

# **ACCIDENT RECORD**

#### **LAST UPDATED JULY 2021**

This form should be used for recording accidents, sporting injuries and near-misses. All of these will be referred to as **accidents** on this form.

It is acknowledged that medical staff (i.e. Club Doctors / Physiotherapists) may have their own systems for recording injuries. Medical staff must still follow the Basketball England process for reporting serious accidents.

There are two reporting procedures;

- 1. Minor accidents
- 2. Serious accidents

Serious accidents are defined by Basketball England as;

- (i) Any injury which results in the player being admitted to a hospital (this does not include those that attend an Accident or Emergency Department and are allowed home from there)
- (ii) Deaths during or within 6 hours of a game or practice session finishing.

### 1. Minor accidents;

- Deal with situation and administer First Aid where required.
- Contact emergency services / GP if required.
- Make contact with parents / guardians if person is Under 18.
- Complete the Accident Record for ALL accidents.
- Record in detail all facts surrounding the accident, witness' etc.
- One copy should be safely stored by the organisation in an agreed location.
- One copy should be sent to your organisation's Health and Safety nominated person for record keeping/action required.

#### 2. Serious accidents:

Procedure is the same as for 'Minor acccidents' but you must also inform the Safeguarding and Compliance Team at Basketball England. Email a copy of the Accident Record to <a href="mailto:safeguardingbasketball@basketball@basketballengland.co.uk">safeguardingbasketball@basketball@basketballengland.co.uk</a> within 24 hours.

Please note - Organisations must also refer to the HSE guidance on reportable incidents. Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 - RIDDOR - HSE

## **ACCIDENT RECORD**

| 1. About the person who had the accident |   |  |  |  |
|--|---|--|--|--|
| Name:                                    |   |  |  |  |
| Role:                                    | Player / Official / Coach etc. (please specify) |  |  |  |
| Phone:                                   | Email:  |  |  |  |
| Address:                                 | DOB:  |  |  |  |
| Name of                                  | Name  |  |  |  |
| Team                                     | of  |  |  |  |
|  | Coach   |  |  |  |

| 2. About the accident                                    |                                |                                    |  |  |  |  |  |
|--|--------------------------------|------------------------------------|--|--|--|--|--|
| Date:  |                                | Time:                              |  |  |  |  |  |
| Location:  |                                | Type:                              | Injury / Near miss etc. (Please specify) |  |  |  |  |
| What happened before, during and after the accident?     |                                |                                    |  |  |  |  |  |
| What were<br>the nature of<br>the injuries?              |                                |                                    |  |  |  |  |  |
| Exactly where<br>on the body<br>was the<br>injury?       | (Include detail of Left/Right) |                                    |  |  |  |  |  |
| What First Aid<br>treatment<br>was given?                |                                |                                    |  |  |  |  |  |
| Have concussion guidelines been followed, if applicable? |                                |                                    |  |  |  |  |  |
| Ambulance called?  |                                | Hospital<br>treatment<br>required? | YES / NO                                 |  |  |  |  |
| Were parents informed?                                   | YES / NO                       | When and by whom?                  |  |  |  |  |  |

| Did anyone   |                        | YES / NO                       |                 |               |  |  |  |  |
|--|------------------------|--------------------------------|-----------------|---------------|--|--|--|--|
| witness this   |                        | ,                              |                 |               |  |  |  |  |
| accident?  | If yes, wi             | ith consent, p                 | lease provide t | heir details  |  |  |  |  |
| Name of  |                        | Telephone                      |                 |               |  |  |  |  |
| witness:   |                        | number:                        |                 |               |  |  |  |  |
| Do you feel anything could be done to prevent this from YES / NO |                        |                                |                 |               |  |  |  |  |
| occurring again?   |                        |                                |                 |               |  |  |  |  |
| If you answered yes, please provide                              |                        |                                |                 |               |  |  |  |  |
|  | details:               |                                |                 |               |  |  |  |  |
|  |                        |                                |                 |               |  |  |  |  |
| C:   |                        | _                              |                 |               |  |  |  |  |
| _  | njured person (if over |                                |                 |               |  |  |  |  |
| 18):   |                        |                                |                 |               |  |  |  |  |
|  |                        |                                |                 |               |  |  |  |  |
|  |                        |                                |                 |               |  |  |  |  |
|  |                        |                                |                 |               |  |  |  |  |
| 3. About   | the person filling in  | this record                    |                 |               |  |  |  |  |
| Name:  |                        |                                |                 |               |  |  |  |  |
| Role:  | Player / Official / Co | ach etc.                       |                 |               |  |  |  |  |
| Phone:   | , ,                    | Email:                         |                 |               |  |  |  |  |
| Signed:  |                        | Date                           |                 |               |  |  |  |  |
|  |                        | 1                              |                 |               |  |  |  |  |
|  |                        |                                |                 |               |  |  |  |  |
| 4. About   | the First Aider        |                                |                 |               |  |  |  |  |
| Name:  |                        |                                |                 |               |  |  |  |  |
| Role:  | Player / Official / Co | Player / Official / Coach etc. |                 |               |  |  |  |  |
| Phone:   |                        | Email:                         |                 |               |  |  |  |  |
| Signed:  |                        | Date                           |                 |               |  |  |  |  |
|  |                        |                                |                 |               |  |  |  |  |
|  |                        |                                |                 |               |  |  |  |  |
|  | completed by Club/C    | organisation H                 | lealth and Saf  | ety nominated |  |  |  |  |
| persor   | 1                      |                                |                 |               |  |  |  |  |
| Name:  |                        | T                              |                 |               |  |  |  |  |
| Basketball   | YES / NO               | Date                           |                 |               |  |  |  |  |
| England  |                        | submitted:                     |                 |               |  |  |  |  |
| report   |                        |                                |                 |               |  |  |  |  |
| completed?   |                        |                                |                 |               |  |  |  |  |
| Follow up  |                        |                                |                 |               |  |  |  |  |
| required?  |                        |                                |                 |               |  |  |  |  |
| Provide  |                        |                                |                 |               |  |  |  |  |
| details.   |                        |                                |                 |               |  |  |  |  |
| Have you   | YES / NO               |                                |                 |               |  |  |  |  |
| notified   |                        |                                |                 |               |  |  |  |  |
| your   |                        |                                |                 |               |  |  |  |  |
| insurers?  |                        | T                              |                 |               |  |  |  |  |
| Signed:  |                        | Date:                          |                 |               |  |  |  |  |

| 6. To be completed by Basketball England Safeguarding and Compliance<br>Team - Serious Accidents |          |                |  |  |  |  |
|--|----------|----------------|--|--|--|--|
| Name:  |          |                |  |  |  |  |
| Reported to<br>BE Medical<br>Team?   | YES / NO | Date reported: |  |  |  |  |
| Follow up required? Provide details.   |          |                |  |  |  |  |
| Insurers notified?   | YES / NO |                |  |  |  |  |
| Signed:  |          | Date:          |  |  |  |  |

For further information please contact; safeguardingbasketball@basketballengland.co.uk