

Serious Injury Report Form

A serious and/or catastrophic injury is defined as any head, neck, spine, or brain injury that is life-threatening, or has the potential to be permanently debilitating and results in the emergency admission of a rugby player to a hospital or medical care centre.

WHAT TO DO!

- Record the details as accurately as possible regarding the player, the injury, and the relevant contact person from the school, club, or team in the spaces below
- Within <u>48 hours of the injury</u>, Email the completed report to the Serious Injury Case Manager (SICM), Mrs. Shoneé Cornelissen Cell: 0716831021, e-mail: <u>manager@playersfund.org.za</u>.
- The Serious Injury Case Manager will then inform SARU's Senior Manager: Medical, SARU's Senior Manager: Rugby Safety, and the relevant Provincial union.

RESEARCH

All serious injury data collected will be recorded and stored on a SARU database. Personal details will be provided to the Chris Burger/Petro Jackson Players Fund, who may provide financial assistance and support to catastrophically injured rugby players. This information will be stored at SARU's offices for official records of these injuries. The injury data may be used for research and publication purposes to help improve the safety standards of the game of rugby in South Africa, and to potentially prevent other injuries of this nature from occurring in the future. However, in this instance, all personal information will be regarded as confidential in any ensuing research analyses and reports on the catastrophically injured players.

□ By ticking this box, the player / parent / guardian / family member agrees to the above

WORLD RUGBY (WR) (FORMERLY KNOWN AS 'INTERNATIONAL RUGBY BOARD' OR 'IRB')

All data collected will be forwarded anonymously to WORLD RUGBY and stored in a secure WORLD RUGBY database of catastrophic injuries. These data may be analysed by WORLD RUGBY for audit, player welfare, research purposes in relation to the prevention, and management of Rugby-related catastrophic injuries.

□ By ticking this box, the player / parent / guardian / family member agrees to the above

PLAYER'S CONSENT

I give my express, informed consent for SARU to collect and use the information requested in this form and agree that the information can be forwarded to WORLD RUGBY, and be used by both SARU and WORLD RUGBY for the purposes of monitoring and investigating the causes of catastrophic injuries sustained in Rugby Union, in accordance with the <u>SARU Privacy Policy</u>.

□ By ticking this box, the player consents to the above

PARENT/GUARDIAN/FAMILY MEMBER CONSENT

I give my express, informed consent for SARU to collect and use and submit the information requested in this form and agree that the information can be forwarded to WORLD RUGBY, and be used by both SARU and WORLD RUGBY for the purposes of monitoring and investigating the causes of catastrophic injuries sustained in Rugby Union, in accordance with the <u>SARU Privacy Policy</u>.

□ By ticking this box, the parent / guardian / family member consents to the above

Parent/Guardian/Family member Name: Parent/Guardian/Family member ID:

Parent/Guardian/Family member Signature:



1. PLAYER (PRINT CLEARLY)

Forenames:				1	1					1	1		1			1		[
Surname:		1	1	1	1		1		1	T		1	I		1	1	ľ		
Date of birth:		/			/						Ą	ge:							
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Contact Number:]				Ĩ		I	T	1								
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Contact Number:		1	1	1			Ĩ			T		1							
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Rugby Club/School/Team:					Ĩ	Ī	l			1					Ī	Ĩ	Ĩ		
Playing Position:				1	1					T	1		1				1		

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2. INJURY (PRINT CLEARLY)

Date of Injury:	I I At Time:
Injury Occurred During:	Match
	Rugby skills training, semi-contact
	Rugby skills, non-contact
Site of Injury:	Head Neck Spine Chest/Trunk
	Other (specify)
Event Causing:	Collision Maul Scrum
	Ruck Collapsed maul Collapsed scrum
	Tackling (behind) Tackling (front) Tackling (side)
	Tackled (behind) Tackled (front) Tackled (side)
	Lineout Kicking Running
	Other(specify)
Time of Injury: Warm-up	0-20 min 21-40+ min 41-60 min 61-80+ min Cool-down
Was the Player Wearing:	Mouth Guard Shoulder Pads Head Guard Tick all Applicable
Provide a brief description of I	now the injury occurred:
Did the player leave the field a	at any time? Yes No
Did the player return to the fie	Id at any time? Yes No
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The personal information collected in this Form is processed by SARU in accordance with the applicable <u>SARU</u> <u>Privacy Policy</u> available on request.

2. INJURY (PRINT CLEARLY) - CONTINUED

Who provided on-field treatment?	Doctor	
	Physiotherapist	
	Biokineticist	
	Emergency Service Medic	
	Rugby Medic	
	First Aid	
	Coach	
	Referee	
	Team Official	
	Other(Specify)	
Name of treatment provider:		
Contact Number:		
What treatment was		
provided if any:		
How did the player leave the field?	On his own	Assisted
	Spinal Board	Stretcher
	Ambulance	Helicopter
	Other (Specify)	
What hospital/medical facility was he/she taken to:		
Contact Number:		
Who accompanied the player:		
Contact Number:		
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3. MATCH (PRINT CLEARLY)

Teams Involved In The Ma	atch:		1									ĺ.									
	VS:		1		1		I		1	L			1		1		I		1	1	
Competition:		1	1	1	1	1	ī	1	Ê	Ē	Ĩ		1	1	Ĩ			Ĩ	Ĩ	T	
Provincial Union:				1			1			1						1					
Level/Grade: (e.g.U19, Super A Club league)			1	1	1	1	Ĩ	Ĩ	Ĩ	1	-		1	1	Î	1	1	Ĩ	1	1	1
Referee:																					
Contact Number:			1	1		1	Ĩ	Ĩ	Î	Ē	()	1		1							
Venue Address:			1	Ĩ	Ĩ		Ĩ	Ĩ	Ĩ	Ĩ	Ĺ	1	1	Ĩ	Ĩ	Ĩ	Ĩ	1	Ĩ	1	
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Field Conditions:			1				1														
Weather Conditions:			1	1	1	1		1	ľ.			1	1	1	1	1	1	L	I	1	

Was the game suspended at any time due to the injury?	Yes	No
If yes, then for how long was it suspended?		min
Did the game restart?	Yes	No
Is there any video footage of the game available?	Yes	No

If yes, please retain the video footage until contacted by SA Rugby!

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4. CLUB CONTACT (PRINT CLEARLY)

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Position at Club:		1	1		1	1	ſ	1	F		1		1	1	I	1	ſ	ľ		1	
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Signature:	1-																				
Date:																					
	5. PROVINCIAL UNION <u>BOKSMART COORDINATOR</u> CONTACT DETAILS:																				
	Boland:Linston Manuels 0822293301 021 8732317 linston@bolandrugby.comBorder:David Dobela 0767715781 043 743 5998 david@brurugby.co.za																				
Free State: Griquas: Griffons: Leopards: Lions: Pumas: Sharks: Valke: Western Prov	Selvyn C Kat Swan Steps (Ste Henry Ste Timmy Ge Oubaas C Archie Se Alfred Ro	olby epoe efan) ewart bodw Coetz chlake ss 0	08 (Pr 0 0 0 0 0 0 824	3458 0828 etor 845 082 082 082	834 822 ius 876 2850 276 431 327	487 377 369 369 996 756	0 283 0 0 07 24 2 016	51 4 053 3109 18 01 01 031 979	407 83 998 297 1 4 3 6 30 621	174 287 109 7530 022 120 884 12	9 <u>9</u> 73 57 3 960 534 534 26 <u>arc</u>	<u>scol</u> <u>Re</u> 3520 <u>ster</u>) <u>ti</u> <u>ar</u> 0555	lby@ efs@ 648 war mm ouba chie @ic	@fsi @gw 2 <u>s</u> t@le y@ aas(aas(e@k	rugt vrug step eop glru @pu zn- co.z	oy.c <u> by.</u> os@ ard .co co uma rugl	o.za grif sruc .za s.co byu	<u>a</u> fons gby. o.za nior	<u>snfs</u> .co.: 1.co	<u>za</u> .za	

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