

# STEPS TO FOLLOW WHEN AN INJURY OCCURS

Note: It is recommended that emergency situations be simulated during practice to familiarize coaches and athletes with the steps below.

# Step 1: Control the environment so that no further harm occurs

- Stop all athletes
- Protect yourself if you suspect bleeding (put on gloves)
- If outdoors, shelter the injured athlete from the elements and from any traffic

# Step 2: Complete an initial assessment of the situation

If the athlete:

- Is not breathing
- Does not have a pulse
- Is bleeding profusely
- Has impaired consciousness
- Has injured the back, neck, or head
- Has a visible major trauma to a limb
- Cannot move his or her arms or legs or has lost feeling in them

#### If the athlete does not show the signs above, proceed to Step 3

#### Step 3: Do a second assessment of the situation

- Gather the facts by talking to the injured athlete as well as anyone who witnessed the incident
- Stay with the injured athlete and try to calm him or her; your tone of voice and body language are critical
- If possible, have the athlete move himself or herself off the playing surface; do not attempt to move an injured athlete

## Step 4: Assess the injury

- Have someone with first-aid training complete an assessment of the injury and decide how to proceed
- If the person trained in first aid is not sure of the severity of the injury or no one present has first-aid training, activate EAP

#### If the assessor is sure the injury is minor, proceed to Step 5.

## Step 5: Control the return to activity

Allow an athlete to return to activity after a minor injury only if there is no:

- Swelling
- Deformity
- Continued bleeding
- Reduced range of motion
- Pain when using the injured part

# Step 6: Record the injury on an accident report form and inform the parents









# **ACCIDENT REPORT FORM**

Date of Report: \_\_\_\_/ \_\_\_/

	dd	mm	уууу
PATIENT INFORMATION			

LAST NAME:		FIRST NAME:		
STREET ADDRESS:		CITY:		
POSTAL CODE:		PHONE: (	)	
EMAIL:		AGE:		
GENDER:	HEIGHT:	WEIGHT:	DOB:// dd / mm / yyyy	
KNOWN MEDICAL CONDITIONS/ALLERGIES:				

#### **INCIDENT INFORMATION**

DATE & TIME OF INCIDENT:	TIME OF FIRST INTERVENTION:	TIME OF MEDICAL SUPPORT ARRIVAL:		
// : AM	: AM	: AM		
dd mm yyyy PM	PM	PM		
CHARGE PERSON, DESCRIBE THE INCIDENT: (what took place, where it took place, what were the signs and symptoms of the patient)				
PATIENT, DESCRIBE THE INCIDENT: (see above)				
<b>EVENT and CONDITIONS:</b> (what was the event during which the incident took place, location of incident, surface quality, light, weather, etc.):				
ACTIONS TAKEN/INTERVENTION:				
After treatment, the patient was:				
Sent home Sent to hospital/a c	linic 🔲 Returned to ac	tivity		
OVER				



# Accident Report Form (cont'd)

# **CHARGE PERSON INFORMATION**

LAST NAME:	FIRST NAME:	
STREET ADDRESS:	CITY:	
POSTAL CODE:	PHONE: ( )	
EMAIL:	AGE:	
ROLE (Coach, assistant, parent, official, bystander, therapist):		

WITNESS INFORMATION (someone who observed the incident and the response, not the charge person)

LAST NAME:	FIRST NAME:
STREET ADDRESS:	CITY:
POSTAL CODE:	PHONE: ( )
EMAIL:	AGE:

## **OTHER COMMENTS OR REMARKS**

# FORM COMPLETED BY:

PRINT NAME:\_\_\_\_\_\_SIGNATURE:\_\_\_\_\_