Injuries and medical treatment report form

Report details

1. Match

_____ v _____

2. Date

__ __ / __ __ / __ __ __ __

3. PRF Number

_____

4. Name

_____

4a. Form completed by *(Tick one box only)*

- ☐ First aider
- ☐ Paramedic
- ☐ Event nurse
- ☐ Event doctor
- ☐ Other

Patient details

5. Patient group *(Tick one box only)*

- ☐ Spectator: Home
- ☐ Spectator: Away
- ☐ Spectator: Unknown
- ☐ Catering staff
- ☐ Steward: Agency
- ☐ Steward: Directly employed
- ☐ Club staff
- ☐ Police or other emergency service
- ☐ Medical team
- ☐ Other: Guest
- ☐ Other: Contractor
- ☐ Other *(add info overleaf)*
- ☐ Unknown

6. Gender *(Tick one box only)*

- ☐ Male
- ☐ Female
- ☐ Self-defining
- ☐ Unknown

7. Age *(Tick one box only)*

- ☐ Child: 5 years and under
- ☐ Child: 6-17
- ☐ Child: Age unknown
- ☐ Adult: 18-24
- ☐ Adult: 25-59
- ☐ Adult: 60 years and over
- ☐ Adult: Age unknown

Incident details

8. Cause *(Tick one box only)*

- ☐ Medical: Alcohol and/or drug intoxication (no identified injury)
- ☐ Medical: Cardiac arrest
- ☐ Medical: Illness
- ☐ Medical: Mental health related
- ☐ Medical: Pre-existing condition
- ☐ Medical: Other *(add info overleaf)*
- ☐ Injury: Pre-existing injury
- ☐ Injury: Assault
- ☐ Injury: Alcohol and/or drug intoxication (resulting in injury)
- ☐ Injury: Celebration
- ☐ Injury: Crowd surge / crushing
- ☐ Injury: Fall from height
- ☐ Injury: Fire
- ☐ Injury: Insect bite / sting
- ☐ Injury: Hit / knocked (accidental)
- ☐ Injury: Hit by football
- ☐ Injury: Hit by other object
- ☐ Injury: Hot drink / food spillage
- ☐ Injury: Kitchen equipment / equipment malfunction
- ☐ Injury: Other public order
- ☐ Injury: Pyrotechnic – hit by / burnt by / smoke inhalation
- ☐ Injury: Seat / barrier injury
- ☐ Injury: Slip / trip / fall
- ☐ Injury: Structural collapse / failure
- ☐ Injury: Traumatic cardiac arrest
- ☐ Injury: Turnstile / gate / door injury
- ☐ Injury: Weather conditions
- ☐ Injury: Other *(add info overleaf)*
- ☐ Injury: Unknown cause

9. Patient presentation *(Tick one box only)*

- ☐ Bruise / graze
- ☐ Burn / scald
- ☐ Cut / laceration / wound
- ☐ Dislocation
- ☐ Epistaxis
- ☐ Fracture (suspected)
- ☐ Head injury (minor)
- ☐ Head injury (major)
- ☐ General pain – traumatic
- ☐ Sprain / strain
- ☐ Other injury presentation *(add info overleaf)*
- ☐ Abnormal blood sugar / diabetic episode
- ☐ Allergy (bite, sting, reaction, rash)
- ☐ Anxiety / panic attack
- ☐ Breathing difficulty / respiratory problem
- ☐ Cardiac / arrhythmia
- ☐ Collapse / unconscious
- ☐ Faintness
- ☐ Fit / seizure
- ☐ General pain – non-traumatic (not chest)
- ☐ General illness (including vomiting)
- ☐ Headache / migraine
- ☐ Intoxication / substance abuse (no identified injury)
- ☐ Mental health concern
- ☐ Pain – chest
- ☐ Stroke / CVA
- ☐ Other medical presentation *(add info overleaf)*

10. Part(s) of body affected *Only to be completed if 'Cause' identified as an injury. (Tick one box only)*

- ☐ Eye
- ☐ Head (not eye or face)
- ☐ Face
- ☐ Torso – front
- ☐ Torso – back
- ☐ Hand / finger
- ☐ Upper limb (not hand)
- ☐ Foot / toe
- ☐ Lower limb (not foot)
- ☐ Whole body / non-specific
- ☐ Unknown

11. Time period incident occurred *(Tick one box only)*

- ☐ Prior to arriving on site
- ☐ Pre-match
- ☐ First half
- ☐ Half-time
- ☐ Second half
- ☐ Post-match
- ☐ Unknown

12. Location of incident *(Tick one box only)*

- ☐ Concourse / vomitory
- ☐ Hospitality
- ☐ Pitch
- ☐ Spectator seating area
- ☐ Spectator standing area
- ☐ Staff area
- ☐ Outside, but in ground (eg car park)
- ☐ On-site: other
- ☐ Off-site
- ☐ Unknown

13. Discharge destination *(Tick one box only)*

- ☐ Return to event
- ☐ Home
- ☐ Primary care referral
- ☐ Hospital (recommended – self transfer)
- ☐ Hospital (taxi / private vehicle)
- ☐ Hospital (on-site / crowd ambulance)
- ☐ Hospital (NHS ambulance via 999)
- ☐ Refused treatment

Extra details

Only complete this section of the form if you have selected the option 'Other' as the answer to questions 5, 8 or 9. If there were multiple 'causes' or 'presentations', please outline in the boxes below.

Question 5 continuation: Patient group

Question 8 continuation: Cause

Question 9 continuation: Patient presentation