



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

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:** _____