

Archery GB Talent Team: Academy Programme Injury/Illness reporting policy

Background

Archery GB prioritise the wellbeing of our athletes. We wish to track and minor all illness and injury centrally, even if we do not have the resources to directly support rehabilitation throughout the full breadth of the pathway.

The Programme Manager needs to know about each illness and injury that may impact upon training and competition, so we can maximise the design of our periodised programme appropriate to age and stage and mitigate future risks.

Athlete should never feel they cannot inform the programme about illness and injury as these are events which happen over most athletes' careers and by us being informed we can better understand the athlete and his/her individualised needs.

Reporting Policy

1. All athlete must report illness/injury which may impact upon their ability to train or compete at required levels as set in their programme, filling out **Part One** of the form below.
2. Athlete must report this on (or as close to) the day the illness/injury occurs.
3. All Coaches must immediately submit this form to the Programme Manager and Physiotherapist for their information.
4. Coaches are responsible for ensuring the athlete or their parent/guardian has fully completed Part 1 and then they must complete **Part Two** prior to submission.
5. Programme Manager will acknowledge receipt of this submission and depending on the nature/severity of this submission take the following actions:
 - Contact the athlete/parent directly
 - Contact the coach directly
 - Liaise with the Chief Medical Officer (CMO) and/or lead Physiotherapist for consult
 - Log the injury and await Part three if regarded as not requiring immediate further action
6. **Part Three** is then completed by the coach in partnership with the athlete and any appropriate person(s) who may have been consulted during the course of the injury/illness. This is then submitted to the Programme Manger and Physiotherapist who may in turn chose to follow up if/when necessary.

Part One: Timely Reporting of Illness/Injury

To be completed by the athlete or their parent/guardian if under 18 and submitted to programme coach

Athlete Name:

Date of Birth:

Academy Site:

Date Illness/Injury started:

Where injury onset happened (on camp/at home/at club/school etc.)?

How did you know something was wrong?

Was there pain? Where was it? How would you describe the pain and/or where did you feel ill?

Who did you go to for diagnosis/treatment? (Please include full name, position, address, telephone and email details)

Do you consent to Archery GB liaising with this person(s) to discuss this injury and treatment options? If you are under 18 you parent/guardian must complete this:

Yes/No (delete as appropriate)

Part Two: Submission of Initial Consultant/Practitioner/Coach Interactions

To be completed by the athletes' programme coach and submitted to:

Programme Manager AND Lead Physiotherapist

ceriann.davies@archerygb.org AND matthew.mcGovern@eis2win.co.uk

What date did you hear about this injury?

What date did you receive Part One?

Is there additional relevant context of information we should know about?

What was the outcome of the athlete's consultation(s) with regard this illness/injury? (doctor/specialist/physiotherapist?)

When is it anticipated the athlete is likely to be back to full training?

When will any phased re-engagement begin if appropriate?

Have you attached a report/ transcribed verbal account/ X ray or medical form?

Yes/No (delete as appropriate)

Part Three: Summary of Outcomes, Athlete Management and any Ongoing Support or Tracking Required

To be completed by the athletes' programme coach and submitted to:

Programme Manager AND Lead Physiotherapist

ceriann.davies@archerygb.org AND matthew.mcGovern@eis2win.co.uk

Please describe the steps of the athlete plan in terms of their return from this illness/injury including rehabilitation and future step for prehabilitation

What is future risk to this athlete? (Delete as appropriate)

No Risk/ Minimal Risk/ Low Risk/Moderate Risk/ Elevated Risk/ Significant Risk

Can you foresee any strategies we could employ to mitigate future risk (including prehab)?