

## Guidance for Injury Surveillance

It is the responsibility of each club's Play Cricket administrator to record information of injuries sustained by their club's players.

The administrator should select Day to Day after accessing site management and under the Registered players column they will find injury reporting as the fifth item on the list.



Once they click injury reporting that will open another screen which will invite them to provide the type of injury and when it happened. The club will be asked the gender and age of the injured person and the length of time they are unable to play for.

The ECB have introduced injury surveillance to get a better picture of the type of injuries recreational cricketers are suffering. The date could influence the future designs of protective equipment. For example, if players are suffering from an excessive number of finger injuries, should gloves be adapted to provide more protection.

The safety and well-being of players is crucial and injury surveillance is a relatively simple process to follow.

## < ADD INJURY REPORT

### DATE

Date \*

### TYPE OF INJURY

Abrasion/graze	<input type="checkbox"/>	Fatality	<input type="checkbox"/>	Sprain/Musculo Skeletal	<input type="checkbox"/>
Bruise	<input type="checkbox"/>	Fracture	<input type="checkbox"/>	Torn ligament	<input type="checkbox"/>
Concussion	<input type="checkbox"/>	Internal injury	<input type="checkbox"/>	Unconsciousness	<input type="checkbox"/>
Cut	<input type="checkbox"/>	Not Known	<input type="checkbox"/>	Other (please state)	<input type="checkbox"/>
Disease	<input type="checkbox"/>	Sight loss partial or whole	<input type="checkbox"/>		

### INJURED BODY PART

Head (not eyes)	<input type="checkbox"/>	Lower arm	<input type="checkbox"/>	Knee	<input type="checkbox"/>
Eyes	<input type="checkbox"/>	Wrist	<input type="checkbox"/>	Lower leg	<input type="checkbox"/>
Face	<input type="checkbox"/>	Hand	<input type="checkbox"/>	Ankle	<input type="checkbox"/>
Neck, spine	<input type="checkbox"/>	Finger/s	<input type="checkbox"/>	Foot	<input type="checkbox"/>
Back	<input type="checkbox"/>	Chest, abdomen	<input type="checkbox"/>	Toes	<input type="checkbox"/>
Shoulder	<input type="checkbox"/>	Hip	<input type="checkbox"/>	Trauma/Shock	<input type="checkbox"/>
Upper arm	<input type="checkbox"/>	Thigh	<input type="checkbox"/>	Other (Please state)	<input type="checkbox"/>
Elbow	<input type="checkbox"/>				

## INJURED PERSON

Age \*

Please Select 

Gender \*

Please Select 

## FURTHER INFORMATION

Type of Treatment \*

Please Select 

Subsequent Absence \*

Please Select 

Incident Category \*

Please Select 

Activity at time of Incident \*

Please Select 

Match (If incident occurred during)

Please Select 

Location \*

Incident Description \*

Please provide more detail 