



# **Hove Rugby Football Club**

## **Emergency Procedure Guidelines**

### **Junior Rugby Accidents & Injuries**

These guidelines apply to all junior rugby coaches and other junior rugby volunteers at Hove RFC (the “Club”) who are required to familiarise themselves with the guidelines and apply them. The procedures outlined apply not only to accidents and injuries sustained at the Club’s ground, but also when junior players are at **away matches** or **on tour**.

The Club may amend these guidelines from time to time. A copy of the latest guidelines can be found on the Club’s website [www.hoverfc.com/soa](http://www.hoverfc.com/soa)

#### **Dealing with incidents/accidents**

When dealing with an incident/accident in which a junior player is injured:

- Stay calm but act swiftly and observe the situation. Is there danger of further injuries? – If so, try to minimise the danger.
- Listen to what the injured person is saying.
- Alert a first aider who should take appropriate action for minor injuries. (Remember – when training or playing matches at the Club’s ground on Sundays, in addition to the first aiders in each age group, the Duty Officer will also be able to provide first aid.)
- In the event of an injury requiring specialist treatment, call the emergency services. Keep the injured person warm and keep onlookers at bay.
- Check that the bollards preventing general public vehicular access to the Rec have been lowered. If they have not, contact the bar staff immediately – they have the key.
- DO NOT move someone with major injuries. Wait for specialists from the emergency services.
- Deal with the rest of the squad and ensure that they are adequately supervised.
- Contact the injured person’s parent/carer.
- If the injured person is taken to hospital, ensure that all his/her personal belongings are collected and returned to the injured person or his/her parent/carer in due course.

#### **What constitutes a reportable accident/incident?**

There is no all-encompassing definition of what constitutes an injury/incident that necessitates the completion of a Junior Rugby Injuries Report Form – a common sense approach is needed. It is therefore suggested that a Form is always completed where the injured person:

- Has sustained any injury to the head, or appears to be concussed in any way
- Has sustained any injury to the eye(s)
- Has sustained any cut, or needs to have blood cleaned off or strapping applied before playing on after an injury
- Appears to have suffered a dislocation or a broken bone
- Does not **IMMEDIATELY** get to their feet
- Sees a doctor, physiotherapist or similar following the injury.

The above list is not exhaustive – if in doubt, a Form should be completed.

#### **After the incident/accident**

The Senior Coach for that age group - or, if the Senior Coach was not present at the time of the incident/accident, the coach present - must complete a Junior Rugby Injuries Report Form and, if necessary, notify the welfare officer at the Club of certain serious incidents/injuries.



**Accident/Incident Injury Report Form** (a copy is attached to these guidelines for reference)

All Senior Coaches and all First Aider's should hold a supply.

A further supply of the forms can be found by contacting Neil Parker, Eddy Sears or Andy Ward.

A form must always be completed in respect of an injured junior player.

A form must also be completed in respect of an injured junior player from a squad visiting the Club's ground for training, a game or a tournament if either a First Aider has rendered assistance or an ambulance has been called to the Club's grounds (whether or not a First Aider has been involved).

The original of a completed form must be sent to the Junior Chairman and a copy sent to Club Admin, which will keep the copy with the age group's records and amend the player's medical record on the club membership database.

**Notification to the Rugby Football Union (RFU)**

It is a mandatory RFU requirement that certain injuries/incidents are reported to the RFU promptly. To meet this requirement, reportable matters must be notified to Andy Ward, Club Secretary within 24 hours. RFU-reportable injuries are:

- An individual who sustains an injury which results in their being **admitted to a hospital**. This does **NOT** include those taken to an Accident and Emergency Department and allowed home from there.
- Deaths occurring during or within six hours of the game finishing.

**Subsequent Actions**

Ensure that arrangements have been made to replenish any first aid supplies used.

In the case of a serious injury, ensure that the injured person or his/her parents are contacted for 'updates' and arrange visits if appropriate.

Ensure that the injured person does not resume playing until fit to do so.

Ensure that the player's membership record in the club's membership database is updated to reflect the player's injury.

**Accidents/injuries at the Club's ground NOT involving a junior player**

If such an incident occurs, injuries can be recorded in the Club's Accident Book, which is kept behind the bar.



### Hove RFC Junior Rugby Injuries Accident/Incident Injury Report Form

Please see overleaf for guidance on what might constitute a reportable injury.

Team/Age group (reason for presence i.e. player, spectator, parent) \_\_\_\_\_

Name of injured person: \_\_\_\_\_

Address of injured person: \_\_\_\_\_

Date of Birth of Injured Player: \_\_\_\_\_ RFU Registration Number of Injured Player \_\_\_\_\_

School of Injured Player \_\_\_\_\_

Date of incident/accident: \_\_\_\_\_ Time of incident/accident: \_\_\_\_\_

Site where incident/accident took place (name of ground and pitch number)

Give precise details of how and where the incident accident took place. Include details of the activity taking place (e.g. training, game, getting changed etc):

Give full details of the action taken, including any first aid treatment and the name(s) of the first aider(s):

Referee name (if match)

Were any of the following contacted? (Delete as appropriate)

**Police**      Yes/No    **Ambulance**      Yes/No    **Parent/carer**      Yes/No    **Doctor**      Yes/No

Further details relating to above contact

What happened to the injured person after the game (e.g. carried on playing, went to hospital, went home):

The above is a true and accurate record of the accident/incident.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Send this form to Junior Chairman – John Tsapparelli – [john.tsapparelli@hoverugby.club](mailto:john.tsapparelli@hoverugby.club) and a copy to the Club Secretary – Fiona Nehls – [fiona.nehls@hoverugby.club](mailto:fiona.nehls@hoverugby.club)



## **What constitutes an accident/incident?**

There is no all-encompassing definition of what constitutes an injury/incident that necessitates the completion of a Junior Rugby Injuries Report Form – a common sense approach is needed. It is therefore suggested that a Form is always completed where the injured person:

- Has lost consciousness, even momentarily, sustained any injury to the head, or appears to be concussed in any way
- Has sustained any injury to the eye(s)
- Has sustained any cut, or needs to have blood cleaned off or strapping applied before playing on after an injury
- Appears to have suffered a dislocation and/or a broken bone
- Does not **IMMEDIATELY** get to their feet
- Sees a doctor, physiotherapist or similar following the injury.

The above list is not exhaustive – if in doubt, a Form should be completed.



## **Concussion**

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.

The RFU has produced a series of resources to help with the recognition and management of concussion. An extract on how to recognise concussion is provided:

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

- headache, feeling dazed or "in a fog"
- balance problems, dizziness
- hearing problems/ringing in ears
- vision problems
- nausea or vomiting
- confusion
- drowsiness
- feeling slowed down, low energy
- more emotional/irritable than usual
- difficulty concentrating and/or remembering
- "don't feel right"

If the 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, clumsiness, slurred speech
- appears dazed, stunned or confused
- poor memory (of score, moves, opposition, events)
- odd behaviour
- significantly impaired playing ability

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 guidelines should then be followed. Following a suspected concussion, the player should be seen by a doctor.

### **Post-head injury and return to play guidance**

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.
- 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 a minimum of three weeks (unless over 19 and cleared to do so by an approved doctor competent in managing concussion).
- A player who has suffered a non-concussive head injury MUST NOT play for a minimum of one week, and must seek medical guidance as to their suitability to return to play, and such guidance must be communicated to the club
- AND should not return to play or training until symptom free.
- AND should only return to play or training with medical clearance.
- AND should only return to play or training having provided a signed Parental Consent Form.



This applies to all club/school sides to which a player belongs and it is 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 then quite common for the person (especially children) to want to sleep for a short while. This is normal.

However, this should appear to be a normal "peaceful" sleep, and they should wake up after a nap. If they want to sleep, let them.

Drowsiness, however, 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 then let them go back off to sleep again. 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 a 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 is a headache that becomes worse and worse which is of more concern.

**DON'T HESITATE: IF IN DOUBT, CONSULT YOUR DOCTOR.**