Situation: A student was playing trench ball when there was a ball that was thrown at the student’s face and they fell to the ground immediately.

Victim: Lie on the ground and place your hands over your head showing you are in pain. When the staff member approaches you, stand up and complain that you have a headache.

Witness: A player from the game notices the injury and notifies a staff member.

**Checklist - (Verbalize words in parenthesis)**
- Grab AED, first aid kit, radio and cell phone*
- Check the scene (scene is safe)
- Check the victim and ask “are you okay?” (Victim responds he/she is 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 (Victim remembers everything but is complaining of a headache)
  - Do you remember what happened? What is your name? Where are you? What day of the week is it?*
  - Continue to have the victim sit out from the game and ask questions (Victim is complaining their headache is getting worse and they feel dizzy)*
- Inform the student that you advise to sit out for the rest of the game since they have symptoms of a concussion*
- Inform the student they need to go the hospital and seek medical attention because they are reporting more than one symptom*
- Call EMS and UP since the student is reporting more than one symptom*
- Fill out an injury report*
- Give the student the concussion handout*
- If student denies EMS transportation and EMS clears them give them transportation slip

**If student has a persistent headache and no other symptoms they can leave with a friend (hand out concussion sheet)**
**If headache worsens or other symptoms occur need to be transported to the ER immediately by EMS**

**Other**
- Check for knowledge of building address and appropriate phone number
- Does staff member have CPR mask clipped on?

<table>
<thead>
<tr>
<th>Location</th>
<th>Phone Number</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>REC</td>
<td>608-785-5225</td>
<td>1601 Badger St</td>
</tr>
<tr>
<td>Mitchell Hall</td>
<td>608-785-8696</td>
<td>1820 Pine St</td>
</tr>
</tbody>
</table>

☐ Met Requirements  ☐ Did not meet requirements  ____ (1-2 week re-testing)

Signature of Facilitator: _____________________ Signature of Reviewee: _____________________