



Serious Injury and Concussion Report Form 2016

The IRFU Serious Injury and Concussion Report Form must be completed by a designated Club/School Official and returned via post or email to the relevant provincial office within 1 week of injury occurrence. The purpose of the form is to ensure that all serious injuries (***defined as any injury occurring during rugby training or game, which requires that the injured player is transported to and/or treated in hospital and suspected/confirmed concussions***) are reported to the IRFU and provincial branches and that a record is kept of these injuries. **Your Club/School should also maintain an Injury report logbook where details of all injuries are recorded.**

The Serious Injury and Concussion Report Form is also a method of data collection for the IRFU. Each section asks a specific question about the player, the type of injury they suffered, and the consequences of the injury. It is essential that each section of this form is filled out in its entirety, so that full use may be made of the data.

It is important to note that by filling in the form and forwarding it to the IRFU, the club/school official is not handing over responsibility to the IRFU for the care or management of the effected player. It remains the responsibility of the club/school official to follow up on their player and report any serious incidents to their province.

(See www.irishrugby.ie/concussion for further information on concussion.)

Provincial Contact Details:

CONNACHT	LEINSTER
Club and Community Administrator, Connacht Branch I.R.F.U., Galway Sportsground, College Road, Galway. E: richard.doyle@connachtrugby.ie	Domestic Rugby Manager, Leinster Branch I.R.F.U., Newstead Building, University College Dublin, Belfield, Dublin 4. E: philip.lawlor@leinsterrugby.ie
MUNSTER	ULSTER
Domestic Rugby Manager, Munster Branch I.R.F.U., Tramore Road, Cork. E: ultanocallaghan@munsterrugby.ie	Administration Team Leader, Ulster Branch I.R.F.U., Kingspan Stadium, 85 Ravenhill Park, Belfast, BT6 ODG. E: lesley.mcgaughey@ulsterrugby.com

PLEASE RETAIN A COPY FOR YOUR CLUB/SCHOOL RECORDS



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SECTION A: CONTACT INFORMATION			
Player Name		Club/School	
	<i>Male/ Female (circle)</i>		
Player DOB	<i>(dd / mm/ yy)</i>	Contact Name &Number	
Person Completing form		Date Completed	
Role in Club/School		Signature	
SECTION B: INJURY INFORMATION			
Date of injury	<i>(dd/ mm/ yy)</i>	Event at time of injury	GAME TRAINING
Team (e.g. mini, senior)		Mechanism of Injury	Contact Non-Contact
If the player was underage was the parent or guardian informed?	YES NO		N/A
Did the referee indicate that the action leading to the injury was a violation of the laws?	YES NO		N/A
SECTION C: To be completed for a <u>CONCUSSION</u> injury			
Did the referee instruct the player to leave the field of play?	YES NO	Has the player had a previous concussion this season?	YES NO
Was the player informed of the GRTP protocol?	YES NO	<i>For Concussion injury please proceed to Section E</i>	
SECTION D: To be completed for <u>OTHER INJURIES</u>			
Body part injured <i>(Please circle)</i>		Type of Injury <i>(Please circle)</i>	
Head/face/nose	Upper arm/ forearm	Laceration/cut	Cartilage
Chest/ribs/upper back	Elbow / wrist	Spinal cord/other nerve	Fracture
Abdomen	Hand/ finger/ thumb	Dislocation/Subluxation	Sprain/ ligament
Low Back	Hip/groin	Tendon injury/rupture	Contusion/ Bruise
Pelvis	Ankle	Dental injury Was player wearing mouth guard? Y/ N	
Shoulder/collar bone	Foot/toe	Other (please specify):	
Front/back thigh	Achilles		
Knee	Lower leg		
SECTION E: FOLLOW UP			
What treatment was administered to the player at the time of the injury?			
Did the player require hospital attendance (not admitted overnight)?	YES NO		
Did the player require admittance to hospital for one or more nights?	YES NO		

This form is used for data collection purposes. By sending this form to the IRFU the school/club official is not transferring duty of care or case management to the IRFU.

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