**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:

**Activate EAP!**

* 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**

**Activate EAP!**

* 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**

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

dd mm yyyy

**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:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ \_\_\_\_ :\_\_\_\_\_ AM dd mm yyyy PM | TIME OF FIRST INTERVENTION:\_\_\_\_ :\_\_\_\_\_ AM PM | TIME OF MEDICAL SUPPORT ARRIVAL:\_\_\_\_\_ : \_\_\_\_ AM 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) |
|  |
|  |
|  |
| **EVENT and CONDITIONS:** (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 clinic Returned to activity |

**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:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_