



Stockton Unified School District
Since 1852

COACHES HANDBOOK

SECTION I

EMERGENCY INFORMATION

INJURY PROCEDURES

FOR INTERSCHOLASTIC ATHLETES

An athlete who gets injured must inform the coach!

- In an emergency – call 911 immediately
- In all cases, call the parent/guardian
- Administer First Aid
- Complete an Accident Report in detail and send it to the Athletic Director (AD) within 24 hours

EMERGENCY INFORMATION

AMBULANCE – 911

FIRE & RESCUE – 911

PARAMEDICS – 911

SUSD POLICE – 933-7085 EXT. 2470

EMERGENCY PROCEDURES - POSSIBLE SERIOUS INJURY

- The head coach or designee **MUST** stay with the athlete.
- Do not move a seriously injured athlete. Be especially cautious of any athlete who may have head, neck, or back injuries.
- The head coach, doctor, or designee must call Paramedics and Fire Department **IMMEDIATELY**. Have a responsible person meet the unit at the entrance to the school.
 - Information to give Paramedics during the initial phone call:
 - Your name
 - School phone number
 - School site – location on campus
 - Directions for entering campus – be specific regarding entry
 - Type of injury
- Have athlete's Emergency Card ready
- Contact parents as soon as possible

NOTE: Home phone numbers are for EMERGENCY ONLY – DO NOT MAKE PUBLIC!

BEST PRACTICES

REDUCING HEAD AND NECK INJURIES IN FOOTBALL

(Frederick O. Mueller, Ph.D. & Robert C. Cantu, M.D.)

Brain and spinal injuries in football have been dramatically reduced since the rules were changed in 1976 to prohibit butt blocking and face tacking, and any other technique in which the helmet and facemask purposely received the brunt of the initial impact. There are still a small number of football players (and fewer in other sports) that become paralyzed, but the lesson to keep the head and face out of blocking and tackling remains.

Generally, about 3-5% of the injuries experienced by participants in athletics are concussions; e.g., temporary dizziness, confusion, nausea, headaches, and perhaps unconsciousness. Concussions are given grades from Grade 1 (a hit that dazes for a few minutes) to Grade 3 (unconscious). No concussion should be dismissed as minor until proven so by medical personnel. The task is to be sure that the athlete no longer has any post-concussion symptoms at rest and exertion before returning to competition. What is now called "the second impact syndrome" with its high rate of morbidity if not mortality, is the result of returning to play too soon.

Several suggestions for continued reduction are as follows:

1. Preseason physical exams for all participants. Identify during the physical exam those athletes with a history of previous head or neck injuries. If the physician has any questions about the athlete's readiness to participate, the athlete should not be allowed to play.
2. A physician should be present at all games. If it is not possible for a physician to be present at all games and practice sessions, emergency measures must be provided. The total staff should be organized in such a manner that each person will know what to do in case of a head or neck injury in a game or practice. Have a plan ready and have your staff prepared to implement that plan. Prevention of further injury is the main objective.
3. Athletes must be given proper conditioning exercises that will strengthen their necks so that participants will be able to hold their heads firmly erect when making contact. Strong neck muscles may help prevent neck injuries.
4. Coaches should drill the athletes in the proper execution of the fundamentals of football skills, particularly blocking and tackling. **KEEP THE HEAD OUT OF FOOTBALL.**
5. Coaches and officials should discourage the players from using their heads as battering rams. The rules prohibiting spearing should be enforced in practice and in games. The players should be taught to respect the helmet as a protective device and that the helmet should not be used as a weapon.
6. All coaches, physicians, and trainers should take special care to see that the players' equipment is properly fitted, particularly the helmet.
7. Strict enforcement of the rules of the game by both coaches and officials will help reduce serious injuries.

8. When a player has experienced or shown signs of head trauma (loss of consciousness, visual disturbances, headache, inability to work correctly, obvious disorientation, memory loss), he should receive immediate medical attention and should not be allowed to return to practice or game without permission from the proper medical authorities. Coaches should encourage players to let them know if they have any of the above- mentioned symptoms (that can't be seen by others, such as headaches) and why it is important.
9. Both athletes and their parents should be warned of the risks of injuries.
10. Coaches should not be hired if they do not have the training and experience needed to teach the skills of the sport and to properly train and develop the athletes for competition.

Following is a list of Post-Concussion Signs/Symptoms

Depression	Nervousness
Dizziness	Numbness/tingling
Drowsiness	Poor Balance
Excess Sleep	Poor Concentration
Fatigue	Ringing in Ears
Feel "in fog"	Sadness
Headache	Sensitive to Light
Irritability	Sensitive to Noise
Memory Problems	Trouble Falling Asleep
Nausea	Vomiting

BEST PRACTICES

HEAT STRESS AND ATHLETIC PARTICIPATION

Early fall football, cross-country, soccer and field hockey practices are conducted in very hot and humid weather in many parts of the United States. Due to the equipment and uniforms needed in football, most of the heat problems have been associated with football. Under such conditions the athlete is subject to the following:

Heat Cramps - painful cramps involving abdominal muscles and extremities caused by intense, prolonged exercise in the heat and depletion of salt and water due to profuse sweating.

Heat Syncope - weakness, fatigue and fainting due to loss of salt and water in sweat and exercise in the heat. Predisposes to heat stroke.

Heat Exhaustion (Water Depletion) - Excessive weight loss, reduced sweating, elevated skin and deep body temperature, excessive thirst, weakness, headache and sometimes unconsciousness.

Heat Exhaustion (Salt Depletion) - exhaustion, nausea, vomiting, muscle cramps, and dizziness due to profuse sweating and inadequate replacement of body salts.

Heat Stroke - an acute medical emergency related to thermoregulatory failure. Associated with nausea, seizures, disorientation, and possible unconsciousness or coma. It may occur suddenly without being preceded by any other clinical signs. The individual is usually unconscious with a high body temperature and a hot dry skin (heat stroke victims, contrary to popular belief, may sweat profusely).

It is believed that the above-mentioned heat stress problems can be controlled provided certain precautions are taken. According to the American Academy of Pediatrics Committee on Sports Medicine, heat related illnesses are all preventable. (Sports Medicine: Health Care for Young Athletes, American Academy of Pediatrics, 1991). The following practices and precautions are recommended:

1. Each athlete should have a physical examination with a medical history when first entering a program and an annual health history update. History of previous heat illness and type of training activities before organized practice begins should be included. State High School Association recommendations should be followed.
2. It is clear that an athlete who is in top physical condition can only achieve top physical performance. Lack of physical fitness impairs the performance of an athlete who participates in high temperatures. Coaches should know the **physical condition** of their athletes and set practice schedules accordingly.
3. Along with physical conditioning the factor of acclimatization to heat is important. Acclimatization is the process of becoming adjusted to heat and it is essential to provide for **gradual acclimatization to hot weather**. It is necessary for an athlete to exercise in the heat if he/she is to become acclimatized to it. It is suggested that a gradual physical conditioning program is used and after that 80% acclimatization can be expected to occur after the first 7-10 days. Final stages of acclimatization to heat are marked by increased sweating and reduced salt concentration in the sweat.

4. The old idea that water should be withheld from athletes during workouts has **NO SCIENTIFIC FOUNDATION**. The most important safeguard to the health of the athlete is the replacement of water. Water must be on the field and readily available to the athletes at all times. It is recommended that a minimum of a 10-minute water break be scheduled for every half-hour of heavy exercise in the heat. Athletes should rest in a shaded area during the break. **WATER SHOULD BE AVAILABLE IN UNLIMITED QUANTITIES**. Check and be sure athletes are drinking the water. Cold water is preferable. Drinking ample water before practice or games has also been found to aid performance in the heat.
5. Salt should be replaced daily. Modest salting of foods after practice or games will accomplish this purpose. Salt tablets are not recommended. **ATTENTION MUST BE DIRECTED TO REPLACING WATER - FLUID REPLACEMENT IS ESSENTIAL**.
6. Know both the **temperature and humidity**. The greater the humidity the more difficult it is for the body to cool itself. Test the air before practice or game using a wet bulb, globe, temperature index (WBGT index) that is based on the combined effects of air temperature, relative humidity, radiant heat and air movement.

The following precautions are recommended when using the WBGT Index: (ACSM's Guidelines for the Team Physician, 1991):

Below 64	Unlimited activity
65-72	Moderate risk
74-82	High risk
82 plus	Very high risks

There is also a weather guide for activities that last 30 minutes or more (Fox and Mathews, 1981) which involves knowing the relative humidity and air temperature:

<u>AIR TEMP</u>	<u>DANGER ZONE</u>	<u>CRITICAL ZONE</u>
70 F	80% RH	100% RH
75 F	70% RH	100% RH
80 F	50% RH	80% RH
85 F	40% RH	68% RH
90 F	30% RH	55% RH
95 F	20% RH	40% RH
100 F	10% RH	30% RH

RH = RELATIVE HUMIDITY

One other method of measuring the relative humidity is the use of a sling psychrometer, which measures wet bulb temperature. The wet bulb temperature should be measured prior to practice and the intensity and duration of practice adjusted accordingly.

Recommendations are as follows:

Under 60 F	Safe but always observe athletes
61 - 65 F	Observe players carefully
66 - 70 F	Caution
71 - 75 F	Shorter practice sessions and more frequent water and rest breaks
75+ F	Danger level and extreme caution

7. Cooling by evaporation is proportional to the area of the skin exposed. In extremely hot and humid weather reduce the amount of clothing covering the body as much as possible. **NEVER USE RUBBERIZED CLOTHING.**
8. Athletes should weigh each day before and after practice and **WEIGHT CHARTS CHECKED.** Generally a 3% weight loss through sweating is safe and over a 3% weight loss is in the danger zone. Over a 3% weight loss, the athlete should not be allowed to practice in hot and humid conditions. Observe the athletes closely under all conditions.
9. Observe athletes carefully for signs of trouble, particularly athletes who lose much weight and the eager athlete who constantly competes at his/her capacity. Some trouble signs are nausea, incoherence, fatigue, weakness, vomiting, cramps, weak/rapid pulse, visual disturbance and unsteadiness.
10. Teams that encounter hot weather during the season through travel or following an unseasonably cool period, should be physically fit but will not be environmentally fit. Coaches in this situation should follow the above recommendations and substitute more frequently during games.
11. **Know what to do in case of an emergency and have your emergency plans written with copies to all your staff.** Be familiar with immediate first aid practice and prearranged procedures for obtaining medical care, including ambulance service.

HEAT STROKE: THIS IS A MEDICAL EMERGENCY - DELAY COULD BE FATAL. Immediately cool body while waiting for transfer to a hospital. Remove clothing and use cool water on body. An increasing number of medical personnel are now using a treatment for heat illness that involves applying either alcohol or cool water to the victim's skin and vigorously fanning the body. The fanning causes evaporation and cooling. (Source - The First Aider - September 1987)

HEAT EXHAUSTION: OBTAIN MEDICAL CARE AT ONCE.

Cool body as you would for heat stroke while waiting for transfer to hospital. Give fluids if athlete is able to swallow and is conscious.

SUMMARY

The main problem associated with exercising in the hot weather is water loss through sweating. Water loss is best replaced by allowing the athlete unrestricted access to water. Water breaks two or three times every hour are better than one break an hour. The small amount of salt lost in sweat is adequately replaced by salting food at meals. Talk to your medical personnel concerning emergency treatment plans.

RECOMMENDATIONS FOR HYDRATION

TO PREVENT HEAT ILLNESS

TYPES OF SPORTS DRINKS

- Fluid Replacers
 - Examples: Water, Gatorade, 10K, Quickkick, Max
 - These drinks are absorbed as water and typically are used for activities lasting less than two hours.
- Carbohydrate Loaders
 - Examples: Gatorlode, Exceed High, Carboplex
 - These drinks replace more muscle glycogen to enhance greater endurance
 - They should be used after ultra-endurance events to increase muscle glycogen resynthesis after exercise.
- Nutrition Supplements
 - Examples: Gatorpro, Exceed Sports, Ultra Energy
 - These supplements are fortified with vitamins and minerals and they help athletes maintain a balanced diet.
 - They can be used as a meal replacement supplement for athletes who wish to skip a high fat meal, or as extra calories for athletes who wish to gain weight.

WHAT NOT TO DRINK

- Drinks with Carbohydrates (**CHO**) concentrations of greater than eight percent should be avoided.
- Fruit juices, CHO gels, sodas, and sports drinks that have a CHO greater than six to eight percent are not recommended during exercise as sole beverages.
- Beverages containing caffeine, alcohol, and carbonation are not to be used because of the high risk of dehydration associated with urine production, or decreased voluntary fluid intake.

HYDRATION TIPS AND FLUID GUIDELINES

- Drink according to a schedule based on individual fluid needs.
- Drink before, during and after practices and games.
- Drink 17-20 ounces of water or sports drinks with six to eight percent CHO, two to three hours before exercise.
- Drink another 7-10 ounces of water or sport drink 10-20 minutes before exercise.
- Drink early – By the time you're thirsty, you're already dehydrated.
- In general, every 10-20 minutes drink at least 7-10 ounces of water or sports drink to maintain hydration, and remember to drink beyond your thirst.
- Drink fluids based on the amount of sweat and urine loss.
- Within two hours, drink enough to replace any weight loss from exercise.
- Drink approximately 20-24 ounces of sports drink per pound of weight loss.
- Dehydration usually occurs with a weight loss of two percent of body weight or more.

WHAT TO DRINK DURING EXERCISE

- If exercise lasts more than 45-50 minute or is intense, a sports drink should be provided during the session.
- The carbohydrate concentration in the ideal fluid replacement solution should be in the range of six to eight percent CHO.
- During events when a high rate of fluid intake is necessary to sustain hydration, sports drinks with less than seven percent CHO should be used to optimize fluid delivery. These sports drinks have a faster gastric emptying rate and thus aid in hydration.
- Sports drinks with a CHO content of 10 percent have a slow gastric emptying rate and contribute to dehydration and should be avoided during exercise.
- Fluids with salt (sodium chloride) are beneficial to increasing thirst and voluntary fluid intake as well as offsetting the amount of fluid lost with sweat.
- Salt should never be added to drinks and salt tablets should be avoided.
- Cool beverages at temperatures between 50 to 59 degrees Fahrenheit are recommended for best results with fluid replacement.

CONCUSSION POLICY

The following is the Stockton Unified School District's policy regarding concussions:

A student-athlete who is suspected of sustaining a concussion or head injury in an athletic activity shall be immediately removed from the activity for the remainder of the day, and shall not be permitted to return to the activity until he or she is evaluated by a licensed health care provider, trained in the management of concussions, acting within the scope of his or her practice. The student-athlete shall not be permitted to return to the activity until he or she receives written clearance to return to the activity from that licensed health care provider.

The Concussion Information Sheet (see next page) contains information on concussions from the California Interscholastic Federation (CIF). This Concussion Information Sheet is provided for your information only and is not intended to constitute medical advice. If you have any questions regarding concussions, please consult a medical professional. If ever you believe you may have a concussion, please seek immediate medical help.

By signing the Signature Form, (provided in the Player Information Packet) both the participating student athlete and the parents, legal guardians/caregiver agree to the SUSD's policy regarding concussions and the Concussion Information Sheet.

CONCUSSION INFORMATION SHEET

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:	
<ul style="list-style-type: none">• Headaches• “Pressure in head”• Nausea or vomiting• Neck pain• Balance problems or dizziness• Blurred, double, or fuzzy vision• Sensitivity to light or noise• Feeling sluggish or slowed down• Feeling foggy or groggy• Drowsiness• Change in sleep patters	<ul style="list-style-type: none">• Amnesia• “Don’t feel right”• Fatigue or low energy• Sadness• Nervousness or anxiety• Irritability• More emotional• Confusion• Concentration or memory problems (forgetting game plays)• Repeating the same question/comment

Signs observed by teammates, parents and coaches include:
<ul style="list-style-type: none">• Appears dazed• Vacant facial expression• Confused about assignments• Forgets plays• Is unsure of game, score, or opponent• Moves clumsily or displays incoordination• Answers questions slowly• Slurred speech• Shows behavior or personality changes• Can’t recall events prior to hit• Seizures or convulsions• Any change in typical behavior or personality• Loses consciousness

Adapted from the CDC and the 3rd International Conference on Concussion in Sport. Document created 5/20/2010.

CONCUSSION INFORMATION SHEET (CONTINUED)

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new CIF Bylaw 313 now requires implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

“A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time and for the remainder of the day.”

and

“A student-athlete who has been removed may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider.”

You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports/>

Adapted from the CDC and the 3rd International Conference on Concussion in Sport. Document created 5/20/2010.

**STOCKTON UNIFIED SCHOOL DISTRICT
EDUCATIONAL SERVICES**

EMERGENCY SITE INCIDENT REPORT

THIS IS NOT A POLICE REPORT
(This report is to inform Central Administration only)

THIS REPORT IS TO BE SUBMITTED WITHIN ONE HOUR OF THE INCIDENT BY THE PRINCIPAL OR DESIGNEE VIA E-MAIL (preferably) OR VIA FAX TO DIRECTOR AT (209) 466-6786 AND SUPERINTENDENT'S OFFICE AT (209) 933-7071

Reporting Administrator		Today's Date		Occurred on:	
				Date	Day
					Time
Work Location:				Location of Occurrence:	
Classification of Incident: (Check all that apply)				Disposition:	
<input type="checkbox"/> Robbery	<input type="checkbox"/> Weapons	<input type="checkbox"/> Unlawful Fighting	<input type="checkbox"/> Drugs/Alcohol	<input type="checkbox"/> Arrested	
<input type="checkbox"/> Burglary	<input type="checkbox"/> Assault	<input type="checkbox"/> Assault w/weapon	<input type="checkbox"/> Loitering/Trespass	<input type="checkbox"/> Cited	
<input type="checkbox"/> Extortion	<input type="checkbox"/> Explosive	<input type="checkbox"/> Donnybrook	<input type="checkbox"/> Vandalism	<input type="checkbox"/> Warned	
<input type="checkbox"/> Battery	<input type="checkbox"/> Homicide	<input type="checkbox"/> Fire	<input type="checkbox"/> Theft	<input type="checkbox"/> Administrative	
<input type="checkbox"/> Riot	<input type="checkbox"/> Arson	<input type="checkbox"/> Sexual Assault	<input type="checkbox"/> Gang Related	<input type="checkbox"/> Expulsion	
<input type="checkbox"/> Kidnapping				<input type="checkbox"/> Closure of School	
Other:			<input type="checkbox"/> Staff to Student		
			<input type="checkbox"/> Student to Student		
			<input type="checkbox"/> Student to Staff		
			<input type="checkbox"/> Outsider to Staff/Student		
Police Involvement: SUSD POLICE NOTIFIED? <input type="checkbox"/> Yes <input type="checkbox"/> No When (Date/Time) LOCAL POLICE NOTIFIED? <input type="checkbox"/> Yes <input type="checkbox"/> No When (Date/Time)					

Use this space to describe the incident and names of the involved parties. Include the specific details (Who, What, Where, When, and How).

Principal's (or Designee) Signature

Director's Signature

PLEASE GO TO THE SUSD WEBSITE'S FILLABLE FORMS TO COMPLETE THIS FORM

ATHLETIC ACCIDENT CERTIFICATION

SCHOOL _____

STUDENT'S NAME _____

I.D. NUMBER _____ DATE OF BIRTH _____

ADDRESS _____

HOME PHONE NO. _____ CELL PHONE NO. _____

SPORT _____

BRIEFLY DESCRIBE HOW THE INJURY OCCURRED _____

DATE OF THE INJURY _____ TYPE OF INJURY _____

I certify that the above student was injured while participating in the above extramural interscholastic sport and I did /did not witness the accident.

COACH'S NAME _____

DATE MAILED TO RISK MANAGEMENT _____

COMMENTS _____

_____ Date _____

Coach's Signature _____

PLEASE FILE THIS CERTIFICATION WITHIN THREE (3) DAYS AT:

OFFICE OF RISK MANAGEMENT
55 SOUTH MADISON STREET, STOCKTON, CA 95203
(209) 933-7110 - 8:00 A.M. – 4:30 P.M.

PLEASE GO TO THE SUSD WEBSITE'S FILLABLE FORMS TO COMPLETE THIS FORM