Use the AED as soon as it arrives
    a. Turn on the AED by either pushing the "On" button or lifting the lid.
    b. Follow the AED prompts
    c. Place pads on the patient following the pictures on the pads
    d. Use adult pads for anyone 8 years of age and older
    e. Loudly state, "Clear" and make sure no one is touching the patient while the AED analyzes.
    f. If a shock is needed, Loudly state, "Clear" and make sure that no one is touching the patient when you push the shock button.
8. Immediately resume CPR

Activate Emergency Medical Services for:

- ☐ Any loss of consciousness
- ☐ Possible spine injury
- ☐ Dislocation, open fracture, closed displaced fracture that cannot be safely managed by an onsite Athletic Trainer
- ☐ Difficulty 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
- ☐ Injury or illness of a parent, coach, or spectator should be documented and reported to the Club Program Director and to the Player Welfare Program Manager, Christine Mitchell, at christine@socalyouth.rugby

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.
    - This must 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
- ☐ 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.

Heat Illness Prevention and Response

- ☐ Check the weather prior to the event and plan accordingly
- ☐ When onsite for a practice or game check the wet bulb globe temperature using a weather app, Heat Stress Tracker (Kestrel or similar device) or sling psychrometer
    - Note that if using an app the measurement will not account for the increased temperature of a turf field.
- ☐ Use the chart to adjust practices and games. Consider the players' acclimatization.
- ☐ If an athlete is suspected of experiencing heat illness immediately remove them from play, initiate cooling and initiate treatment according to the heat illness
- ☐ Heat Cramps –Treat onsite as needed with muscle activation techniques, stretching, massage, ice, and oral rehydration. Muscle cramps that do not resolve or progress to full body cramps may require referral for advanced care including intravenous fluid replacement.
- ☐ Heat Syncope – Activate Emergency Action Plan. Equipment and excess clothing should be removed, and the athlete should be moved to a shaded or cool area. Cooling can be assisted by fans, ice towels or ice bags as needed. Oral rehydration can be offered if the athlete is alert and oriented.
- ☐ Heat Exhaustion - Equipment and excess clothing should be removed and the athlete should be moved to a shaded or cool area. Cooling can be assisted by fans, ice towels or ice bags as needed. The athlete should be put into a position of venus return (with legs elevated) and vitals should be monitored. If possible oral fluid replacement should be encouraged. If recovery is not rapid (<30 minutes) the Emergency Action Plan should be activated and the athlete should be referred for advanced care including intravenous fluid replacement.
- ☐ Exertional Heat Stroke - Exertional Heat Stroke is the most severe heat illness and is characterized by Neuropsychiatric impairment and a core body temperature above 105°F. The patient may present with hypotension, high respiration rate and/or decreased sweating. Symptoms include CNS dysfunction, aggressiveness, irritability, confusion, collapse or staggering, seizures, dehydration, vomiting, diarrhea, and altered consciousness. EHS can progress to systemic inflammation and multi-organ failure if not recognized and treated rapidly. The athlete should be cooled as quickly as possible. If possible the athlete should be cooled via cold water immersion up to the neck with circulating cold water. If cold water immersion is not available the athlete should be cooled rapidly using any other available method. Equipment and excess clothing should be removed but cold water immersion should not be delayed and equipment can be removed during immersion. After cooling has been initiated, activate Emergency Action Plan. Monitor vitals including rectal temperature if available (Oral, tympanic, axillary and forehead temperature should be considered unreliable). Cease cooling when rectal temperature reaches 101-102F. The athlete should be cooled prior to transport by EMS.

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