

## **PONTELAND RUGBY CLUB**

### **POSITION STATEMENT IN RESPECT OF FIRST AID PROVISION**

#### **INTRODUCTION**

Rugby is a contact sport and, as with all contact sports, playing the game carries a risk of injury. While serious injuries are rare, incidents can occur both on the training pitch, during matches or within the ground. Robust first-aid provision will enable the full range of potential incidents to be managed effectively.

Ponteland RFC is committed to maintaining a high quality of first-aid provision across the full player-base so that when injuries occur they are dealt with appropriately and in a timely manner.

#### **LEGAL OVERVIEW**

##### **Position of the Rugby Football Union (RFU).**

From the RFU document "Guidance on First Aid and Immediate Care, Provision to Players in RFU Community Clubs" the RFU states that;

#### **RESPONSIBILITIES OF CLUB MANAGEMENT**

Clubs and other bodies who organise activities such as sport, have the following responsibilities with respect to safety and first aid:

- Complete a risk assessment to determine the appropriate level of first aid provision.
- Ensure that providers are appropriately trained and undertake recertification in accordance with their qualification.
- Ensure that the procedures for the recording and reporting of incidents are followed.
- Ensure that suitable first aid facilities and equipment are available.
- Ensure that there is adequate cover to allow for absences.

From the FAQ element of the RFU website the following statements are made :

##### **Q. What are the minimum requirements for first aid at a club?**

**A.** The regulations state that there must always be access for an ambulance or other emergency vehicles wherever the game is played. There must also be access to a telephone to ensure emergency assistance can be called immediately.

The exact requirements for any club will vary greatly with location and facilities and will also depend on the people taking part and the activity taking place. Requirements should therefore be decided upon as part of a thorough risk assessment.

The RFU recommends that a first aider is present at all matches and training sessions, the club is responsible for checking that the qualifications of these people are up to date and are appropriate for the task(s) they are responsible for. These tasks will vary depending on the level of training that a first aider has (e.g. appointed person or first aid at work trained). Equipment such as spinal boards and defibrillators should only be used by appropriately qualified people.

**Q. Are our volunteers insured for providing first aid cover?**

**A.** Yes, a suitably qualified volunteer who has been appointed by an insured club as their medical attendant will be insured to practice first aid to the limits of their training by the standard RFU insurance, and have the same public liability cover as referees and coaches. Obviously they should not attempt any treatment that they have not been trained for, and it is the club's responsibility to check the qualifications of any such volunteers (ask to see certificates, obtain any relevant CRB checks, encourage refresher training when appropriate etc).

Professional medical staff are not included in this cover and should have their own indemnity and insurance before being appointed by a club. However the RFU also say;

“These individuals (Health Care Professionals) will have their own insurance arrangements as a requirement of their regulating body. Below the elite level of sport, such insurance will usually be provided at no additional cost to them, as long as they have the appropriate training and experience.” (Page 5 of RFU Guidance Document).

Full details of the RFU’s position are available by accessing the RFU website and reading “GUIDANCE ON FIRST AID AND IMMEDIATE CARE, PROVISION TO PLAYERS IN RFU COMMUNITY CLUBS”.

**Position of the Health & Safety Executive (HSE).**

From the FAQ element of the HSE website the following are pertinent;

**Q6: What is a first-aider?**

**A.** A first-aider is someone who has done training appropriate to the level identified in the needs assessment. This may be:

- first aid at work (FAW); or
- emergency first aid at work (EFAW); or
- some other first-aid training appropriate to the particular circumstances of your workplace.

**Q8: How many appointed persons or first-aiders do I need?**

**A.** There are no hard and fast rules on exact numbers. It will depend on the circumstances of your workplace.

There are a number of HSE grids that you can work through to arrive at a view on the levels of First Aid provision that is appropriate for your specific circumstances. As these are all work place specific there is little that directly applies to PRFC. However the following are pertinent :

<b>HSE - Point to consider</b>	<b>HSE - Impact on first-aid provision</b>	<b>PRFC – Relevance to us</b>
Are the premises spread out, e.g. are there several buildings on the site or multi-floor buildings?	You should consider provision in each building or on each floor.	Multiple premises equates to multiple teams / squads thus provision with each team / squad is appropriate.
Do you have enough provision to cover for your first-aiders or appointed persons when they are absent?	You should consider: <ul style="list-style-type: none"><li>• what cover is needed for annual leave and other planned absences;</li><li>• what cover is needed for unplanned and exceptional absences.</li></ul>	As an amateur club our First Aiders will be volunteers and may not be able to commit to 100% of training sessions, games and tournaments in a season. We need to plan for the unavailability of First Aiders.

## **CONCLUSION**

Whilst the RFU and HSE clearly state good practice very little is legally required. Rather the emphasis being on evaluating the particular needs of your club and responding accordingly.

## **POSITION AT PRFC**

At PRFC we have considered the advice, guidance and “best practice” provide by RFU, HSE and other informed professionals. We have integrated this best practice with our particular circumstances and the RFU articulated “Responsibilities of Club Management” to arrive at the following position.

We are committed to working towards the following situation:

- We accept the HSE definition of a First Aider,
- 1 x First Aider and First Aid Bag at every training session,
- 1 x First Aider and First Aid Bag with every age group at every fixture. Whether home or away,
- To have sufficient First Aid cover when teams / players are on tour.
- To have sufficient numbers of First Aiders to ensure there is cover to allow for unavailability,
- To appropriately document, and where appropriate report, First Aid interventions and,
- To monitor and evaluate the range and level of First Aid across the club and use this information to inform future provision.

## **SENIOR SIDES**

Currently we have physiotherapy provision available to players. Their input, other than pitch side on a Saturday where their role is primarily as a First Aid provider, fall outside this position statement.

We will work towards the position where there is a minimum of 1 x appropriately stocked First Aid bag to be issued to each team. (Fuller details below). Due to the expertise and knowledge of the physiotherapists they may have more than this.

We will work towards the position where there are sufficient First Aiders to cover for physiotherapist absence. This is more of an issue with the 2<sup>nd</sup> and 3<sup>rd</sup> XV. Equally we need cover for training sessions, currently Monday and Thursday, as the club physiotherapist(s) are undertaking rehab work in Changing Room 5, Leisure Centre.

We also need to ensure sufficient First Aider cover on the occasions when senior players go on tour.

We need to make First Aiders aware of this document and how to access it from the club's website.

## **JUNIOR / YOUTH SIDES**

We will work towards the position where there are sufficient First Aiders to allow for 1 x First Aider per squad / team at every game (whether home or away), training session and tournament. This will necessitate addition First Aiders to allow for absence.

We also need to ensure sufficient First Aider cover on the occasions when teams / players go on tour.

We will work towards the position where there is a minimum of 1 x appropriately stocked First Aid bag to be issued to each team. (Fuller details below).

We will work towards the situation whereby each First Aider has access to the emergency contact details and declared allergy / medical information history for every player within the squad / team that they are looking after.

We will work towards the situation whereby all First Aiders, other than those working exclusively with senior teams / players, will be DCB checked via the Club Safeguarding Officer(s).

We need to make First Aiders aware of this document and how to access it from the club's website.

### **TRAINING & QUALIFICATIONS**

The following, although not definitive, is a list of the commonly accepted training courses for First Aiders;

- NRU Approved Course, usually delivered by North Country Leisure
- RFU Emergency First Aid Course
- HSE Emergency First-Aid at Work Course
- St John's Ambulance Sports First-Aid Course
- Red Cross Basic First-Aid Course

We have the aspiration that all First Aiders are able to attend Concussion Awareness Training.

### **HEAD INJURY AND CONCUSSION**

#### **Prevention**

PRFC aims to prevent incidents of concussion and, although it may not be possible to eliminate concussion altogether, there are some measures that can be taken during training and games that could reduce the risks of concussion occurring. Coaches and, where appropriate, referees should:

- Ensure the playing or training area is safe;
- Check ground conditions - do not play or train if the ground is frozen solid or rock-hard due to drought;
- Ensure all posts and barriers on or close to the pitch are protected with appropriate padding;
- Ensure correct tackle technique is coached and performed consistently by all players;
- Encourage all players are able to perform correct tackle technique consistently, and correct any faulty technique immediately;
- Explain the dangers of high, tip and spear tackles, and stop play immediately if they occur. Act similarly to incidents of tackling players in the air;
- Take a zero-tolerance approach to actions that result in falling from height, which increases the risk of concussion and neck injuries;

#### **Management**

Any player that suffers a head injury and concussion or where concussion is suspected, must be immediately removed from play for assessment. First-aid assessment must be completed at pitch side to establish if hospital-transfer is required.

For Colts, junior and mini rugby players - If hospital-transfer is not required, the player (and parents) must be given the "PRFC head-injury advice sheet with Concussion and Return to Play Advice" (Appendix 2) and a "Return to Training Consent Form for Junior Rugby" (Appendix 3). They should be verbally advised to seek medical attention immediately if any symptoms develop.

Senior players, if hospital transfer is not required, will also be given "PRFC head-injury advice sheet with Concussion and Return to Play Advice" (Appendix 2).

Any player with suspected concussion must be removed from play immediately.

### **When to go to hospital**

Someone with a head injury needs to go to the hospital's emergency department (A&E) immediately (via ambulance if needed) if any of the following apply:

- Unconsciousness or lack of full consciousness, even if the person has now recovered;
- Any clear fluid running from the ears or nose;
- Bleeding from one or both ears;
- Bruising behind one or both ears;
- Any signs of skull damage or a penetrating head injury;
- The injury was caused by a forceful blow to the head at speed (for example, a pedestrian hit by a car, a car or bicycle crash, a diving accident, a fall of 1 metre or more, or a fall down more than 5 stairs);
- The person has had previous brain surgery;
- The person has had previous problems with uncontrollable bleeding or a blood clotting disorder, or is taking a drug that may cause bleeding problems (for example, warfarin);
- The person is intoxicated by drugs or alcohol;
- There are safeguarding concerns, for example about possible non-accidental injury or because a vulnerable person is affected.

The injured person also needs to go to hospital as soon as possible if they have developed any of the following since the injury happened:

- Problems understanding, speaking, reading or writing;
- Loss of feeling in part of the body or problems with balancing or walking;
- General weakness;
- Changes in eyesight;
- A seizure (also known as a convulsion or fit);
- Problems with memory of events before or after the injury;
- A headache that won't go away;
- Any vomiting;
- Irritability or altered behaviour such as being easily distracted, not themselves, no concentration, or no interest in things around them.

A concussion recognition tool (see Appendix 5) is available for First Aiders to assist with assessment of concussion. A laminated pocket version of this should be available in First Aid Kits.

### **Return to play**

The RFU put into place new standards relating to the management of concussion and the return-to-play pathway in 2014. The return-to-play pathway for players who have sustained

a concussion is dependent on the player's age and the medical resources that they can access.

At PRFC the routine minimum stand-down period is 19 days for adult players and 23 days for players under 19 years of age.

## **DOCUMENTATION, RECORD KEEPING AND REPORTING**

**HSE.** Under the FAQ section of the HSE website section dealing with reportable incidents the following is found;

### **Q. Are sporting injuries reportable?**

**A. No**, if the injury arose out of the normal participation of the activity. Injuries should be reported if they were due to defective equipment or failings in the organisation and management of an event.

**However the RFU** requires the following types of injuries to be reported within 48 hours:

- An 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);
- Deaths which occur during or within 6 hours of a game finishing.

These incidents should be reported using the RFU Reportable Injury Event Form (Appendix 4).

In the event of a visiting player being injured, or an injury occurring at an away ground, please liaise with the opposition club's representative to ensure all relevant details are noted and that the report is completed and sent.

### **RFU Reportable Injury Event Protocol**

In the event of a serious injury that fulfils the above criteria, the following protocol is to be followed:

1. Provide immediate first aid and arrange transport by ambulance to the hospital
2. A club representative must phone the Sports Injuries Administrator Helpline 0800 298 0102, as soon as the seriousness of the player's condition is confirmed and certainly within 48 hours of the game or training session in which the injury occurred.
3. Please have a pen and paper ready, along with details of the incident. Out of working hours there will be a recorded message that provides contact details of the Injured Player Welfare Officer (IPWO). You will be asked to email or fax an Injury Report Form (MS Word DOC).
4. The IPWO will then establish contact with the club and player or their family in order to confirm the injury, initiate the Pastoral Support Programme, and collect additional information about the injury. The club must notify their insurers. The RFU insurers are Marsh Sports Group (Claims), Tel: 0131 311 4254, Fax: 0131 343 6667
6. Record witness statements. Where a potential insurance or personal injury claim may arise, clubs and schools are advised to retain on file witness statements. These statements must confine themselves to the facts and not include opinion or hearsay, or apportion or infer blame. They must be signed and dated by the person making them. If you have any queries, you can also contact either the Sports Injuries Administrator or the Injured Player Welfare Officer:

Sports Injuries Administrator (SIA)  
Community Rugby,  
Rugby House,  
Rugby Road,  
Twickenham, TW1 1DS  
Tel:0800 298 0102 Fax: 0208 8831 7684  
Email: sportsinjuriesadmin@therfu.com

Northumberland Rugby Union Injured Player Welfare Officer  
Wes Dixon,  
Grooms Cottage  
Stable Row  
Hartford Hall  
Northumberland NE22 6AG  
Tel: 01670 531513 (H) Tel: 0191 2122224 (W) Fax: 0191 2814222 (W)  
Email: dixon.associates@btinternet.com

### **Record Keeping Required by Poneland RFC**

For the following reasons at PRFC we require the administration of First Aid to be recorded;

- So we can track the nature and frequency of injuries. This has a player welfare function and can be used to inform coaching and refereeing,
- So we can evaluate the effectiveness of our First Aid provision and
- So we can accurately budget for First Aid consumables on an annual basis.

On every occasion that First Aid is administered to an injury that results in a) the player attending hospital or b) where the injury is concussion or suspected concussion then the First Aider administering the First Aid must complete a "PRFC Administration of First Aid Recording Form" (Appendix 1). This applies to all age groups from U6 to 1<sup>st</sup> XV senior rugby.

Once the Administration of First Aid Form has been completed the following will occur;

- 1) a form relating to mini rugby teams, U6 to U12, will be given to the mini co-ordinator, currently Sharon Anderson,
- 2) a form relating to junior rugby teams, U13 to U16, will be given to the junior co-ordinator, currently Mike Robson and
- 3) a form relating to Colts and senior rugby teams will be given to the senior club physiotherapist, currently Jo Moller.

The three people mentioned above will place the completed "Administration of First Aid Recording Forms" in a designated folder in the lockable cupboard located in Changing Room 5.

The Director of Rugby will collect the completed forms for analysis at the monthly Rugby Committee meeting. At this meeting any emerging issues and trends will be identified and a way forward decided upon.

Completed forms will be kept for 7 years.

### **CONTENTS OF FIRST AID BAGS**

The HSE state on their website that "There is no mandatory list of items to put in a first-aid box. It depends on what you assess your needs to be..... The contents of any first-

aid kit should reflect the outcome of your first-aid needs assessment. It is recommended that you don't keep tablets and medicines in the first-aid box."

The RFU follow the HSE guidance and state on their website :

"First aid boxes should be made of suitable material and designed to protect the contents from damp and dust.

A well-stocked first aid box should contain the following:

- Guidance card
- Assorted adhesive dressings (plasters) x 20
- Sterile eye pads (No. 16) x 2
- Medium sterile wound dressings (No. 8) x 6
- Large sterile wound dressings (No. 9) x 2
- Short life triangular bandages x 4
- Disposable gloves (pair) x 3
- Antiseptic wipes x 6
- Emergency foil blanket x 1
- Disposable resuscitation aid x 1

Under no circumstances should prescription drugs be administered by first aiders or kept in the first aid box.

Boxes should be clearly labeled and easily accessible. Emergency first aid should only be given by appropriately trained persons and a list of all qualified first aiders should be made clearly available."

At PRFC we've undertaken assessments of the range of rugby that is played at the club and the differing facets of the game that pertain to those ages and have decided that the game falls into three facets, senior rugby, Colts to U13 rugby and U12 to U7 rugby. We believe that each facet warrants a First Aid Bag designed for that facet of the game.

**CONTENTS FOR FIRST AID BAGS – PONTELAND RFC**

<b>No of</b>	<b>U7 to U12</b>	<b>No of</b>	<b>U13 to Colts</b>	<b>No of</b>	<b>Senior Teams</b>
	<b>HSE + RFU RECOMMENDATION</b>		<b>HSE + RFU RECOMMENDATION</b>		<b>HSE + RFU RECOMMENDATION</b>
1	Guidance Card - Cardiac Arrest	1	Guidance Card - Cardiac Arrest	1	Guidance Card - Cardiac Arrest
20	Assorted adhesive dressings (plasters)	20	Assorted adhesive dressings (plasters)	20	Assorted adhesive dressings (plasters)
2	Sterile eye pads (No. 16)	2	Sterile eye pads (No. 16)	2	Sterile eye pads (No. 16)
6	Medium sterile wound dressings (No. 8)	6	Medium sterile wound dressings (No. 8)	6	Medium sterile wound dressings (No. 8)
2	Large sterile wound dressings (No. 9)	2	Large sterile wound dressings (No. 9)	2	Large sterile wound dressings (No. 9)
2	Short life triangular bandages	4	Short life triangular bandages	4	Short life triangular bandages
3	Disposable gloves (pair)	3	Disposable gloves (pair)	3	Disposable gloves (pair)
5	Non Alcoholic wipes	8	Non Alcoholic wipes	1 pack	Baby Wipes**
1	Emergency foil blanket	1	Emergency foil blanket	1	Emergency foil blanket
1	Disposable Resuscitation Aid	1	Disposable Resuscitation Aid	1	Disposable Resuscitation Aid
	<b>IN ADDITION WE DECIDED</b>		<b>IN ADDITION WE DECIDED</b>		<b>IN ADDITION WE DECIDED</b>
	Emergency Contact Details of Parents / responsible Adult		Emergency Contact Details of Parents / responsible Adult		Emergency Contact Details. Develop.
1	Concussion Assessment Tool	1	Concussion Assessment Tool	1	Concussion Assessment Tool
10	Administration of First Aid Recording Form	10	Administration of First Aid Recording Form	10	Administration of First Aid Recording Form
5	PRFC Head Injury Advice Sheet with Concussion and Return to Play Advice	10	PRFC Head Injury Advice Sheet with Concussion and Return to Play Advice	10	PRFC Head Injury Advice Sheet with Concussion and Return to Play Advice
5	Return to Training Consent Form for Junior / Youth Rugby Players	10	Return to Training Consent Form for Junior / Youth Rugby Players		
1	5cm & 7.5cm Crepe bandage	1	5cm & 7.5cm Crepe bandage	1	5cm & 7.5cm Crepe bandage
1	Antiseptic Spray (Savlon)	1	Antiseptic Spray (Savlon)	1	Antiseptic Spray (Savlon)
1	Blunt end scissors	2	Blunt end scissors	1	Blunt end scissors
1	Dressing Tape	1	Dressing Tape	1	Dressing Tape
3 Pack	Gauze for cleaning wound	5 Pack	Gauze for cleaning wound	Pack	Gauze for cleaning wound
1	Water Bottle with directional spout	1	Water Bottle with directional spout	1	Water Bottle with directional spout
3	Big Plasters	3	Sterile water phials for eye wash	5	Sterile water phials for eye wash
1	Non adherent dressing pad	3	Big Plasters	1	Re-usable Ice Bag
1	Saline eye wash pod	Pack	Nose Plugs	Pack	Nose plugs
1	Hand wipes	Tub	Vaseline	Tub	Vaseline
1	Sterile waste bag	1	Non adherent dressing pad	1	5cm wide elastic tape
		3	Medium Plasters	Tub	Vapour Rub
				1	Cold Spray
				1	Heat Spray
				Pack	Steristrips

## **Restocking First Aid Bags**

At the start of the season one First Aider per team / squad will be issued with a small amount of stock, which is to replenish the First Aid bag, **not** stored in it.

As First Aid stock is used up one First Aider on the team / squad will E-mail the Club Physiotherapist, currently Jo Moller, on [jo.greenhalgh@live.co.uk](mailto:jo.greenhalgh@live.co.uk) by Sunday evening listing the additional supplies that are needed. The team / squad First Aider will arrange for the items to be collected from the Club Physiotherapist on Thursday evening, from 19:00, from Changing Room 5, Leisure Centre.

## **MAJOR FIRST AID EQUIPMENT**

In the Sports Centre there is a range of “major equipment” such as a neck brace, a spinal board and defibrillator. The RFU state very clearly that :

“Equipment such as spinal boards and defibrillators should only be used by appropriately qualified people.”

It is the position of Ponteland RFC that none of the First Aid Courses that we will consider acceptable to act as a First Aider would be sufficient to constitute “appropriately qualified people” regarding such equipment. In the event of such an injury emergency medical assistance should be sought. (This does not preclude the possibility that a suitably qualified person, such as a paramedic, medical doctor or a physiotherapist with specialist training may be on site and be qualified to use such equipment).

## **Consultation**

The following have been consulted in the generation of this document:  
Dave Reed, Rugby Development Officer, Northumberland Rugby Union  
PRFC Club Committee  
PRFC Rugby Committee  
Jo Greenhalgh, current PRFC Physiotherapist  
Consultant Medical Practitioner

## **Appendix**

- Appendix 1 Administration of First Aid Recording Form
- Appendix 2 PRFC Head Injury Advice Sheet with Concussion and Return to Play Advice
- Appendix 3 Return to Training Consent Form for Junior / Youth Rugby Players
- Appendix 4 RFU Reportable Injury Event Form
- Appendix 5 Concussion Recognition Tool

**DETAILS OF INJURED PERSON**

NAME				Date of Birth			
ADDRESS							
<b>INJURY DETAILS</b>							
INJURY SUSTAINED							
HOW INJURY OCCURED							
FIRST AID GIVEN							
DAY OF INCIDENT			DATE OF INCIDENT			TIME OF INCIDENT	
1 <sup>st</sup> AID ADMINISTERED BY							
	<i>Print Name</i>				<i>Sign</i>		
OUTCOME  <i>Please Tick</i>	Carried On With Session	Stayed and Watched	Went Home	Attended A&E but Discharged	Admitted to Hospital	Other <i>Please state</i>	
	Parent Informed?						
<b>INCIDENT DETAILS</b>							
TEAM OR AGE GROUP OF INJURED PLAYER							
NAME OF PERSON IN CHARGE OF TRAINING OR MATCH							
EXACT LOCATION							
WHAT ACTIVITY WAS THE PERSON INVOLVED IN? <i>Please Tick</i>							
Training		Getting Changed		OTHER <i>Please state</i>			
Home Match / Tournament		Pitch Side (not playing)					
Away Match / Tournament							
DATE RECORD COMPLETED				TIME RECORD COMPLETED			
RECORD COMPLETED BY	<i>Print Name and Sign</i>						

**PRFC Head Injury Advice Sheet with Concussion and Return to Play Advice**

Name of Player : \_\_\_\_\_ Date of Birth \_\_\_\_\_

This player has sustained a head injury at \_\_\_\_\_  
on \_\_\_\_\_

They / you were assessed at pitch side by our First Aider after the incident and it was felt that they / you were safe to go home and it was not required to attend hospital at this stage.

When they / you get home it is unlikely that you will have further significant problems, although they / you should remain in the supervision of a responsible adult for the rest of today and overnight.

But if they / you are affected by any of the following, they / you should go / be taken to the nearest hospital emergency department for further assessment as soon as possible:

- unconsciousness or lack of full consciousness (for example problems keeping your / their eyes open),
- confusion (not knowing where you / they are, getting things muddled up),
- drowsiness (feeling sleepy( that goes on for longer than 1 hour when you / they would normally be wide awake,
- problems understanding or speaking,
- loss of balance or problems walking,
- weakness in one or both arms or legs,
- problems with your / their eyesight,
- very painful headache that won't go away,
- vomiting – getting sick,
- fits (collapsing or passing out suddenly),
- clear fluid coming out of your / their ear or nose,
- bleeding from one or both ears,
- new deafness in one or both ears.

**PLEASE READ AND FOLLOW PAGE TWO OF THIS ADVICE**

## Concussion & Return to Play Advice

After a head injury there can be a delay in the appearance of symptoms of concussion. Therefore, one or more of the following common symptoms may develop over the next few days:

- Headache, dizziness, nausea, "feeling in a fog", unsteadiness, slowed reactions, irritability, anxiety, poor attention or concentration, sleep disturbance and low energy.

Regardless of whether the player was actually 'knocked out' during the game, if they were removed from the pitch due to a suspected concussion or subsequently develop any of the above symptoms, they should be managed as a concussion.

For players with concussion (or suspected concussion) it is important that their activity be moderated for a period of time in order to aid a full recovery and minimize the chances of any longer term problems.

The first step in the recovery process is to avoid all physical activity and any activities which require concentration or attention until all symptoms have been absent for more than 24 hours. This should then be followed by a period of 14 days with no playing or training for sport, to allow the brain time to fully recover. [If they remain symptomatic after 14 days, they should seek medical advice from their own GP.]

After this time, they can then begin to follow a graduated return to play program, as detailed in the box below.



At PRFC the routine minimum stand-down period is 19 days for adult players and 23 days for players under 19 years of age.

**Return to Training Consent Form for Junior / Youth Rugby Players**

Today your son / daughter sustained a minor head injury whilst playing rugby. Advice and guidance has been provided for you within the document "PRFC Head Injury Advice Sheet with Concussion and Return to Play Advice". Within that document there is advice concerning timescales for "stand down" from rugby and return to light training, full training and then fully participating in matches and tournaments.

When you consider that your son / daughter is fit to return to training (Step 3 in the chart provided in "PRFC Head Injury Advice Sheet with Concussion and Return to Play Advice" at the earliest) please complete this form and give it to you son's / daughter's coach. Please remind the coach which step you consider your son / daughter to be at and remind them what restrictions this places on the activities that your son / daughter participates in. Once the player has returned to training if, in your opinion, they are not ready to progress to the next Step you must inform the coach of this at the start of the subsequent training session.



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**RETURN TO TRAINING / PLAYING CONSENT FORM**

This form must be returned to the coach before the player may resume training or playing

**PARENTAL CONSENT FORM**

Name of Player \_\_\_\_\_

Name of Parent \_\_\_\_\_  
or person with legal parental authority

Address \_\_\_\_\_  
\_\_\_\_\_

Following a recent head injury received on \_\_\_\_\_

I can confirm that my son / daughter \_\_\_\_\_

is fit to resume training. They are at Step \_\_\_\_\_ of the IRB / RFU Return to Play Advice.

Signed \_\_\_\_\_

Date \_\_\_\_\_

If you are not the parent of the player you must hold the legal parental authority to sign this document. (e.g. social worker / foster carer).

## RFU Reportable Injury Event Form

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:

1. An individual who sustains an injury which results in their being admitted to a hospital. This does not include those taken to an Accident or Emergency Department and allowed home from there.
2. Deaths occurring during or within 6 hours of the 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 Grass Pitch:  Other Surface:

Nature of suspected injury: \_\_\_\_\_

Category:

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

### Game Injuries Only

Opposition Club: \_\_\_\_\_ Team: \_\_\_\_\_

Venue: \_\_\_\_\_

Name of Referee: \_\_\_\_\_

### Injured Player Contact Details:

Address: \_\_\_\_\_

Phone No: \_\_\_\_\_ Mobile: \_\_\_\_\_

Next of Kin: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone No: \_\_\_\_\_ Mobile: \_\_\_\_\_

Name of reporting person: \_\_\_\_\_

Position within Club/School: \_\_\_\_\_

Contact Telephone Numbers: \_\_\_\_\_

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

Email: [sportsinjuriesadmin@therfu.com](mailto:sportsinjuriesadmin@therfu.com) Fax: 020 8831 7684, Tel: 0800 298 0102

Post: Sports Injuries Administrator, Rugby Football Union, Rugby House, Rugby Rd, Twickenham, TW1 1DS.

*The RFU uses this data for contacting individuals and/or their clubs who are identified as requiring support in the case of a serious injury. Information regarding the method and type of injury is used anonymously to monitor injuries throughout the game*

## Concussion Recognition Tool

# Pocket CONCUSSION RECOGNITION TOOL™

To help identify concussion in children, youth and adults



**FIFA®**



**FEI**

## RECOGNIZE & REMOVE

Concussion should be suspected **if one or more** of the following visible clues, signs, symptoms or errors in memory questions are present.

### 1. Visible clues of suspected concussion

Any one or more of the following visual clues can indicate a possible concussion:

- Loss of consciousness or responsiveness
- Lying motionless on ground/Slow to get up
- Unsteady on feet / Balance problems or falling over/Incoordination
- Grabbing/Clutching of head
- Dazed, blank or vacant look
- Confused/Not aware of plays or events

### 2. Signs and symptoms of suspected concussion

Presence of any one or more of the following signs & symptoms may suggest a concussion:

- |                          |                            |
|--------------------------|----------------------------|
| - Loss of consciousness  | - Headache                 |
| - Seizure or convulsion  | - Dizziness                |
| - Balance problems       | - Confusion                |
| - Nausea or vomiting     | - Feeling slowed down      |
| - Drowsiness             | - "Pressure in head"       |
| - More emotional         | - Blurred vision           |
| - Irritability           | - Sensitivity to light     |
| - Sadness                | - Amnesia                  |
| - Fatigue or low energy  | - Feeling like "in a fog"  |
| - Nervous or anxious     | - Neck Pain                |
| - "Don't feel right"     | - Sensitivity to noise     |
| - Difficulty remembering | - Difficulty concentrating |

### 3. Memory function

Failure to answer any of these questions correctly may suggest a concussion.

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*"What venue are we at today?"*

*"Which half is it now?"*

*"Who scored last in this game?"*

*"What team did you play last week / game?"*

*"Did your team win the last game?"*

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**Any athlete with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY, and should not be returned to activity until they are assessed medically. Athletes with a suspected concussion should not be left alone and should not drive a motor vehicle.**

It is recommended that, in all cases of suspected concussion, the player is referred to a medical professional for diagnosis and guidance as well as return to play decisions, even if the symptoms resolve.

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#### RED FLAGS

**If ANY of the following are reported then the player should be safely and immediately removed from the field. If no qualified medical professional is available, consider transporting by ambulance for urgent medical assessment:**

- Athlete complains of neck pain
- Increasing confusion or irritability
- Repeated vomiting
- Seizure or convulsion
- Weakness or tingling/burning in arms or legs
- Deteriorating conscious state
- Severe or increasing headache
- Unusual behaviour change
- Double vision

#### Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Do not attempt to move the player (other than required for airway support) unless trained to do so
- Do not remove helmet (if present) unless trained to do so.

from McCrory et. al, Consensus Statement on Concussion in Sport. Br J Sports Med 47 (5), 2013