OSHAWA
KICKS
SOCCER CLUB

# Special Injury Incident Full 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**:_____

_____

_____

_____

## At the scene of the incident

## Step 1: Determine if this is a medical emergency

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

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

**b) 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 as long as it is safe to do so!

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.

| a) Record what you see | Comments: |
|---|---|
| ○ Loss of consciousness<br>○ Lying motionless on ground<br>○ Slow to get up<br>○ Balance problems<br>○ Uncoordinated movement<br>○ Grabbing or clutching head<br>○ Dazed, blank or vacant look<br>○ Confusion<br><br>b) Record what the child is saying<br><br>○ Headache<br>○ Dizzy<br>○ Confused<br>○ Double or fuzzy vision<br>○ Sick<br>○ Don't feel right<br>○ Difficulty concentrating<br>○ Numbness in arms or legs<br>○ Tired or drowsy | |

### 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? | | | | | | | | | |