

Quick Check Emergency Guide

***IN ANY SITUATION, WHEN IN DOUBT, DO NOT MOVE THE INJURED ATHLETE OR BODY PART AND SEEK IMMEDIATE MEDICAL ATTENTION!**

What to do with a suspected:

- **Concussion**

- Seek immediate medical attention in cases of lost or decreased level of consciousness
- Perform a modified SCAT (Sport Concussion Assessment Tool)
- Monitor the following signs and symptoms and go to the hospital at once if you experience:
 - Increased severity of headache
 - Increased drowsiness or reduced consciousness
 - Decreased recognition of familiar people or places
 - Vomiting
 - Slurred speech or blurred vision
 - Increased irritability or confusion
 - Seizures (jerky arm or leg movements)
 - Weakness or numbness in the arms or legs
 - Balance difficulties
- The athlete must be monitored over the first 24-48 hours, so the athlete should NOT be left alone
- Recovery involves complete mental and physical rest from ALL activity
 - Do NOT use aspirin or anti-inflammatory medication (paracetamol or codeine are OK)
- Athletes should NOT be returned to play on the same day of injury! And require medical clearance for return to sport

- **Bone fracture**

- Seek immediate medical attention!
- Protect the athlete and do NOT move the affected limb
- Be calm and reassuring for the athlete
- Do your best to help stabilize/support the limb without disrupting the fracture site
- Monitor A, B, C's (airway/breathing/circulation) and signs of shock:
 - Restlessness or irritability; pale, cool, moist skin; rapid breathing; rapid weak pulse; and changes in level of consciousness
- Make sure the athlete is comfortable and protect against hypo/hyperthermia

- **Neck/spinal cord injury**

- Seek immediate medical attention!
- Do NOT move the injured athlete and encourage the athlete to stay still and calm
- Protect the athlete against hypo/hyperthermia; monitor signs of shock and A, B, C's as above
- Have equipment tools (ie. screw driver, scissors) accessible for paramedic use ONLY