A red circle with white text and two lions

AI-generated content may be incorrect.**ACCIDENT RECORD**

**Updated: May 2025**

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;

1. 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)
2. Deaths during or within 6 hours of a game or practice session finishing.
3. **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.

1. **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 [safeguardingbasketball@basketballengland.co.uk](mailto:safeguardingbasketball@basketballengland.co.uk) 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](https://www.hse.gov.uk/riddor/)

**ACCIDENT RECORD**

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **About the accident** | | | | | | | |
| Date: |  | | | Time: | |  | |
| Location: |  | | | Type: | | Injury / Near miss etc. *(Please specify)* | |
| What happened before, during and after the accident? |  | | | | | | |
| What were the nature of the injuries? |  | | | | | | |
| Exactly where on the body was the injury? | *(Include detail of Left/Right)* | | | | | | |
| What First Aid treatment was given? |  | | | | | | |
| Have concussion guidelines been followed, if applicable? |  | | | | | | |
| Ambulance called? |  | | Hospital treatment required? | | YES / NO | | |
| Were parents informed? | YES / NO | | When and by whom? | |  | | |
| Did anyone witness this accident? | YES / NO  *If yes, with consent, please provide their details* | | | | | | |
| Name of witness: |  | | Telephone number: | |  | | |
| Do you feel anything could be done to prevent this from occurring again? | | | | | | | YES / NO |
| If you answered yes, please provide details: | |  | | | | | |
| Signature of injured person (if over 18): | |  | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **About the person filling in this record** | | | |
| Name: |  | | |
| Role: | *Player / Official / Coach etc.* | | |
| Phone: |  | Email: |  |
| Signed: |  | Date |  |
|  | | | |
| 1. **About the First Aider** | | | |
| Name: |  | | |
| Role: | *Player / Official / Coach etc.* | | |
| Phone: |  | Email: |  |
| Signed: |  | Date |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **To be completed by Club/Organisation Health and Safety nominated person** | | | | |
| Name: |  | | | |
| Basketball England report completed? | YES / NO | | Date submitted: |  |
| Follow up required?  Provide details. |  | | | |
| Have you notified your insurers? | YES / NO | | | |
| Signed: |  | Date: | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **To be completed by Basketball England Safeguarding and Compliance Team – Serious Accidents** | | | | |
| Name: |  | | | |
| Reported to BE Medical 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