

# Injury Management Guidelines

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It is an unfortunate side-effect of the game, but from time to time rugby does result in players sustaining injuries! For this reason, the International Rugby Board (IRB) provides a set of injury management guidelines which set out the principles for coaches, officials and first aid supporters to follow. These principles are particularly important in youth rugby and it is prudent for all of us involved in supporting the BSN teams to be aware of the IRB injury management guidelines.

As and when an injury occurs in youth rugby, it is very important for coaches and supporting adults to be able to identify the injury, treat it appropriately and help the player recover and return to play the game.

The IRB identifies three distinct phases to injury management:

1. Identification.
2. Rehabilitation.
3. Return to play the game.



In this article, I have presented just some of the main elements from the IRB's guidelines on identifying and dealing with injuries.

## ***Phase 1 - Identification***

This identification phase is divided into two general categories: 'acute /catastrophic injuries' and 'all others' (*including severe injuries such as fractures and soft tissue injuries*).

### ***Acute / Catastrophic 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 also be documented in the team's "emergency plan". An acute injury refers to any incident concerning a player being rendered unconscious and/or involving immobilisation through neck/back damage.



1. Call for assistance.
2. Call for an ambulance.
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.

### ***All other Injuries***

Assess the injury on the field of play by talking to player to understand the location of the pain. Examine the injured area to determine any swelling, tenderness and pain. Ask the player to move the injured part without assistance. If the player moves the injured part actively, then

carefully move it through a full range of movement. If the active and passive movements did not produce pain ask the player to stand and see if lower limb is fully weight-bearing and he/she can walk. If unable to do so, the player should be removed from the field (non weight-bearing for lower limb injuries).

### ***Bleeding***

Major bleeding must be treated as soon as possible to reduce the flow of blood. Apply direct pressure to a wound first and build up layers of clean dressings as required. Only apply indirect pressure if this is not possible. Arrange urgent transport to a hospital or doctor.



### ***Concussion***

The following guidance may be of assistance in recognising concussion. However, it must be acknowledged that each incident must be assessed on its individual merits and characteristics. Symptoms of concussion may include the following:

- Loss of consciousness
- Loss of memory, confusion and disorientation
- Double or blurred vision
- Giddiness or unsteadiness
- Vomiting and headache

If a player shows any signs of concussion he/she must not be allowed to continue playing or to return to the game. The player should be evaluated by a medical doctor.

The IRB provides specific direction regarding concussion (*Regulation 10*):

“Any 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 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. *Note: In age grade rugby, the three week minimum period shall be mandatory*”.

### ***Injury reporting***



Finally, injury reporting is particularly important as it allows the tracking of why and how injuries happen - and finding of ways to prevent similar injuries from happening again. The IRB guides that coaches should also encourage players to tell them about injuries; otherwise, they risk worsening or never healing properly. This can have serious consequences, particularly with respect to concussion. Injury audit is therefore crucial to enhance player safety and performance. Although it is sometimes difficult to remember

to record every “bump, bruise or scrape”, as a minimum, BSN coaches and managers should document all significant injuries and ensure the chairman is informed at the earliest opportunity. This is essential where any player has been hospitalised or referred to a doctor.

Further information on injury management: [www.irbrugbyready.com/irbrr/en/injury8.jsp](http://www.irbrugbyready.com/irbrr/en/injury8.jsp)

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