



Montmorency Junior Football Club

Injury Incident Reporting Policy

This policy will outline Montmorency Junior Football Club's approaches & expectations with regards to Injury recording & referral:

Purpose

The purpose of this policy is to ensure that by documenting and recording injury records, that it might understand trends and common injury modes in order to prevent as much as possible recurrence.

Contents Headers

- INJURY RECORDS & REFERRAL POLICY
- INCIDENT/INJURY REPORT FORM



Policy: Injury Records & Referral Policy

INJURY RECORDS & REFERRAL POLICY

The Montmorency Junior Football Club (MJFC) will be monitoring all injuries in order to identify trends and preventable hazards associated with football and the playing environment.

By recording injuries MJFC will be better able to:

- Determine the most frequently occurring injuries and
- Take the necessary steps and initiate preventative measures to reduce their incidence.

In order to achieve this, injury record forms will be maintained by MJFC.

- The responsibility for completing these will be accepted by the Team managers/Trainers and will be collated by the Medical Co-ordinator. (See Attachment).
- All injury record forms will be used to manage injury and player rehabilitation and will be reviewed at the end of each season to identify any areas for prevention activities.
- Injury referral goes hand in hand with the initial management of injuries by the sports medic and sports trainer.
- Simple communication structures will be established with appropriate medical professionals to ensure injury treatment is available to all injured players and to enable them to return to play as swiftly and safely as possible.

(For associated documents please refer to the Injury Management & First Aid Policies.)

Version	Review date	Reviewed by:	Frequency of Review	Next Review due:
002	7 th May 2021	Sam Hamm & D. Constantin	3 Yearly	8 th May 2024

Policy: Injury Records & Referral Policy

INCIDENT/INJURY REPORT FORM

INCIDENT DETAILS

Date of Incident...../...../..... Time of Incident.....

Event.....Venue.....

PLAYER DETAILS

NAME:.....

ADDRESS.....

Telephone Home.....Mobile.....

Date of Birth...../...../..... Age..... M F

Known Medical History/Allergies/Medications.....

.....

INITIAL ASSESSMENT

Response yes no Clear Airway yes no Breathing yes no Pulse yes no Bleeding yes no

Injury To: face head neck chest back abdomen upper limb lower limb

Initial treatment:.....

.....

Removal from field: walk self walk assisted carry stretcher wait for ambulance

DETAILED ASSESSMENT

Describe the injury in detail and indicate the body part(s) affected:.....

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Describe in full how the incident/injury occurred and what actions were taken: (Write down everything, no matter how insignificant it may seem.).....

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Policy: Injury Records & Referral Policy

Did any medically trained members (doctors, nurses) assist? Provide details.....
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ASSESSMENT
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.....
Return to play Yes No

FIRST AID TREATMENT
Instruction to Player.....
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.....
.....

Was the emergency plan activated? Yes No
Was an ambulance called? Yes No
Was the player taken to hospital? Yes No If yes what hospital.....
If no, did he/she refuse medical attention?

Was the player referred to a Sports Injury Professional?.....
Was the family notified?.....Who?.....
PREVENTION: Was the injury preventable? Yes No If yes how.....
How could a reoccurrence be prevented?.....
.....

On the back of this page, or on separate sheets, please document any observations or comments regarding this incident you feel are important. The more information the better.
Name (please print).....Signature.....
Position.....
Follow up notes.....
.....
Contact made by.....Date.....
Condition of member.....
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