Emergency Action Plan

KSSS Saltsjöbaden

Kungliga Svenska Segel Sällskapet
Royal Swedish Sailing Club

English Version Revised 2023

Contents

Emergency Contact Numbers

Emergency Services:	**1-1-2** **Ambulance, Fire, Police, other**
Phone Number of Sailing Director:	Anders Bengtsson (+46) 7 024 562 65
Address of KSSS Saltsjöbaden: Ambulance meeting point	**Hotellvägen 9, Saltsjöbaden** **Outside of the KSSS Clubhouse**
Phone number of KSSS:	(+46) 08 556 166 80
Address of nearest hospital:	**Närakut Nacka** **Lasarettsvägen 4, Ektorp, Nacka** **to the right of the main entrance** Phone number: (+46) 08 601 53 00 Open every day 8:00 – 22:00
Nearest AED (Hjärtstartare)	On the outer SW corner of the Sjövillan building opposite the KSSS clubhouse
Non Emergency: Healthcare Information: Poison Information Centre: Police non-emergency	 Dial 1-1-7-7 (+46) 01 045 67 00 Giftinformation.se Dial 1-1-4-1-4
Nearest Pharmacy	Apotek Hjärtat ICA Maxi Nacka Forum Phone number: (+46) 07 714 054 05
Charge person (1st option): Charge person (2nd option):	Anders Bengtsson (Sailing Director) _____
Call person (1st option): Call person (2nd option):	_____ _____

Ambulance Meeting Point and KSSS Map

Communication

Staff and instructors generally have mobile telephones.

There are land-lines in the offices in the KSSS Clubhouse and in Skota Hem.

Handheld VHF Radios are located and charged in the kappseglingsbode shed southeast of the clubhouse, this generally stays locked. Contact Anders Bengtsson if needed.

During regattas safety is coordinated on VHF channel 74.

Distress calls of “Mayday” or “Pan Pan” can be made on VHF channel 16.

First Aid Kits

First aid kits are available in:

-The bathroom of the Sjövillan door code: 1851

-The upstairs kitchen of the main clubhouse door code: 1912

-During regattas race committee boats will have first aid kits

Roles and responsibilities of the Charge Person and Call Person

Charge person

1. Clear the risk of further harm to the injured person by securing the area and sheltering the injured person from the elements
   Designate who is in charge of the other participants
2. Protect yourself (wear gloves if in contact with body fluids such as blood)
3. Assess ABCs (checks that airway is clear, breathing is present, a pulse is present, and there is no major bleeding)
4. Wait by the injured person until EMS arrives and the injured person is transported
5. Fill in an accident report form

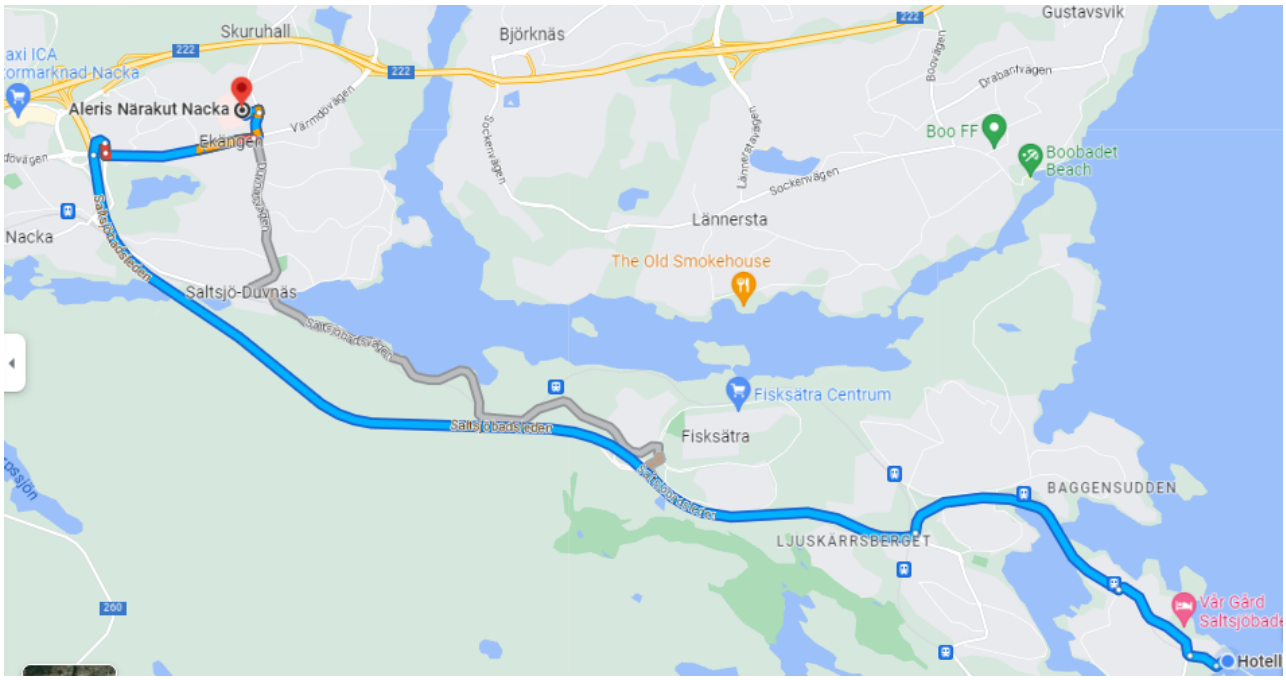
Call person

1. Call for emergency help
2. Provide all necessary information to dispatch (e.g. facility location, nature of injury, what, if any, first aid has been done)
3. Clear any traffic from the entrance/access road before ambulance arrives
4. Wait by the driveway entrance to the facility to direct the ambulance when it arrives
5. Call the injured person’s emergency contact person

Directions to hospital Närakut Nacka from KSSS Saltsjöbaden

Address:

Lasarettsvägen 4, Ektorp, Nacka to the right of the main entrance



Take the normal route out of Saltsjöbaden towards downtown

1. Head Northwest on Hotellvägen
2. Turn right to stay on Hotellvägen
3. At the roundabout take the 1st exit onto Ringvägen
4. Turn right onto Stockholmsvägen
5. Turn right onto Saltsjöbadsleden

Look for a yellow Mekonomen sign on the right just before your exit

DO NOT continue all the way to the 222 which leads downtown

INSTEAD take the exit marked follow the sign:

NACKA C Sjukhus

6. Take the Nacka C Sjukhus exit towards Värmdövägen
7. At the roundabout, take the 3rd exit onto Ekstorpsvägen
8. At the next roundabout take the 3rd exit onto Lasarettsvägen

The destination will be on the right just before the main Nacka sjukhus hospital entry.

Safety Guidelines KSSS Saltsjöbaden

112

Call the emergency number **112** when you need immediate help from:
-Police
-Ambulance
-Fire
-Sea rescue
-Other rescue services
It is important that the first person to see an emergency situation or another such serious incident calls **122** immediately. No safety chief or anyone else needs to give permission, just call. It is better to call one time too many than too few. After the incident all communication with for example a victim's relatives, the media and so on is handled by the safety chief (säkerhetschefen) or the charge person for example the Principal Race Officer or the Director of KSSS.

*When you call **112** you will have to answer a number of questions and it will be important that you provide the correct address: **KSSS Hotellvägen 9, Saltsjöbaden***

Doctor

KSSS has no resident doctor. In a regatta, sailing program or other event, if one of the participants or a participant's relatives is a doctor, we would like to know this. Please contact the regatta office or the program leader.

Radio and Communication

During regattas we work primarily with VHF-radios and each course has its own channel for race management. Channel 74 is kept as a common channel for all safety communication. If this for some reason does not work, we use mobile telephones.

In emergencies VHF Channel 16 may be used.

During regular sailing programs mobile telephones are more commonly used than VHF radios.

Handheld VHF Radios are kept and charged in the kappseglingsbode shed southeast of the clubhouse, this generally stays locked. Contact Anders Bengtsson if needed.

First Aid Kits

There are fixed first aid kits in the bathroom of the Sjövillan and in the kitchen on the second floor of the main clubhouse.

During regattas the start boat has a slightly bigger first aid kit and the other race committee boats have small first aid kits.

Safety and Reporting

In a regatta, participants who go to and from their race areas at irregular times must report this by SMS to the race committee as soon as possible (for example if a sailor retires early from a race and sails in).

The sailor may send this text for themselves or ask a race official to do it for them. The SMS (or a picture via MMS) is to be sent to 070-306 51 57 with the text:

CLASS_SAILNUMBER_RETIRED RACE #3

During normal sailing programs participants must inform their coach, instructor or leader as soon as possible that they are sailing in. If this is not possible sailors must have a text sent to their instructor as soon as possible after arriving on shore informing of their safe arrival. A text confirming safe arrival should also be sent if it is a long or challenging sail in.

Instructors are to fill out an incident report for any injury that requires knowledge and skills beyond instructor training (stitches, concussions, deep cuts, medication, broken bones or anything else that requires a doctor or medical expert).

Record minor injuries that are easily treated by an instructor on the minor incident list.

Templates for these forms are included in Appendix 6 Incident Report form and Appendix 7: Incident Report Summary.

Gathering Point On-Water

During a regatta, if there is difficult situation with many sailors in the water, the start and finish boats become the safety gathering point. Pay attention to instructions, in some situations sailors may receive instructions to leave the water as soon as possible. Remember, always put personal safety before the safety of equipment: **life over equipment.**

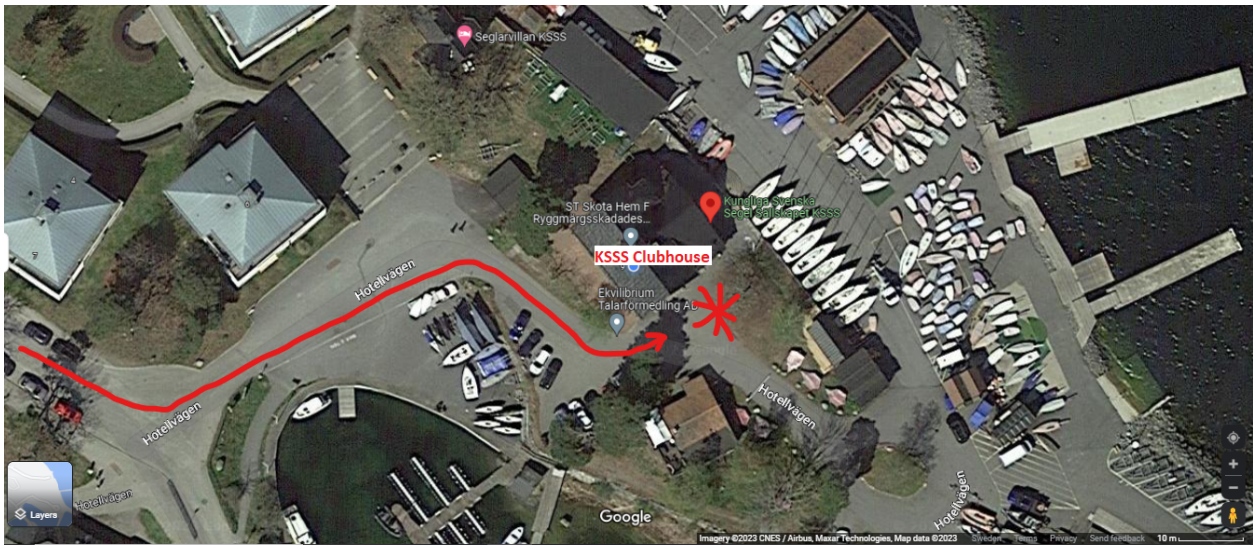
During other sailing programs it is very important to listen to instructor/coach/leader briefings to know how to act in an emergency for your specific situation. Don't be afraid to ask questions.

Gathering Point On-Land

In some emergencies participants need to be gathered to be accounted for. The on-land assembly point or gathering point is by the two main docks Southeast of the Sjövillan.

Ambulance Meeting Point

For on-land emergencies, the ambulance meeting is outside of the KSSS Clubhouse Hotellvägen 9, Saltsjöbaden.



If the ambulance needs to meet a motor boat, the ambulance is to continue through the parking gate, 2-3 of the way around the parking circle and straight to the nearest ramp and dock.

Safety Equipment

- Power boat drivers must wear their kill cord (dödmansgrepp)
- Mobile phone, VHF or both
- Life Jacket/PFD
- First aid kit
- Leatherman equivalent (with a knife)

Sailor Safety

- Sailors are to wear life jackets on the dock at all times
- Check your rigging before sailing
- Let someone know where you will be sailing and when you plan to be back: consider bringing a phone or VHF
- Adapt safety considerations to the sailing conditions
- Check the weather report and other relevant predictions
- Determine the sailors' skill and fatigue level and reserve the right to tell someone to sail in if they cannot handle the conditions
- Adapt the session's plan to the current conditions
- Operate powerboats in a safe and responsible manor
- Instructors are to know and follow the Emergency Action Plans to the best of their abilities
- Establish clear Safety Signals that your sailors will understand that mean "come-to-me" or "follow me" and a signal that means "everyone go immediately in to shore".

Emergency Action Plan scenarios

General Emergency

1. Assess the situation and dangers to yourself and others. Get another instructor to supervise your class.
2. Perform first aid within your training if necessary. If the situation is more serious, call Emergency Services (1-1-2) and move victim(s) to the Ambulance Meeting Point if safely possible.
3. Notify the senior instructor and the training director of the situation.
4. If on water, return to shore as soon as possible with the casualty.

On Water Emergency

1. Assess the situation and dangers to yourself and others. Get another instructor to supervise your class if you need to focus on the affected boat(s). If no instructor is available to supervise the class, send all sailors in using the Safety Signal that you briefed your class with.
2. In the case of multiple boat rescue, prioritize those where the sailors are not visible, then prioritize the boats with the sailors in most danger.
3. It may be best to remove sailors from a boat: life over equipment. In this case clearly communicate to other rescuers and to the charge person that a boat's crew has been rescued so they are not later identified as missing or entrapped.
4. Call Emergency Services (1-1-2) if necessary and inform them of location and description of the situation (injuries, number of people, boats etc.) and of the on-shore Ambulance Meeting Point at KSSS.
5. Inform the Charge Person (usually Anders Bengtsson) of the situation.
6. The Call Person should keep the route to the Ambulance Meeting Point clear and Call 1-1-2 to help the Ambulance reach the Ambulance Meeting Point and provide any additional information that Emergency Services may need.
7. If all sailors must return to shore, instructors should not ignore other groups or classes, instead supervise all students in their proximity.
8. Try to have at least one coach on shore and 2 on-water until all sailors are ashore.
9. Once ashore sailors are to gather at the On-Land Gathering Point for a head-count.

Entrapment (Sailor stuck under a boat)

1. Assess the whole situation, have someone else supervise your class while you perform the rescue.
2. Call out as you approach the boat with the entrapped sailor. The sailor may have their head in an air pocket. They may still be panicking or injured.
3. Use the centreboard to right the boat as soon as possible.
   -Consider that the sails will fill as the boat is righted if the bow is pointed downwind and consider that the boat will likely capsize again if the mast is pointed upwind when the boat is righted. However **the priority is to right the boat as soon as possible so the entrapped sailor can breathe.**
4. Control the boat and start performing first aid. If applicable, call Emergency Services (1-1-2). Make sure to tell them if the victim is non-breathing or unconscious. Continue with point 3 of the On-Water Emergency procedure

Note: -Having two rescuers in the rescue boat is ideal
-Do not cut shrouds/stays under tension. Know what you are cutting if you decide to cut something.
-Be careful of the motor boat's propellor.
-Do not put yourself in danger (least risk to rescuer).
-It is almost never a good idea for a rescuer to jump into the water.

Precautions:

-Make sure sailors coil down and tuck away extra lines.
-Opti sailors heads can often fit between the boom bridle and the boom. Tie a safety line and don't let the bridle get more than 10cm from the boom (class rule).
-Skiff sailors should avoid wearing baggy clothing or clothing that can get caught.
-Sailors can buy harnesses with emergency releases on the hook.
-Sailors can consider carrying a knife to cut themselves free.
-Old Trapeze bails can get snagged incorrectly on harness hooks.

Concussions

Familiarize yourself with the Concussion Recognition tool (see Appendix). Know which symptoms mean you definitely need to call Emergency Services (1-1-2)

1. Assess the whole situation, there could be more than one emergency. Have someone else supervise your class while you perform the rescue or send the whole group in.
2. Start performing first aid within your training. Try to establish exactly what happened. Is there a possible spinal injury? Look for symptoms that mean you need to call Emergency Services (1-1-2). Sometimes symptoms don't present until later. If in doubt sit them out.
3. Continue with point 3 of the General Emergency procedure

- Inform parents, keep monitoring for symptoms
- Follow return-to sport guidelines
- The Concussion Recognition Tool and Return to Sport Guidelines are included in Appendix 8: Concussion Recognition and **Fel! Hittar inte referenskälla.**.

Missing Sailor

1. Re-count Sailors
2. Ask Sailors where the missing student was last seen.
3. Get another instructor to supervise while you search (docks, shed, bathrooms, clubhouse etc.).
4. Inform other staff of the missing Sailors
5. Call the Sailors emergency contact.
6. Begin a mass search and notify appropriate authorities (Police and/or Coastguard).

Fire

1. Attempt to safely contain and extinguish the fire. If not possible, call the Fire department (1-1-2) and evacuate the building.
2. Stay clear of the Fuel Station, the motor boat fuel shed and other flammable things like propane (gasol) for the barbecue or heat lamps and safety boat gas.
3. Meet at the On-Land Gathering Point if safe.
4. Do a head count of students and staff.
5. Make sure the fire lane is not blocked for emergency vehicles. This is primarily the Call Person's responsibility.
6. Await fire department and Emergency Services.

If the fire is in a coach boat that cannot be extinguished, evacuate the boat. Safety of staff and students takes priority over club equipment.

Wind Storm

1. Monitor cloud movement and formations and monitor weather forecasts. SMHI has a link to radar images.
2. If a dangerous storm cell or squall line is approaching signal sailors to head in and follow the on-water evacuation procedure.
3. Instead of meeting in the On-Land Gathering Point, meet inside the club house. Stay away from windows if necessary.
4. Once students are secure and accounted for, if there is time, lower sails and secure anything that may become dangerous when the wind picks up.

Appendix 1: Emergency Response Training

Everyone in the sailing world is encouraged to get training in Basic Life Support and First Aid and to refresh their training regularly. Training for the use of AEDs has drastically improved survival of cardiac arrest patients when they need a shock. If you have CPR (HLR) or other first aid training **use the training you have**. If you don't have training or don't remember it, there are some tips in the coming pages.

Remember the ABCs

In Swedish

A is for andning – Breathing

B is for blödning – Bleeding

C is for chock – Shock

In English

A is for Airway – is it obstructed?

B is for Breathing – is the victim breathing for themselves?

C is for Circulation – is the heart pumping to circulate blood?

D is for Deadly bleeds – are there any deadly wounds?

E is for Elevate the injury and treat the victim for shock

Appendix 2: Red Cross CPR/HLR instructions

American Red Cross, accessed 2023

CPR Cardiopulmonary resuscitation

HLR Hjärt-lungräddning

1 CHECK the scene for safety, form an initial impression and use personal protective equipment (PPE)

2 If the person appears unresponsive, CHECK for responsiveness, breathing, life-threatening bleeding or other life-threatening conditions using shout-tap-shout

3 If the person does not respond and is not breathing or only gasping, CALL 1-1-2 and get equipment, or tell someone to do so

4 Kneel beside the person. Place the person on their back on a firm, flat surface

5 Give 30 chest compressions

- Hand position: Two hands centered on the chest
- Body position: Shoulders directly over hands; elbows locked
- Depth: At least 2 inches
- Rate: 100 to 120 per minute
- Allow chest to return to normal position after each compression

6 Give 2 breaths

- Open the airway to a past-neutral position using the head-tilt/chin-lift technique
- Pinch the nose shut, take a normal breath, and make complete seal over the person's mouth with your mouth.
- Ensure each breath lasts about 1 second and makes the chest rise; allow air to exit before giving the next breath

Note: If the 1st breath does not cause the chest to rise, re-tilt the head and ensure a proper seal before giving the 2nd breath If the 2nd breath does not make the chest rise, an object may be blocking the airway

7 Continue giving sets of 30 chest compressions and 2 breaths. Use an AED as soon as one is available! Minimize interruptions to chest compressions to less than 10 seconds.

Appendix 3: Red Cross First Aid for Someone who is Choking

British Red Cross, accessed 2023

1. If someone is choking, encourage them to cough.

If the blockage is severe, they may be holding their chest or neck and won't be able to speak, breathe or cough, and you will need to help them.

2. Bend them forwards and give up to 5 back blows to try and dislodge the blockage.

Hit them firmly on their back with the heel of your hand between the shoulder blades.

Hitting them on their back creates a strong vibration and pressure in the airway, which is often enough to dislodge the blockage. Dislodging the blockage will allow them to breathe again.

3. If they are still choking, give up to 5 abdominal thrusts: hold around the waist and pull inwards and upwards above their belly button.

Abdominal thrusts squeeze the air out of the lungs and may dislodge the blockage.

4. If they are still choking call 112.

Repeat the steps until they can breathe again or until help arrives.

Appendix 4: St John First Aid for External Bleeding

St John New Zealand, accessed 2023

Background
Generally, bleeding is of a minor nature and includes small cuts, grazes, etc.

However, bleeding may be severe and life threatening if a large vein or artery has been injured – e.g. the jugular vein in the neck.

Some wounds are associated with other injuries beneath the skin – e.g. an organ injured by a stabbing; broken bones which have pierced the skin.

Symptoms and signs – Not all may be present

- a wound with, or without, an embedded foreign object
- pain from skin surface wounds
- bruising or discolouration of the skin
- loss of normal function in the injured area
- pale, cold, sweaty skin

How you can help

1. Apply direct pressure to the bleeding wound

- Apply firm pressure over the wound. Use a sterile or clean bulky pad and apply it firmly with hand pressure. Apply a bandage to keep the dressing in place.
- If bleeding is severe, DO NOT waste time looking for suitable padding, but be prepared to use the patient's hand or your hand to hold the wound together if the patient is unable to do this unaided.

2. Raise the injured area

- If the wound is on a limb, raise it in a supported position to reduce blood flow to the injured area.
- If an arm is injured, you could apply an arm sling or elevation sling.

Try to avoid any direct contact with the patient's blood or other body fluids. Use disposable gloves if possible. If gloves are not available, place your hands inside a plastic bag.

- If there has been any contact with blood or any other body fluids, wash your hands or any blood splashed on the skin thoroughly with soap and water as soon as possible after the incident.
- If you are concerned about a possible risk of infection, obtain advice from your doctor as soon as possible.

3. If a foreign body is embedded in the wound

- DO NOT remove it but apply padding on either side of the object and build it up to avoid pressure on the foreign body.
- Hold the padding firmly in place with a roller bandage or folded triangular bandage applied in a criss-cross method to avoid pressure on the object.

4. Keep the patient at total rest

- Even if the injury involves the arm or upper part of the body, the patient should rest in a position of greatest comfort for at least 10 minutes to help control the bleeding.

5. Seek medical assistance

- If the wound appears to be minor and the patient is able to travel by car, arrange an urgent appointment with a local doctor to assess and treat the injury.

If the injury is severe or the patient is very unwell – call 112 for an ambulance as soon as possible.

While waiting for an ambulance to arrive, observe the patient closely for any change in condition.

6. If blood leaks through the pressure pad and bandage

- Apply a second pad over the first. Use a tea towel or similar bulky fabric and apply maximum pressure to the area.
- For major uncontrolled bleeding quickly remove the blood-soaked pad and bandage and replace with a fresh bulky pad and bandage. The continuing bleeding may be due to the pad slipping out of position when the first bandage was applied.

Note that there are other wounds that require special care such as amputation, crush injuries and internal bleeding. Here are some other injuries that require special care:

Nose bleed

Background

A blow to the nose may all cause a bleeding nose.

For a child, always check whether there is a foreign body present – e.g. a bead or coin. If this has occurred, seek prompt medical advice and DO NOT try to remove the object yourself because this may cause further damage.

If bleeding is due to a head injury – e.g. a fractured skull – call 112 for an ambulance urgently.

How you can help

1. Apply firm pressure, elevation and rest

- The patient needs to hold the head well forward and breathe through the mouth while pinching the entire soft part of the nose for 10 to 20 minutes.
- The patient must be sitting down and at total rest until the bleeding stops.

If bleeding continues after 20 minutes of pressure, continue the pressure and call for an ambulance.

A cold compress can be used.

2. Once the bleeding has stopped

- Tell the patient not to blow their nose for a few hours because this may restart the bleeding.

Abrasion (graze)

How you can help

- Gently clean with soapy water or saline. If there are pieces of gravel embedded in the wound, ask the patient to try to remove them while the area is soaking in soapy water.
- Dry the area well by blotting with gauze swabs or a pad of tissues.
- If a protective dressing is necessary, apply a non-adherent sterile dressing and fix it in place with a light roller bandage or tape.

Puncture wound

How you can help

- Clean the wound with warm soapy water and allow it to penetrate the puncture track because tetanus spores may be trapped deep in the wound.
- Allow the wound to dry thoroughly in the air before covering it.
- If a protective dressing is needed, use a porous adhesive dressing and change it daily to keep the wound healthy and dry.

Contact a local doctor for advice about tetanus immunization.

Appendix 5: St. John Ambulance Treating Shock

St. John Ambulance UK, accessed 2023

Shock is a life-threatening physical condition not to be confused with emotional shock. Shock can be caused by anything that reduces the flow of blood, such as:

- severe internal or external bleeding
- heart problems, such as a heart attack, or heart failure
- loss of body fluids, from dehydration, diarrhea, vomiting, or burns
- severe allergic reactions and overwhelming infection (septic shock)
- spinal cord injury.

Signs and symptoms

Look for:

- pale skin, which may be cold and clammy
- sweating
- fast pulse - as shock gets worse
- fast, shallow breathing
- a weak pulse
- grey blue skin, especially inside the lips
- nausea and possible vomiting - as the brains oxygen supply decreases
- restlessness and aggressive behaviour
- yawning and gasping for air
- the casualty could become unresponsive.

What to do

Shock first aid - treat the cause of shock

First, treat any cause of shock that you can see or that you have identified from the primary survey, such as severe bleeding.

Then help the casualty to lie down. Raise the casualty's legs, supporting them on a chair, as this will help to improve the blood supply to their vital organs.

- If available, lay them down on a rug or blanket to protect them from the cold.

Call 112 for emergency help and tell ambulance control you think they are in shock. If possible, explain what you think caused it.

Loosen any tight clothing around the neck, chest, and waist to make sure it doesn't constrict their blood flow.

While waiting for help to arrive, cover them with a coat or blanket to help keep them warm.

- Remember, fear and pain can make shock worse by increasing the body's demand for oxygen, so try to reassure the casualty and keep them calm if you can.

Monitor their level of response.

- If they become unresponsive at any point, prepare to treat an unresponsive casualty.

Appendix 6

Incident Report form

Date of report: _____/_____/_____
dd/ mm / yyyy

PATIENT INFORMATION

LAST NAME:		FIRST NAME:
STREET ADDRESS:		CITY:
POSTAL CODE:		PHONE: ( )
E-MAIL:		AGE:
SEX: ____M ____F	HEIGHT:_____. WEIGHT:_____.	DOB:
KNOWN MEDICAL CONDITIONS/ ALLGERGIES		

INCIDENT INFORMATION

DATE & TIME OF INCIDENT:	TIME OF FIRST INTERVENTION:	TIME OF MEDICAL SUPPORT ARRIVAL
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____.		

CHARGE PERSON INFORMATION

LAST NAME:	FIRST NAME:
STREET ADDRESS:	CITY:
POSTAL CODE:	PHONE: ( )
E-MAIL:	AGE:

WITNESS INFORMATION (someone who observed the incident and the response, not the charge person)

LAST NAME:	FIRST NAME:
STREET ADDRESS:	CITY:
POSTAL CODE:	PHONE: ( )
E-MAIL:	AGE:

OTHER COMMENTS OR REMARKS

FORM COMPLETED BY

PRINT NAME _____

SIGNATURE _____

Appendix 7: # Incident Report Summary

Charge Person	Date	Person(s) Involved	Incident	How it was Dealt with	Parent Informed (Y/N)	Report Completed (Y/N)

Appendix 8: Concussion Recognition

CONCUSSION RECOGNITION TOOL 5 ©

To help identify concussion in children, adolescents and adults

Supported by

RECOGNISE & REMOVE

Head impacts can be associated with serious and potentially fatal brain injuries. The Concussion Recognition Tool 5 (CRT5) is to be used for the identification of suspected concussion. It is not designed to diagnose concussion.

STEP 1: RED FLAGS — CALL AN AMBULANCE

If there is concern after an injury including whether ANY of the following signs are observed or complaints are reported then the player should be safely and immediately removed from play/game/activity. If no licensed healthcare professional is available, call an ambulance for urgent medical assessment:

- **Neck pain or tenderness**
- **Double vision**
- **Weakness or tingling/ burning in arms or legs**
- **Severe or increasing headache**
- **Seizure or convulsion**
- **Loss of consciousness**
- **Deteriorating conscious state**
- **Vomiting**
- **Increasingly restless, agitated or combative**

Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Assessment for a spinal cord injury is critical.
- Do not attempt to move the player (other than required for airway support) unless trained to so do.
- Do not remove a helmet or any other equipment unless trained to do so safely.

If there are no Red Flags, identification of possible concussion should proceed to the following steps:

STEP 2: OBSERVABLE SIGNS

Visual clues that suggest possible concussion include:

- Lying motionless on the playing surface
- Slow to get up after a direct or indirect hit to the head
- Disorientation or confusion, or an inability to respond appropriately to questions
- Blank or vacant look
- Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- Facial injury after head trauma

STEP 3: SYMPTOMS

- Headache
- "Pressure in head"
- Balance problems
- Nausea or vomiting
- Drowsiness
- Dizziness
- Blurred vision
- Sensitivity to light
- Sensitivity to noise
- Fatigue or low energy
- "Don't feel right"
- More emotional
- More Irritable
- Sadness
- Nervous or anxious
- Neck Pain
- Difficulty concentrating
- Difficulty remembering
- Feeling slowed down
- Feeling like "in a fog"

STEP 4: MEMORY ASSESSMENT

(IN ATHLETES OLDER THAN 12 YEARS)

Failure to answer any of these questions (modified appropriately for each sport) correctly may suggest a concussion:

- "What venue are we 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?"

Athletes with suspected concussion should:

- Not be left alone initially (at least for the first 1-2 hours).
- Not drink alcohol.
- Not use recreational/ prescription drugs.
- Not be sent home by themselves. They need to be with a responsible adult.
- Not drive a motor vehicle until cleared to do so by a healthcare professional.

ANY ATHLETE WITH A SUSPECTED CONCUSSION SHOULD BE IMMEDIATELY REMOVED FROM PRACTICE OR PLAY AND SHOULD NOT RETURN TO ACTIVITY UNTIL ASSESSED MEDICALLY, EVEN IF THE SYMPTOMS RESOLVE