



## **PLAY SAFE INJURY & ILLNESS TRACKER (Updated for COVID-19)**

### **General Overview**

There is little data available to sport organizations to inform or evaluate interventions for injury or illness. It's difficult for any organization to make evidence-based decisions in the absence of quality data. In this void, sport health policy is often based on hospital data or singular research projects. However, both approaches pose challenges. Hospital and healthcare data are collected for the purpose of documenting treatment in a clinical setting. Little, if any, information is collected about the conditions around the injury incident or illness that could help uncover contributing factors or trends within a sport or activity. Research projects are often limited to one organization, league or geographic area. These studies, while providing more information on sport specific factors surrounding injury, may not be reflective of all similar organizations. It is an effective risk management practice for organizations to have a robust system in place to track injury and illness in order to address the individuals affected, as well as to understand the aggregate data and the trends that can be better documented and addressed.

The objective of Play Safe Injury & Illness Tracker is to facilitate a standard intake system that can be used by any level of sport organization in traditional paper/pen methodology or using online tools such as SurveyMonkey. Using an online methodology offers benefits above traditional methods such as: it allows for real-time data-collection across geographic areas; providing real-time analytics to help inform decision-making and evaluation; reducing waste; and, improving privacy legislation adherence.



Play Safe Injury & Illness Tracker is based on the work of the International Olympic Committee<sup>1,2</sup>, Finch<sup>3,4</sup>, VanMechelen<sup>5</sup>, and others<sup>6</sup>, and has been tested in various multi-sport events, most notably the Ontario 2012 Summer Games and the 2013 International Children's Games. The questionnaire consists of an introductory page of information with definitions and thresholds for reporting followed by 27 standard questions divided into 5 sections. Within some questions there is opportunity to customize fields to suit the nature and environment of the specific sport.

The following pages provide a template for re-creating an online questionnaire to implement in a sport organization to support injury and illness tracking.

**For more information on this process, please contact:**

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<sup>1</sup> Junge, a, Engebretsen, L., Alonso, J. M., Renström, P., Mountjoy, M., Aubry, M., & Dvorak, J. (2008). Injury surveillance in multi-sport events: The International Olympic Committee approach. *British Journal of Sports Medicine*, 42(6), 413–421. <https://doi.org/10.1136/bjism.2008.046631>

<sup>2</sup> London 2012 Olympic Summer Games Injury & Illness Surveillance Study. (2012).

<sup>3</sup> Finch, C. (2006). A new framework for research leading to sports injury prevention. *Journal of Science and Medicine in Sport / Sports Medicine Australia*, 9(1–2), 3–9; discussion 10. <https://doi.org/10.1016/j.jsams.2006.02.009>

<sup>4</sup> Ekegren, C. L., Donaldson, A., Gabbe, B. J., & Finch, C. F. (2014). Implementing injury surveillance systems alongside injury prevention programs: evaluation of an online surveillance system in a community setting. *Injury Epidemiology*, 1(1), 19. <https://doi.org/10.1186/s40621-014-0019-y>

<sup>5</sup> Verhagen, E. A. L. M., & Van Mechelen, W. (2010, February). Editorial: Sport for all, injury prevention for all. *British Journal of Sports Medicine*. <https://doi.org/10.1136/bjism.2009.066316>

<sup>6</sup> Chalmers, D. J. (2002). Injury prevention in sport: not yet part of the game? *Injury Prevention: Journal of the International Society for Child and Adolescent Injury Prevention*, 8 Suppl 4, IV22-V25. [https://doi.org/10.1136/ip.8.suppl\\_4.iv22](https://doi.org/10.1136/ip.8.suppl_4.iv22)



## **Introductory Page:**

Whether your organization delivers the injury/illness tracker online (preferred) or on paper, it should begin with an introduction to share important information from the organization to the survey users. Each of the following 7 items should be carefully reviewed, completed and included in the final product.

### **1. Why is this organization using an online injury and illness tracker?**

- Some comment about why the organization is adopting this process.
- Here is an example:
  - *“[Insert sport], like all sports, has its risks. An important role in administering the sport of [insert sport] is the review of all incidents that result in injury or illness to ensure any lessons are captured. This will provide for an improved sport with better safety outcomes. Collecting statistical data allows for the identification of adverse trends or specific issues that require remedial action, and ideally prevents recurrence or further incidents.”*

### **2. When should an injury be reported?**

- Consider the timing for when reporting such as 24, 48 or 72 hours after an injury or illness has occurred. In the event of infectious illness, there may be external reporting required by local public health units. Please refer to local agencies for additional information on reporting requirements.

### **3. Who should complete an intake form?**

- Organizations must decide who is responsible to report such as coach, manager, or parent.



#### 4. What is a reportable injury or illness?

- Determine the threshold for injury and illness.
- Here are some considerations:
  - Any loss of consciousness (injury or illness related)
  - Any injury where a concussion is suspected
  - Any injury or illness where on-site first aid care is administered. This could include first aid administered by a lifeguard, coach, first responder, or other.
  - Any injury or illness where the reported individual is taken to hospital for treatment (including as a precautionary measure)
  - Any injury or illness (including re-aggravating a pre-existing condition) where subsequent medical treatment is given by a medical professional.
  - Any injury or illness that prevents an athlete from training or competing on the day(s) immediately following the incident/onset.
  - Any injury resulting from travel to or from a competitive or other sanctioned event (e.g. car crash).
  - A report must be completed and submitted even where symptoms are not evident or reported until after the sport event or activity (e.g., after the practice, game or tournament is over and the athlete goes home).
- Also consider when reports should not be completed, such as injuries/illness occurring as a result of a non-sanctioned incident/transmission (e.g. school or home).



## **5. Privacy Information:**

- Considerations for privacy should be addressed in organization’s privacy policy and referred to in a statement such as:
  - *“The data collected in this form follows [insert organization name]’s Privacy Policy allowing for third party access of personal health information for the purposes of insurance and data management. For more information on this policy, please see: [insert link to privacy policy]”*

## **6. Follow-up or Confirmation:**

- Statement about what happens after form is submitted. Will the organization follow-up, if so when and by whom?

## **7. More information or contact person:**

- Indicate who the contact person is to answer questions about the form including name, email and phone number.



## PLAY SAFE INJURY & ILLNES TRACKER QUESTIONNAIRE TEMPLATE:

### Designer notes:

1. Highlighted comments are not to be included, but are meant for the designer of the organization's product.
2. There is limited opportunity adjust the variables to suit the individual organization based on their specific sport specifically in the examples provided – the language following “e.g.” throughout.
3. Required entry: indicated by an asterisk “\*”
4. The type of data entry is suggested following each question in [brackets].
5. Data entry definitions:  Checkbox = can select more than one,  Multiple Choice = can select only one, Text entry: alphanumeric comment box

### PART 1: PARTICIPANT INFORMATION

Minimal data should be collected about the individual. Only what is necessary to identify them from their cohort. Presumably, through the organization's registration system there will be contact information available.

#### In this section, please tell us about the injured person:

- \*1. Name of the person you are reporting on: [text entry]
- \*2. Birthdate of the person you are reporting on: [date entry]
- \*3. The person you are reporting on is: [multiple choice]
  - Female
  - Male
  - Prefer not to answer
- \*4. The role of person you are reporting on is: [multiple choice]
  - Athlete
  - Coach
  - Official
  - Other (please specify): [text entry]

Other questions for consideration may include:

- (a) athlete's registered level of competition
- (b) certification level of coach immediately responsible for athlete



**\*5. Are you reporting injury or illness? [multiple choice]**

- Injury → Branch logic to Part 2
- Illness → Branch logic to Part 3

**PART 2: INJURY EVENT DETAILS**

**In this section, please tell us about the injury.**

**\*6. Date of injury: [date entry]**

**\*7. Venue / Facility where the injury occurred (if applicable) [drop-down list preferred, but text entry optional]**

**\*8. Exact location of the injury: [multiple choice]**

- Choices are based on sport specific. For instance, swimming may ask about shallow-end, deep-end, change room, pool deck
- Other, please specify: [text entry]

**\*9. Was the event in which the injury occurred sanctioned by (Governing Organization)? [multiple choice]**

- Yes
- No
- Other, please specify: [text entry]

**\*10. Type of activity at the time of injury: [multiple choice]**

- Practice
- Training
- Camp
- Competition/Game
- Other, please specify: [text entry]

**\*11. Specific activity at the time of injury: [multiple choice]**

- Choices are based on sport specific. E.g. hockey may ask about skating, changing direction, collision with another player, etc.
- Other, please specify: [text entry]

**\*12. Injured body part (check all that apply): [checkboxes]**

**These selections are aligned with ICD-10 body classification and may not be changed**

- |  |  |
|--|--|
| <input type="checkbox"/> Face (incl. eye, ear, nose) | <input type="checkbox"/> Lumbar spine / lower back |
| <input type="checkbox"/> Head (skull, scalp, brain)  | <input type="checkbox"/> Abdomen                   |
| <input type="checkbox"/> Neck / cervical             | <input type="checkbox"/> Pelvis / sacrum / buttock |
| <input type="checkbox"/> Thoracic spine / upper back | <input type="checkbox"/> Shoulder / clavicle       |
| <input type="checkbox"/> Sternum / ribs              | <input type="checkbox"/> Upper arm                 |



- |                                  |   |
|----------------------------------|---|
| <input type="checkbox"/> Elbow   | <input type="checkbox"/> Groin                                |
| <input type="checkbox"/> Forearm | <input type="checkbox"/> Thigh                                |
| <input type="checkbox"/> Wrist   | <input type="checkbox"/> Knee                                 |
| <input type="checkbox"/> Hand    | <input type="checkbox"/> Lower leg                            |
| <input type="checkbox"/> Finger  | <input type="checkbox"/> Ankle                                |
| <input type="checkbox"/> Thumb   | <input type="checkbox"/> Foot / toe                           |
| <input type="checkbox"/> Hip     | <input type="checkbox"/> Other (please specify): [text entry] |

**\*13. Type of injury (check all that apply): [checkboxes]**

These selections are aligned with ICD-10 injury classification and may not be changed

- |   |   |
|---|---|
| <input type="checkbox"/> Abrasion / graze / blister | <input type="checkbox"/> Fracture (including suspected)       |
| <input type="checkbox"/> Amputation                 | <input type="checkbox"/> Muscle cramps or spasm               |
| Bruise / contusion                                  | Nerve injury / spinal cord injury                             |
| Suspected Concussion                                | <input type="checkbox"/> Overuse injury to muscle or tendon   |
| Cut / open wound / laceration                       | <input type="checkbox"/> Sprain (e.g. ligament tear)          |
| <input type="checkbox"/> Crush injury               | <input type="checkbox"/> Strain (e.g. muscle tear)            |
| Dental injury / broken tooth                        | <input type="checkbox"/> Swelling / inflammation              |
| <input type="checkbox"/> Dislocation / subluxation  | <input type="checkbox"/> Other (please specify): [text entry] |

**\*14. What is the status of this injury: [multiple choice]**

- New injury (acute)
- Aggravated / exacerbated of an existing injury (Chronic)
- Recurrent injury (Previous but not chronic)
- Other (please specify): [text entry]

**\*15. Cause of injury (check all that apply): [checkboxes]**

- Overuse (gradual)
- Overuse (sudden onset)
- Non-contact trauma (e.g. quick movement)
- Contact: with another athlete
- Contact: stagnant object (e.g. bottom/side of pool, board, fixed net, gymnasium wall)
- Other (please specify): [text entry]

**\*16. Contributing to cause of injury: [checkboxes]**

- Facility / field of play conditions (specify to sport such as ice, pool, field, etc.)
- Weather conditions
- Violation of rules
- Equipment failure
- Athlete state (e.g. nutrition, substance, sleep, hydration, emotion, etc.)
- Athlete ability not matched to activity / competition
- Other (please specify): [text entry]

**\*17. Please use the space below to share more detail about the injury incident: [Comment box]**



**\*18. Were there any additional witnesses to the injury? [multiple choice]**

- No
- Yes, please include the name/role of witness: [text box]

***Branching logic to Part 4***

### **PART 3: ILLNESS DESCRIPTION**

**\*19. Affected system: [checkboxes]**

- Respiratory / ear, nose, throat
- Gastro-intestinal
- Uro-genital / gynaecological
- Cardio-vascular
- Allergic / immunological
- Metabolic / endocrinological
- Haematological
- Neurological / psychiatric
- Dermatologic
- Musculo-skeletal
- Dental
- Other

**\*20. Main symptom(s): [checkboxes]**

- Fever
- Pain
- Diarrhea, vomiting
- Dyspnoea, cough, shortness of breath
- Palpitations
- Hyperthermia, overheating
- Hypothermia
- Dehydration
- Syncope, collapse, fainting
- Anaphylaxis
- Lethargy, dizziness
- Other

**\*21. Cause of illness / symptom(s): [checkboxes]**

- Pre-existing (e.g. asthma, allergy)
- Infection
- Exercise-induced
- Environmental
- Reaction to medication
- Other



***Branching logic to Part 4***

**PART 4: TREATMENT OF INJURY / ILLNESS**

**In this section, please tell us about what happened after the injury/illness occurred or was identified.**

**\*22. Initial treatment provided: [checkboxes]**

- None given (not required)
- None given (referred elsewhere)
- Removal from activity
- Stretch / exercises
- Taping only
- Dressing / bandage
- RICER (Rest, Ice, Compression, Elevation, Referral)
- Sling / splint
- Crutches
- CPR
- Other (please specify): [text entry]

**\*23. Immediate referral: [checkboxes]**

- No referral
- Medical Doctor
- Nurse Practitioner
- Physiotherapist
- Athletic Therapist
- Hospital: by ambulance transport
- Hospital: by personal transport
- Other (please specify): [text entry]

**\*24. Immediate advice given: [checkboxes]**

- Immediate return, unrestricted activity
- Able to return with restriction
- Unable to return at the present time
- Able to return but athlete (or parent) chose not to
- Referred for further assessment before returning to activity
- Other (please specify): [text entry]

**\*25. Treating person if on-site care was provided: [checkboxes]**

- Coach
- Official
- Lifeguard
- First responder
- Medical practitioner



Other (please specify): [text entry]

## **PART 5: ADMINISTRATION**

**In this final section, please let us know who completed this form.**

**\*26. Role of the person completing the form: [multiple choice]**

- Athlete
- Coach
- Official
- Trainer
- Parent
- Other (please specify): [text entry]

**\*27. For follow-up purposes, please provide your contact information:**

Name: [text entry]

Email: [text entry]

Phone: [text entry]