



Gosforth Rugby Football Club

Emergency Policy and Procedure

RFU Guidance Document



RUGBY INJURIES

Reporting, Surveillance, Support & After Care

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1. Reportable Injury Event Protocol

- 🏆 Provide IMMEDIATE First Aid.
- 🏆 Assess and disseminate information to Team Manager / 1st Coach.
- 🏆 Contact ambulance via designated person within Team Management, relay all necessary information and follow emergency services instructions.

Club address: Gosforth RFC,
Broadway West,
Gosforth,
Newcastle upon Tyne
NE3 3HY
- 🏆 Contact persons relevant next of kin and make what arrangements are needed, e.g. which hospital patient is going to etc.
- 🏆 Report injury back to club officials and follow event protocol re Gosforth RFC Emergency Policy and Procedure.

Reportable Injury Events

These are defined as:

- 🏆 An injury that results in the player being admitted to hospital, note that this does not include those that attend an Accident or Emergency Department and are then allowed home from there.
- 🏆 Deaths that occur during or within 6 hours of a game finishing.

In the event of a serious injury occurring which fulfils the above definition, the following protocol is to be followed:

1. Provide immediate first aid and arrange transport by ambulance to hospital.
2. A club or school representative must telephone the Sports Injury Administrator Helpline on the number shown below as soon as the seriousness of the player's condition is confirmed and certainly within 48 hours of the game or training session.

Full contact details

Sports Injury Administrator (SIA)

Community Rugby,
Rugby House, Rugby Road,
Twickenham, TW1 1DS

Tele: 0208 831 7451

Fax: 0208 892 4446

Email: sportsinjuriesadmin@therfu.com



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3. Please have a pen and paper plus details of the incident ready to provide. Out of working hours will be a recorded message that provides contact details of the Injured Player Welfare Officer (IPWO). You will be asked to email or fax a Reportable Injury Event Report (See Section 6), which can be downloaded or printed from the RFU Website, www.rfu.com/health

Full contact details

RFU Injured Player Welfare Officer

Mr. David Phillips.
16 Holborn Avenue,
Leigh,
Lancashire,
WN7 1TT

Tele: 01942 670 122

Email: welfareofficer@therfu.com

4. The IPWO will then establish contact with the club and player or their family in order to confirm the injury, initiate the RFU Pastoral Support Programme and collect additional information about the injury.
5. The club must notify the insurers. The RFU Insurers details are:

Marsh Sports Group (Claims)

Tele: 0131 311 4145

Fax: 0131 343 6667

Email: Fiona.M.Park@marsh.com

6. Record witness statements. Where a potential insurance or personal injury claim may arise these are to be retained on file a witness statements. These statements must confine themselves to the facts, not include opinion or hearsay and not apportion or infer blame. They must be signed and dated by the person making them.



2. Pastoral Support

The “Rugby Family” ethos is at the heart of the rugby union game and in the same way that a family rallies around to support its members in difficult times so does the “Rugby Family” when one of its own suffers a very serious or catastrophic injury. Although catastrophic injuries are very rare in rugby union, when they do occur; along with other members of the “family” the RFU believe very strongly that we have a part to play in supporting those involved at all levels of the game. As part of a wider initiative, a comprehensive review of how it responds to and supports very seriously injured players has been conducted and as a result the RFU has significantly enhanced the support it provides with the introduction of its Family and Player Welfare Support Packages.

Injuries which may cause permanent and / or total disability will be followed up by the RFU Injured Player Welfare Officer (IPWO) who will contact the club. The IPWO may arrange to visit the player in hospital, usually with a family member present. They will also arrange to meet with representatives of the club committee to advise on how help can be provided to the player and family.

The aim is establish effective links between the player and family; the club; the RFU and other support agencies in order to provide the most effective support to all those involved through what can be a very traumatic and emotional time. The support that the RFU provides along with other agencies is aimed at encouraging individuals regardless of the level of their disability to reach their full potential and lead full, independent lives.

The RFU, with specific charities and other groups, also campaigns for improvements in medical and social care for individuals who suffer a spinal or head injury, and works hard with these organisations to raise awareness of the causes, prevention and consequences of such an injury.

3. Disabled Ex-Players - Pastoral Care through Constituent Bodies

The RFU, through its Governance Standing Committee, has provided Constituent Bodies (CBs) with a Pastoral Contact Booklet which explains how to make and retain contact with permanently disabled ex rugby players. RFU funding to CBs is partly conditional on the CBs reporting their contact and activities with and for Register members. The names of these ex-players appear on the RFU Register. CBs will, on request, be given the names of any Register Members in their area.



4. Catastrophic Injury Surveillance

It is intended that, with their consent, all players with a serious head or neck injury will also be followed up as part of the RFU Catastrophic Injury Surveillance Programme. The purpose of the programme is to collect injury epidemiology data from all such injuries. This data will then be analysed and used to inform injury prevention interventions, e.g. coach and referee training, law changes etc.

From the injured player's perspective, this will involve a visit from the IPWO or Researcher where they will ask questions from a standardised questionnaire. This will only be done at an appropriate time in the player's care and in consultation with their health care professionals. With consent it will also involve the collection of specific limited medical data from the player's medical specialist.

Important Notice

The safety of all players is of paramount importance and therefore all clubs must ensure that, wherever the game is played or training is conducted:

- 1. There is appropriate First Aid cover and Equipment provided.**
- 2. There is access to a telephone to ensure emergency assistance can be called immediately.**
- 3. There is vehicular access for an ambulance or other emergency vehicle.**

If a serious neck injury is suspected the player should not be moved except by appropriately trained personnel with the necessary equipment; usually the ambulance service paramedics. The exception to this rule is if the player has an obstructed airway or is not breathing, in which case the player may have to be moved in order to save their life and perform Basic Life Support.

Whilst waiting for assistance the head should be held in the position in which the player is found and not moved. Do not twist the head. Do not sit or stand the player up. Remember the player will need protected from the elements (cold, rain etc.)

Examples of playing situations where a neck injury may be sustained:

-  Tackled player in a high or spear tackle
-  At the scrum engagement, collapsed scrum or "popped" front row.
-  Line-out jumper or player jumping for a catch, falling from height.
-  Use of "squeeze ball" technique.
-  Head first contact with another player.



5. Concussion

Identification of Concussion

The identification of a concussed player on the pitch and the condition should be suspected if any of the following features are noted or complained of. You should be aware that a player may have been concussed, even though he / she has not experienced a loss of consciousness, i.e. been “knocked out”.

Players complains of:

- 🏆 Headache or “pressure in the head”, feeling dazed or “in a fog”.
- 🏆 Balance problems, dizziness.
- 🏆 Hearing problems / ringing in the ears.
- 🏆 Vision problems
- 🏆 Nausea or vomiting.
- 🏆 Confusion.
- 🏆 Drowsiness.
- 🏆 Feeling slowed down, low energy.
- 🏆 More emotional / irritable than usual.
- 🏆 Difficulty concentrating / remembering.
- 🏆 “Don’t feel right”.

You notice in the player

- 🏆 Loss of consciousness or unresponsiveness (even temporarily).
- 🏆 Seizure / convulsion (uncontrolled jerking of arms and legs).
- 🏆 Balance problems, unsteadiness or clumsiness.
- 🏆 Appears dazed, stunned or confused.
- 🏆 Poor memory (of scores, moves, opposition, events).
- 🏆 Significant fall in playing ability.
- 🏆 Odd behaviour.

IF A PLAYER DISPLAYS ANY OF THESE SYMPTOMS THEY SHOULD BE REMOVED FROM THE FIELD OF PLAY AND NOT RETURN UNTIL THE RETURN TO PLAY PROTOCOL IS COMPLETED.

Immediate management of an on-pitch head injury:

(This is not a definitive guide to first aid but is a reminder to those trained in first aid of the key points)

- 🏆 Make sure the area is safe by getting the referee to stop play.
- 🏆 Establish if the patient is conscious and able to communicate. The possibility of an associated neck injury should be considered and managed accordingly. If unconscious treat as a neck injury.
- 🏆 If indicated by the initial assessment additional first aid may be required to ensure the player has no immediate life threatening problems, e.g. obstructed airway, and any bleeding is controlled.
- 🏆 If the player displays any features of concussion, remove them from the field of play.



- Having been removed from the field of play the injured player **MUST BE** competently assessed by a doctor.

There are tools available which can be used to assess a player who may be concussed. These are based on a set of standard questions, e.g. Maddock's Question, Sports Concussion Assessment Tool (SCAT). If used you should be familiar with them and know how to interpret them.

Returning to play following a concussion

The IRB Regulation (Reg. 10.1) dealing with concussions states that:

10.1.1

A player who has suffered concussion shall not participate in any match or training session for a minimum period of three weeks from the time of the injury and may then only do so when symptom free and declared fit after proper medical examination. Such declaration must be recorded in a written report prepared by the person who carried out the medical examination of the player.

In age grade rugby, i.e. Under 19 level and below, the three week minimum period is mandatory. The rest period is necessary as a child / adolescent who is symptomatic following a head injury is likely to have sustained a greater impact force compared to an adult with the same level of post-concussive symptoms.

In adult rugby the three week period may be reduced only if the player is symptom free and declared fit after an appropriate medical assessment. Reg. 10 should be checked for the definition of "an appropriate medical assessment". This declaration must be confirmed in writing by the specialist.

Concussion – Guidelines and Advice

When it comes to concussion – Use your head!

Concussion is a temporary impairment of brain function usually caused by a blow that has shaken the brain within the skull. Failure to assess, evaluate and manage a player with a concussion can have serious adverse consequences, particularly allowing a player with concussion to continue to play or to return too early to training or playing.

There is a need for medical assessment in cases and before return to play, this is stated below and in the IRB Regulations (www.irb.com/lawregulations)

The RFU have therefore produced a series of resources to help with the recognition and management of concussion:

- An on-line Headcase Concussion Training Course which the RFU recommends that all involved at all levels of the game, including but not limited to Coaches, Players, Parents, Teachers, should complete. Please use the following link and complete the online training, which should take 10-15 minutes to complete.
<http://www.englandrugby.com/my-rugby/players/player-health/concussion-headcase/>
- A wallet sized Pitch Side Concussion Assistant has been sent out with previous issues of Touchline. More are available from health@rfu.com.
- Training is available for Coaches and Volunteers through a 1 day RFU Sports First Aid Course (many standard courses do not contain this information). Ask the local RDO about courses in your area or visit the first aid section of www.rfu.com/health.
- Concussion guidance is also included in the RFU's "Start Rugby" Coach resource pack available from www.communityrugbyshop.com.



REMEMBER

If a player has any of these symptoms, they should not return to play:

- 🏆 Headache or “pressure in the head”, feeling dazed or “in a fog”.
- 🏆 Balance problems, dizziness.
- 🏆 Hearing problems / ringing in the ears.
- 🏆 Vision problems
- 🏆 Nausea or vomiting.
- 🏆 Confusion.
- 🏆 Drowsiness.
- 🏆 Feeling slowed down, low energy.
- 🏆 More emotional / irritable than usual.
- 🏆 Difficulty concentrating / remembering.
- 🏆 “Don’t feel right”.

If a player has any of these signs, they should not return to play:

- 🏆 Loss of consciousness or unresponsiveness (even temporarily).
- 🏆 Seizure / convulsion (uncontrolled jerking of arms and legs).
- 🏆 Balance problems, unsteadiness or clumsiness.
- 🏆 Appears dazed, stunned or confused.
- 🏆 Poor memory (of scores, moves, opposition, events).
- 🏆 Significant fall in playing ability.
- 🏆 Odd behaviour.

If concussion is suspected ask these questions:

- 1 Which ground are we at?
- 2 Which team are we playing today?
- 3 Which half is it?
- 4 Who are you marking? (if appropriate)
- 5 Which team scored last?
- 6 Which team did we play last week?
- 7 Did we win last week?

An incorrect answer should be considered abnormal and the player should not return to play. The return to play protocols should then be followed. Following a suspected concussion the player should be seen by a doctor.

Post-head injury and Return to Play Protocol

Following a head injury or concussion, further serious problems can arise over the first 24 hours.

- 🏆 The player should not be left alone and should be monitored regularly.





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- 🏒 Players must always consult their doctor following a suspected concussion.
 - 🏒 Symptoms may worsen with exertion.
 - 🏒 A player who has been concussed MUST NOT play for minimum of three weeks (unless over 19 and cleared to do so by an approved doctor competent in managing concussion.)
 - 🏒 AND should not return to play or training until symptom free.
 - 🏒 AND should only return to play or training with medical clearance.

This applies to all club / school sides a player belongs to and it his or her parents responsibility to advise other clubs / schools of the concussion.

“When in doubt, sit them out”

Concussion Advice

Drowsiness

After a knock to the head it is quite common for the person (especially children) to want to sleep for a short while. This is normal.

However it will appear to be a normal “peaceful” sleep and they wake up after a nap. If they want to sleep let them.

Drowsiness means they cannot be roused. If you have a concern, wake them up after an hour or so. They may be grumpy about being woken up but that is reassuring. You can let them go back to sleep. You can do this a few times during the night if there is particular concern.

When asleep check to see that he or she appears to be breathing normally and is sleeping in their normal position.

Headache

It is normal after a knock to the head to have a mild headache. Sometimes there is also tenderness over bruising or mild swelling of the scalp. Some paracetamol will help (such as Calpol or Disprol for children. Do not take tablets containing aspirin.

It us a headache that becomes worse and worse which is of more concern.

DON'T HESITATE. IF IN DOUBT CONSULT YOUR DOCTOR OR NHA DIRECT ON 0845 46 47



6. RFU REPORTABLE INJURY EVENT REPORT

Please use this form to report any injuries that occur whilst playing rugby or taking part in organised rugby squad training sessions that fit any of the following definitions.

Category:

1. An injury which results in admission to hospital.
2. A death which occurred during or within 6 hours of a game finishing.

Date of Report: Time of Report:

Date of Injury: Time of Injury:

Player's Name: DOB or Age:

Club / School: Team:

Game: Training:

Grass Pitch: Artificial Pitch: Other Surface:

Nature of suspected injury:

Game Injuries Only

Opposition Club: Team:

Venue: Name of Referee:

Injured Player Contact Details

Address:

Telephone No: Mobile Phone No:

Next of Kin: Relationship:

Telephone No: Mobile Phone No:

Name or Reporting Person:

Position within Club / School:

Contact Telephone Numbers:

Once completed please send his form to the RFU Sports Injuries Administrator:

Email: sportsinjuriesadmin@therfu.com

Fax: 020 8892 4446

Tele: 0800 298 0102

Post: Sports Injury Administrator
Rugby Football Union,
Rugby House, Rugby Road,
Twickenham, TW 1 1DS



GOSFORTH RUGBY FOOTBALL CLUB LTD

**Broadway West Playing Field
Broadway West
Gosforth
Newcastle upon Tyne
NE3 2HY**

Web site: www.pitchero.com/clubs/gosforthrfc