



## REPRESENTATIVE RUGBY ACTIVITY REPORT

### Aim

- CRFU representative rugby at all ages must have as high a regard for player welfare as that expected of the clubs. Equally, the clubs need to be assured that players welfare is not adversely affected through the consequences of representational rugby and that players will receive care in keeping with current good practice.
- It is not uncommon for a player with existing 'minor' injuries to exacerbate the extent of those injuries whilst engaging in representative rugby, nor is it uncommon for a minor injury sustained under CRFU colours become more serious as a consequence of club rugby. Therefore the importance of accurate records is important in ensuring that where applicable, the player can receive the best possible treatment and that the correct information is at hand to support any insurance claim, whether it originates from a club or under the CRFU policy
- The maintenance of appropriate and consistent records is also a protection for the coaches, managers and medical staff against any false, malicious or exaggerated claims of any nature that may arise in the conduct of representative rugby matches, training or travel.
- It is stressed that this document is not a 'how to do' or is exhaustive. The aim of the document is to indicate to managers, coaches and medical staff the areas that should be considered, the nature of the analysis and to illustrate the depth of the considerations.
- Once complete, the data on this form becomes sensitive and should be managed in keeping with the principles of data protection as outlined in GDPR. Once complete, the form should be sent to the CRFU RugbySafe lead who will be the GDPR responsible person.
- In the event of an injury of any sort to a player, the Team Manager will notify the appropriate club and in will, as appropriate make a follow up call to the player concerned.
- Formal reporting processes as per RFU Reportable injury process and those required for the South Western Mutual Benefit Fund are in addition to this report form, which should be forwarded to [rugbysafe@crfu.co.uk](mailto:rugbysafe@crfu.co.uk) as soon as possible after the match or activity.



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**Section 1** – Any additional information can be included in section 5

<b>AGE GROUP</b>		<b>TRAINING/MATCH/OTHER (delete as appropriate)</b>	<b>DATE</b>		<b>LOCATION</b>	
MANAGER		COACH 1		PHYSIO 1		Weather
ASSISTANT		COACH 2		PHYSIO 2		
OTHER KEY PERSONNEL (LIST)				REFEREE		Type of pitch and condition
RISK ASSESMENT/ANALYSIS		ASSESSOR		DATE & TIME		

**Section 2** – if any pre existing injury requiring pre match attention such as strapping or a discussion between player/coach or physio exists provide details in section 3

PARTICIPANTS						
SURNAME	FIRST NAME	PARENT CLUB	POSITION(S)	PRE-EXSITING (Yes/No)		AGE IF UNDER 18
				Medical condition or allergy	Injury	



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**Section 3** – If a player with a pre existing condition requires any additional attention for *any* injury during the activity then this must be documented in section 4

Surname	Nature of Injury	Treatment received beforehand? (state nature)	Assessed as fit to play/train? (yes/no)	Assessor Name & Role	Additional treatment for this or any other injury during activity?



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**Section 4** – Attention provided to players during a match or activity that required as a result of a stoppage in play or the removal of a player either temporary or permanent from the match or activity. State clearly if information continued on separate sheet. If video evidence exists as to how the injury was sustained then this should be noted

<b>Name</b>	<b>Nature of Injury</b>	<b>Initial Treatment</b>	<b>Name of Physio/Medical professional</b>	<b>Subsequent Action</b> List treatment/advice, if player substituted and date parent club/RFU or insurer informed



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**Section 5** – Miscellaneous additional information to include recommendations for the improvement of care, any areas of concern or learning opportunities.


**Signatures** - This is to certify that the information contained in this report is an accurate record of the medical treatment arising as a result of this activity and any injuries requiring notification have been recorded in Section 4.

Manager:

Physio 1:

Physio 2 (As appropriate):

Name

Name

Name