

MATCH SAFETY, TOUCHLINE BARRIERS AND TECHNICAL AREAS

- 1501 Most of the content of this Note is common-sense. All Hampshire Clubs are to make proper provision for the safety of all participants and should ensure that spectators, replacements and Club officials are kept at a reasonable distance from the field of play.
- 1502 No Club in the County should ever permit bottles or glasses to be taken out of the bar, or beyond an accepted social area immediately outside the clubhouse, and certainly must take active steps to ensure no people carrying such items are allowed near the playing enclosure. Plastic glasses should be the norm outside on match days.
- 1503 All Clubs should have an Emergency Action Plan and provide appropriate first aid cover and equipment and clear access for emergency vehicles to the Clubhouse and all pitches. Access information should be displayed close to the clubhouse telephone to enable anyone to guide an ambulance to the pitch and should include: ground name, post code and map reference; any street sign posting or significant landmarks such as pubs, garages and churches; main and alternative access points. Clubs are encouraged to provide access details to the Hampshire Emergency Services so that 999 Operators have information to hand.
- 1504 Clubs considering obtaining an Automated External Defibrillator are advised to obtain professional medical advice. These machines, with their on-going maintenance and regular refresher training for first-aiders are expensive.

Barriers

- 1505 A permanent barrier should be the aim of all Clubs aspiring to competition rugby for the First XV at Level 8 and above.
- 1506 For Clubs without a permanent barrier - especially for First Fifteens in any RFU League or Hampshire Competition, and also Age Grade teams in Hampshire Youth Competitions - a temporary rope barrier at five meters distance from the touch line (or as far as possible if five meters cannot be met) is acceptable. Care must be taken, if metal posts are used to suspend a rope, that the posts are not a danger to anyone. Provision must be made to keep spectators clear of the technical areas. It is recognized that permanent barriers may not be achievable in public parks and on school grounds.
- 1507 In midi/mini games involving smaller sized pitches it is acceptable for the "barrier" to be a rope laid on the ground or to be formed of cones placed at regular intervals. Any indication of the "playing enclosure" can be a useful deterrent for over-zealous spectators.

Technical Areas

- 1508 Technical Areas are compulsory for all Clubs playing in the English Clubs Rugby Union Leagues and all pitches on which Club Hampshire matches are played. The Area is to be as defined in RFU Regulation 13.7.4. If no technical areas are marked out then Clubs should use cones for match officials and replacements to stand in.
- 1509 Technical Areas are also required in all matches in Hampshire's Youth Competitions, Colts League, and in Adult Knock-Out Competitions. All Clubs should aim to implement this as an example of good practice in every match particularly at youth level.
- 1510 All match officials and replacements that are pitch side of the barrier should remain in the Technical areas or behind their own dead-ball line. The only exceptions to this are club physiotherapists and Doctors. No one should roam the touch line within the barrier. See RFU Regulation 13.7.3 – 13.7.8 - Barrier from Field of Play and Permitted Personnel.
- 1511 Any willful breach of 1508 to 1510 reported by a referee to a Competition Organiser may result in a penalty being imposed by the appropriate Committee.

Regulation, Advice and Guidance Note 15 (ADDENDUM)

Sponsor Game Development Committee

Approved 9 May, 2013

Updated May 2020

.....RUGBY CLUB

FIRST AID ARRANGEMENTS AND EMERGENCY PROCEDURES

Not every injury can be prevented especially in a contact sport such as rugby, so it is essential that in the event of an injury, adequate first aid procedures/ first aiders are in place. This will dramatically increase the chance of a full recovery for the individual involved.

The safety of all players is of paramount importance and **insert name of club** will ensure that, whenever a game or training occurs appropriate first aid cover and equipment will be provided. There is always access to a telephone in the clubhouse so emergency assistance can be summoned immediately, and there is designated vehicular access for responding emergency vehicles through the main club car park.

- I. If you have more than one access point to pitches, you should make arrangements with Hampshire Ambulances/Emergency Services so that they know where to come to in the event of an injury, especially take into consideration the driving conditions in the winter if ambulances are to get as close to the pitch as possible.
- II. For example:

Information has been provided to Hampshire Ambulance to ensure attending vehicles are directed to the correct entrance, and these are;

- **Top Pitches** - say “Football/Cricket Club entrance”, off xxxx Road
- **Bottom Pitches** - say “Rugby Club entrance”, car park off xxxx Road.

The Hampshire Ambulance operator will ask for this information at the time of the 999 call.

Everybody involved in rugby at **insert name of club** has a responsible attitude towards the prevention and management of any injury. **The safety of the individual takes priority over the game of rugby.**

General Injuries

Assess the player on the field of play using the **TOTAPS** system:

Talk	What happened? Where does it hurt?
Observe	Look at the injured area. Is it different from the other side (swollen, a different colour, etc)?
Touch	Feel for swelling, tenderness and pain.
Active movement	Ask the player to move the injured part without assistance.
Passive movement	If the player moves the injured part actively, then carefully move it through a full range of movement.
Skill test	If the active and passive movements did not produce pain ask the player to stand and, if lower limbs are affected, see if player can weight-bear and if he/she can walk. If unable to do so, the player may be assisted from the field, otherwise the player should be carefully accompanied from the field for a full assessment or, if the injury is only slight, the player can be allowed to resume playing.

Acute / Severe Injuries

In the event of a suspected acute or catastrophic injury, it is important that everyone - players, coaches, referees and administrators - knows what to do. This should be documented in the **emergency plan** as follows:

1. Call for help.

2. Call for an ambulance:

Act promptly and call immediately for professional medical help – in the event of a suspected spinal or other serious injury, **DO NOT MOVE THE PLAYER**. The only circumstances in which a seriously injured player should be moved is if his/her life is in danger (respiratory/cardiac arrest, environmental danger etc) and should only be carried out under medical supervision.

Wait until a **properly qualified person** is able to supervise the procedure.

3. Speak to the player.

4. Check **airway** - remove mouth guard.

5. Check **breathing**.

6. Check **circulation**.

7. **Do not move the player**.

8. Stay with the player and continue communication.

9. Keep player warm until professional help arrives.

If an acute injury has occurred, after the player has been dealt with:

- Notify the Club's Safeguarding Officer who will notify the RFU if required – **including broken bones, hospitalisation, parental refusal when hospitalisation is recommended, concussions, all suspected head/neck injuries.**
- Stay in touch with the injured player, family, players and other match officials.

REMEMBER:

NEVER remove an injured player from the pitch to enable the game to continue.

NEVER lift or carry an injured player from the pitch if the player cannot move him or herself.

ALWAYS stop the game a serious injury is suspected.

Cardiac Arrest

If the club has a defibrillator, state procedure for access and state names of those trained to use it.

Concussion

A Player who has suffered a confirmed concussion shall not participate in any Match or training session for a minimum period of **three weeks** from the time of 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, the three-week minimum period shall be mandatory.**

Please refer to IRB Concussion Guidelines May 2011.

The following guidance may be of assistance in recognising concussion. It must be acknowledged however, that each incident must be assessed on its individual merits and characteristics. Symptoms of concussion, which may occur up to 18 hours after the incident, may include the following:

- ☐ loss of consciousness
- ☐ loss of memory, confusion and disorientation
- ☐ double or blurred vision
- ☐ giddiness or unsteadiness
- ☐ vomiting and headache

Playing Consequences

If a player shows any signs of concussion, he/she **must not be allowed to continue playing or to return to the game** and should not be left alone. The player should be evaluated by a medical doctor as soon as possible.

Bleeding

When treating any player, gloves should be worn to protect the player and the first-aider from possible transmission of blood borne diseases such as HIV and hepatitis. Blood must not be transferred from one player to another and as such **ALL blood injuries must be treated and covered before a player can return to the game**. Any items that have been contaminated by blood must be sealed in a plastic bag and safely discarded.

Major bleeding must be treated as soon as possible to reduce the flow of blood, as this may be enough to preserve a life. Apply direct pressure to a wound first and only apply indirect pressure if this is not possible. Arrange urgent transport to a hospital or doctor's surgery.

Injury reporting

Injury reporting is important as it allows the tracking of why and how injuries happen - and the finding of ways to prevent similar injuries from happening again. Coaches should encourage players to tell them about injuries; otherwise, they risk worsening or never healing. This can have serious consequences, particularly with respect to concussion. Injury audit is essential to enhance player safety and performance. Each club, province and Union should have a nominated officer responsible for injury audit. **All injuries should be recorded by the age group first aider and serious injuries requiring medical attention/follow-up must be reported to the Club Safeguarding officer.**

Coach's first aid kit may typically include:

- scissors (blunt ended)
- surgical gloves
- gauze swabs
- towel
- compression bandages (5cm, 7.5cm, 10cm)
- sterile gauze bandage
- Adhesive skin closures (e.g. Band Aid)
- elastic adhesive bandages (2.5cm, 5cm)
- petroleum jelly
- irrigation solution (sterile eye wash)
- triangular bandages
- ice pack / Cold spray
- water bottle
- adhesive tape

