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**Concussion INCIDENT REPORT**

***This REPORT has to be completed for any individual who is victim of a concussion while participating in Pickleball Canada sanctioned programs, activities and events.***

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| ***IDENTIFICATION OF THE INJURED PERSON*** | |
| ***Name*** |  |
| *Contact info of injured person (email /phone)* |  |

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| ***This incident form was completed by*** | | | | | | |
| *Name* |  | | *Date (dd/mm/yyyy)* | | \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_ | |
| *Organization* | |  | |
| *Email & phone* |  | | | | | |
| ***Did you witness the event?*** ⭘ YES ⭘ NO | | | | | | |
| ***Indicate who you are completing this report for (check all that apply)*** | | | | | | |
| ⭘ Injured person | | ⭘ Partner/Opponent | | ⭘ Emergency contact | | ⭘ Tournament Director |
| ⭘ Head Referee | | ⭘ Referee On Court | | ⭘ Instructor | | ⭘ Family/Friend |
| ⭘ Medical Personnel | | ⭘ Other (specify) | | | | |
| *Name of additional witnesses with email & phone* | |  | | | | |

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| ***Name of the injured person*** |  |

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| ***ABOUT THE INCIDENT*** | | | | | |
| *Date (dd/mm/yyyy)* | \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_ | | *Time* | ⭘ AM ⭘ PM | |
| *Location* |  | | | | |
| ***Name of emergency contact*** |  | | | | |
| *Emergency contact email & phone* |  | | | | |
| ***Incident description (Please include as much detail as possible.)*** | | | | | |
| ***Did the incident involve any of the following? (check all that apply)*** | | | | | |
| ⭘ Fall | ⭘ Blow to the head | ⭘ Struck by person | | | ⭘ Struck by object |
| ⭘ Hit to the body | ⭘ Sport-related | ⭘ Assault | | | ⭘ Equipment malfunction |
| ⭘ Other (specify) | | | | | |
| ***What was the immediate response to the incident?  (check all that apply)*** | | ***What was the immediate outcome of the incident? (check all that apply)*** | | | |
| ⭘ Called 911 | ⭘ Performed first aid | ⭘ Taken to hospital by ambulance | | | |
| ⭘ No response | ⭘ Called emergency contact | ⭘ Attended to by paramedics | | | |
| ⭘ Other (specify) | | ⭘ Left with emergency contact | | | |
| ⭘ Left independently | | | ⭘ Return to activity |
| ⭘ Other (specify) | | | |

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| ***Name of the injured person*** |  |

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| ***ABOUT THE INCIDENT (continued)*** | | |
| ***Did the person exhibit any immediate signs or symptoms of concussion?*** ⭘ YES ⭘ NO ⭘ DON'T KNOW | | |
| ***If yes, check all apply*** | | |
| ⭘ Neck pain or tenderness | ⭘ Imbalance/motor incoordination | ⭘ Blurred vision |
| ⭘ Seizure or convulsion | ⭘ Irritability | ⭘ Double vision |
| ⭘ Loss of consciousness | ⭘ Poor memory | ⭘ Light/sound sensitivity |
| ⭘ Deteriorating conscious state | ⭘ Sadness | ⭘ Ringing in the ears |
| ⭘ Nervousness or anxiety | ⭘ Confusion/not thinking clearly | ⭘ Seeing "stars" |
| ⭘ Nausea | ⭘ Dizziness | ⭘ Difficulty concentrating |
| ⭘ Vomiting | ⭘ Headache | ⭘ Fogginess |
| ⭘ Fatigue | ⭘ Weakness or tingling/burning in arms or legs | |
| ⭘ Difficulty reading | ⭘ Increasingly restless, agitated or combative | |
| ⭘ Other (specify) | | |

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| ***TO BE FILLED OUT BY pickleball canada*** | |
| ***Did the incident result in a concussion diagnosis?*** | ***Could this incident have been prevented?*** |
| ⭘ YES ⭘ NO ⭘ DON'T KNOW | ⭘ YES ⭘ NO ⭘ DON'T KNOW |
| ***Describe any follow-up actions that have been taken (e.g., safety risk assessment)*** | ***Describe how the incident could or could not have been prevented*** |
| ***Describe any follow-up actions that are needed  (e.g., systemic actions to ensure health an safety)*** |

***Please email a copy of this report to Pickleball Canada at: info@pickleballcanada.com***