

**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/)