

Concussion Review GREEN



Date: _____ Reviewed Staff: _____ Reviewers: _____

Situation: A student was playing basketball when he/she fell and his his/her head on the floor.

Victim: Lie on the ground and pretend to be in pain when the staff member approaches. State that you have a headache and are dizzy.

Witness: A player from the game notices the injury and notifies a staff member at the office or intramural supervisor.

Checklist - (Facilitator/victim will verbalize bold words in parenthesis):

If 3 () missed, staff automatically does not meet requirements*

- ___ Grab AED, first aid kit, radio and cell phone*
- ___ Check the scene (Facilitator: **scene is safe**)
- ___ Check the victim and ask “are you okay?” (Victim: **“I am feeling fine”**)
- ___ Tell him/her you are first aid certified and want to help; obtain consent
- ___ Help the victim to a seated position
- ___ Ask questions to the victim: *Do you remember what happened? What is your name? Where are you? What day of the week is it?** (Victim: **I remember everything but I have a headache and feel dizzy**)
- ___ Continue to have the victim sit out from the game and ask questions
- ___ Inform the student that you advise to sit out for the rest of the game since they may have symptoms of a concussion*
- ___ Monitor the student (Facilitator: **The student’s symptoms remain the same**)
- ___ Encourage the student to seek medical attention due to the symptoms they are experiencing
- ___ Fill out an accident report* (Facilitator: **What information should be included on the report?**) Explain what SAMPLE stands for
- ___ Give the student the Concussion Fact Sheet handout*
- ___ Give the student the pink transportation sheet*

After EMS departs:

- ___ Inform Pro Staff about the emergency, call Mo if after hours

Ask the staff being reviewed:

When would you call EMS?

Loss of consciousness, balance problems or dizziness, vomiting, symptoms worsen with time, cannot recall event prior or after the hit or fall.

When to encourage student to seek medical attention?

Headache/pressure in the head, confusion, nausea, double/fuzzy vision, sensitivity to light or noise, feeling sluggish/foggy, feeling irritable/not feeling right, concentration or memory problems, slow reaction time, appears dazed or stunned.

<u>Location</u>	<u>Phone Number</u>	<u>Address</u>
REC	608-785-5225	1601 Badger St
Mitchell Hall	608-785-8696	1820 Pine St

Rec info: all staff members
MH info: only if staff member works there

Other

- Check for knowledge of building address and appropriate phone number
- Does staff member have CPR mask clipped on?
- Ask staff about knowledge of the Concussion Staff Reference Sheet

Please write comments on back of sheet →

Met Requirements Did not meet requirements _____ (Facilitator: **Paige will contact you**)

Signature of Facilitator: _____ Signature of Reviewee: _____