



Ontario Lacrosse Festival 2014

Injury Reporting Protocol

Injury in sport is a concern among parents, funders and the healthcare sector. The Ontario Lacrosse Association is committed to providing safe and healthy opportunities for young people to learn and play lacrosse. To better understand the rate and severity of injury in OLA events, we are pilot testing a method for capturing injury data. We have partnered with Sunnybrook Health Sciences Centre and the Play Safe Initiative to implement a confidential and secure system that will provide important data back to the OLA that can inform future strategies for safety.

To report an injury occurring in any Ontario Lacrosse Festival event please use the following link or code to access the secure online form:

The injury form can be accessed by any mobile or web-enabled device (cell phone, tablet, PC, etc.).

Secure Link: <https://playsafe.fluidsurveys.com/s/OLA/>

QR Code (connects to secure link):



When to report an injury

- When the injury is a direct result of an active Ontario Lacrosse Festival event including practice, warm-up, competition, cool-down

When not to report an injury

- When the injury is not a direct result of an Ontario Lacrosse Festival event such as at a team meal at a restaurant or hotel after a game or event day

What to report

- Please report any injury occurring during an active Ontario Lacrosse Festival event no matter the severity. For the purposes of this project, OLA is interested in any injury occurrence. Recorded injuries will be categorized for severity.

Who should report?

- Parents, coaches, managers, and trainers are encouraged to input injury data. Each team will be responsible to identify the person responsible for reporting injuries and entering the injury data prior to the start of the tournament.

Screenshots:

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ONTARIO LACROSSE ASSOCIATION
EST. 1897

Ontario Lacrosse Association - Injury Tracker

This form is approved for use by the Ontario Lacrosse Association for injury surveillance in sanctioned programs and activities. All data collected will remain confidential and will be used for the purposes of identifying and appropriately responding to injury trends. For inquiries please contact: 416-

Screen 1 – Information

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Injured Participant Information

Please complete to the best of your ability.

Name:
Type here

Date of Birth:
Date YYYY/MM/DD

Address:
Type here

City / Town:
Type here

Province:
Type here

Postal Code:

Screen 2 – Injured participant

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Sex:

Female Male

Prefer not to disclose

Injured participant is a:

Player

Referee / Official

Coach

Spectator

Other, please specify...
Type here

Next

Screen 3 – Cont'd

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25%

Injury Details

Date and Time of Injury:

Date YYYY/MM/DD

Time HH:MM AM/PM

Timezone (-05:00) Eastern time (US)

Venue / Facility where injury occurred:

Type of activity at time of injury:

Training

Warm-up

Competition

Screen 4 – Injury information

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Select the the area first and specific part second

Upper Extremity

If applicable, indicate the side of the injury:

Left Right

Done

- Shoulder / clavicle
- Upper arm
- Elbow
- Forearm**
- Wrist
- Hand
- Finger

Screen 5 – Select body part

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If applicable, indicate the side of the injury:

Left Right

Type of injury:

Abrasion / graze

Sprain (e.g. ligament tear)

Strain (e.g. muscle tear)

Open wound / laceration / cut

Bruise / contusion

Inflammation / swelling

Fracture (including suspected)

Dislocation / subluxation

Overuse injury to muscle or tendon

Screen 6 – Type of injury

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Cause of injury:

- Overuse (gradual)
- Overuse (sudden onset)
- Non-contact trauma
- Recurrence of a previous injury
- Contact with another athlete
- Contact: moving object (e.g. puck)
- Contact: stagnant object (e.g. pole)
- Violation of rules (e.g. obstruction, pushing)

Contributing to cause of injury:

- Field of play conditions (indoor or outdoor)

Screen 7 – Cause of injury

ROGERS LTE 10:11 AM 73% playsafe.fluidsurveys.com

Contributing to cause of injury:

- Field of play conditions (indoor or outdoor)
- Weather condition
- Equipment failure
- Athlete state (e.g. nutrition, substance, sleep, hydration, emotion)
- Athlete ability not matched to activity / competition
- Other, please specify...
Type here

If applicable, was an infraction called on the play that resulted in the injury?

Screen 8 – Contributing cause

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Person completing this form:

Name:
Type here

Email:
Type here

Relationship to injured person:
Type here

File upload (optional)
Choose a file to upload
Choose File no file selected

Authorization and Consent

I confirm that information provided here in is accurate to the best of my knowledge.

Screen 9 – Reporter information

ROGERS LTE 10:14 AM 72% playsafe.fluidsurveys.com

File upload (optional)
Choose a file to upload
Choose File no file selected

Authorization and Consent

I confirm that information provided here in is accurate to the best of my knowledge.

Signature
(individual completing this form)

Take Photo or Video
Choose Existing
Cancel

Screen 10 – Upload image (optional)

ROGERS 3:41 PM 46% playsafe.fluidsurveys.com

File upload (optional)
Choose a file to upload
Choose File no file selected

Authorization and Consent

I confirm that information provided here in is accurate to the best of my knowledge.

Signature
(individual completing this form)

hello

Clear

Back Submit

Screen 11 – Confirmation and signature