

**Injury Incident Report**

Player’s Name & No: DOB: (d) /(m) /(y)

Team Name: Age Group & Gender:

Coach’s Name: Person monitoring child at scene:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referee(s): Opposing Team:

**Date of Incident**:\_\_\_(d)\_\_\_(m)\_\_\_(yr) Time:\_\_\_\_\_\_\_\_ / **Circle**: Indoor/Outdoor; Blow to head / If Body where\_\_\_\_\_\_\_\_\_\_

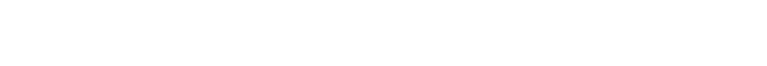
**Describe Injury:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / **Circle**: Game/ Practice/ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Describe how it happened**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# Step 1: Determine if this is a medical emergency

1. **Follow basic first aid: • Danger • Response • Airway • Breathing • Circulation**

1. **CALL 911 if the child shows any of these Red Flag Symptoms at any time.**

|  |  |  |
| --- | --- | --- |
|  | **RED FLAG SYMPTOMS** |  |
| **You see:**    Repeated vomiting  \_Seizure or convulsion  Deteriorating or loss of consciousness | **The child complains of:**  Neck pain  Double vision  Weakness or tingling/burning in the arms or legs  Severe or increasing headache | **The child is showing:**    Unusual behavior  Increasing confusion or irritability |

1. **If there is serious injury OR any of the Red Flags:**
   * Call 911
   * Do not move the child
   * Stay with the injured child and monitor them until Emergency Services arrives

**Step 2: Remove the child from play or activity**

If the injury is NOT an emergency, remove the child from play and do not let them return to play that day. The child needs to be seen by a doctor as soon as possible. While the child is waiting to be taken to a doctor follow instructions in Step 3.

# Step 3: Monitor the child

Do not leave the child alone and ensure they are with a responsible adult at all times. In addition to the Red Flags, watch for the following signs and symptoms and check off any that appear.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Record what you see     ު Loss of consciousness  ު Lying motionless on ground  ު Sl ow to get up  ު Balance problems  ުUncoordinated movement  ު Grabbing or clutching head  ު Dazed, blank or vacant look  ު Confusion     1. Record what the child is saying     ުHeadache  ު Dizzy  ު Confused  ު Double or fuzzy vision  ު Sick  ު Don’t feel right  ު Difficulty concentrating  ު Numbness in arms or legs  ު Tired or drowsy | | | | Comments: | | | | | | | |
| **c) Ask these questions to test memory**  Failure to answer any of these questions correctly may suggest a concussion. Repeat periodically and tick response. | | | | | | | | | | | |
|  | **5 to 12 years old** | **Time** | *Correct* | | *Incorrect* | **Time** | *Correct* | *Incorrect* | **Time** | *Correct* | *Incorrect* |
| Where are we now? |  |  | |  |  |  |  |  |  |  |
| Is it before or after lunch? |  |  | |  |  |  |  |  |  |  |
| Who brought you here today? |  |  | |  |  |  |  |  |  |  |
| What is your coach’s name? |  |  | |  |  |  |  |  |  |  |
|  | | | | | | | | | | |
| **13 years old and over** | **Time** | *Correct* | | *Incorrect* | **Time** | *Correct* | *Incorrect* | **Time** | *Correct* | *Incorrect* |
| What venue are you at today? |  |  | |  |  |  |  |  |  |  |
| Which half is it now? |  |  | |  |  |  |  |  |  |  |
| Who scored last in this game? |  |  | |  |  |  |  |  |  |  |
| What team did you play last week/ game? |  |  | |  |  |  |  |  |  |  |
| Did your team win the last game? |  |  | |  |  |  |  |  |  |  |

**RECOMMEND PARENTS SEE GP & REVIEW CONCUSSION AND INJURY AWARENESS TAB at** [**www.emsa**](http://www.emsasouthwest.com/)**millwoods**[**.com**](http://www.emsasouthwest.com/)