

## **RECOGNIZE EMERGENCY**

Coach assesses injured person and activates EAP if the injured person:

- is not breathing
- does not have a pulse
- is bleeding profusely
- has impaired consciousness
- has a suspected serious injury to the back, neck, or head
- has a visible major trauma to a limb

#### **ROLES IN AN EMERGENCY**

Coach(es) Attending to an Injured Player Name(s):	<ul> <li>Call out or signal the need to call for EMS</li> <li>Call out or signal the need to retrieve the first aid kit and/or AED</li> <li>Clear risk of further harm to the injured person by securing the area</li> <li>Protect yourself (wear gloves if in contact with body fluids such as blood)</li> <li>IF CERTIFIED perform first aid or basic life support</li> <li>Wait by the injured person until EMS arrives and the injured person is transported</li> <li>Reassess and provide updates if the injured player's condition deteriorates</li> </ul>
On-site Call Person Name:	<ul> <li>Have charged cell phone available during the activity</li> <li>Maintain list of each athlete's medical profile, emergency contacts and signed consent of parent/guardian to authorize medical treatment in an emergency</li> <li>Call EMS (911, or other number listed in arena for emergencies)</li> <li>Provide all necessary information to dispatch (e.g. facility and location, nature of injury, first aid done if applicable, allergies, other medical problems)</li> <li>Relay information provided by dispatch to the Cohort Coach attending an injured player</li> <li>Direct bystander roles</li> <li>If applicable, collect contact information from those who assisted in the emergency</li> </ul>
Coach Not Attending to an Injured Player Name:	<ul> <li>Stay with remainder of players</li> <li>Relocate players to dressing room if indicated and provide supervision and reassurance</li> </ul>
Bystanders	As directed by the on-site call person:  Inform facility attendant of an emergency in progress  Retrieve first aid kit and/or AED  Placement at entrances/exits to clear traffic indoors and outdoors before EMS arrives, and

### **FOLLOWING AN EMERGENCY**

• Designate which Team Leads (e.g. Head Coach, Manager) will liaise with the injured player/family to provide support and relay updated information to the team if permitted

help direct emergency response attendants to the injured player

• Contact the emergency person contact for the injured player

• Hold a debrief for the coaches and players



# **SUSPECTED CONCUSSION, INJURED PARTICIPANT IS CONSCIOUS** – from Ringette Canada **Incident:**

Know the signs and Symptoms of a Concussion:

THINKING/ REMEMBERING	PHYSICAL	# EMOTIONAL/	SLEEP DISTURBANCE
Difficulty thinking clearly     Feeling slowed down     Difficulty concentrating     Difficulty remembering new information	Headache     Nausea or vomiting (early on)     Balance problems     Dizziness     Fuzzy or blurry vision     Feeling tired, having no energy     Sensitivity to noise or light	Irritability     Sadness     More emotional     Nervousness     or anxiety	Sleeping more than usual     Sleeping less than usual     Trouble falling asleep

Figure 1 - Concussion Symptoms

Questions to be used in the identification of a Participant with suspected concussion:

- 1. Was there potential brain trauma?
- 2. Are there symptoms of concussion (**Figure 1**) such as: headache, dizziness, visual disturbance or nausea (feeling sick), or other symptoms? The more symptoms that are present, the more likely a concussion has occurred.
- 3. If it is within 24-48 hours of the trauma, has there been any deterioration in the individual's status? For example:
  - Headache getting worse?
  - Sleepy?
  - Unable to recognize people?
  - Repeated vomiting?
  - Behaving unusually or confused?
  - Seizures?
  - Weakness?
  - Unsteadiness or slurred speech?

#### At any time when answering these questions: If in doubt, sit them out.

If the Participant is conscious - remove the Participant from the activity immediately and then:

- a) Notify the Participant's parent/guardian (if applicable)
- b) Arrange a ride home for the Participant
- c) Isolate the Participant in a dark room or area
- d) Reduce external stimulus (noise, other people, etc.)
- e) Remain with the Participant until he or she can be taken home
- f) Monitor and document any physical, emotional and/or cognitive changes
- g) Encourage the Participant to consult a physician

Once the Participant has been seen by Emergency Medical Services and/or taken home, a **Concussion Incident Form** is to be completed and submitted to Ringette Canada.

Following the identification of a possible concussion and regardless if the Participant is conscious, an individual (team staff, coach, trainer, etc.) ideally with first aid knowledge and training must remain with the Participant to observe for any signs of deterioration. Any potentially-concussed Participant not immediately transported to hospital should be observed closely for any deterioration for at least 30 minutes. Someone must remain with the Participant until either medical personnel arrive (if required) or until a parent/guardian accepts responsibility for the Participant's safety and well-being.

