

Cumbria Rugby Football Union Limited:

A Guide to Players' Safety.

Rugby Union is a strenuous physical contact game incorporating running, handling, kicking and tackling. Simple safety precautions should be considered to ensure adequate protection for all participants.

1. The Spirit of Rugby: The rules of the game of Rugby Football are known as Laws, but these laws mean less to the game than a long established, accepted spirit in which the game is played and supported. You will not find all the following in the Law Book, but you will find them all in the hearts and minds of true rugby supporters and players.

- a).** The referee's decision is accepted without question on the field of play. After the game, the referee will be more than happy to discuss the game and certain decisions over the traditional pint in the bar. Remember, the referee is not being paid, and serves the game for his enjoyment.
- b).** From the touchline, it is imperative that spectators treat the opposition at times of success or tension as they would their own side, e.g. that they applaud (if a little less loudly) their good tries, and are silent for their kicks at goal.
- c).** Retaliation plays no part in our game; restraint is a lesson well learnt and practised. The referee might not see the initial act of foul play, but is almost certainly to witness the retaliatory action.
- d).** Shouts from the touchline encouraging any form of violence or malpractice should not be heard. Spectators who are involved in this way should be dealt with immediately.
- e).** Applause for the opposition and the referee after the match should be warm and genuine; it takes two teams plus the referee to create an enjoyable game.
- f).** Remember, it is a game played for fun, to make friends; it is not so much the winning or the losing but the **playing** that is important. This is especially so with young people; encourage them to enjoy themselves (to win with modesty, as if used to it), to lose with dignity so that after the match the fun continues and friendships are created.

2. Player and Ground preparation:

A) General safety rules...players.

- i) Always warm up, but not on hard surfaces.
- ii) Never wear dangerous projections such as rings.
- iii) Always wear a mouth-guard.
- iv) Never chew gum during a match.
- v) Ensure that you have a preventative course of tetanus injections.
- vi) Players may wear the following items of protective clothing if they conform to LAW 4 and IRB regulations: elasticised bandages; shin guards; ankle supports; fingerless gloves; shoulder pads; head guards.
- vii) Always stretch off and cool down after a match.

B) General safety rules... ground.

- i) Playing surfaces should be good and clear of stones and potholes.
- ii) The pitch should be clean, avoiding the use of organic fertiliser and creosote mixtures to mark out the pitch, particularly those containing paraquat.
- iii) Free access to the pitch for an ambulance should be available.
- iv) The RFU recommends that all clubs and schools should pad their goal posts and any projections or barriers close to the pitch.
- v) Use flexible flag sticks which do not splinter on contact.

3. Pre Match Preparation:

- 1) Disposable gloves should be worn at all times, whilst carrying out treatment.
- 2) Before the match or training, ensure that the first aid equipment is in order.
- 3) A stretcher, pneumatic splints, bandages and ice should be readily available in a treatment room.
- 4) Treatment room should be clean, warm, have running water and good lighting.
- 5) Check First Aid supplies: Waterproof First Aid bag should include:
 - a) Iced water with a clean sponge.
 - b) Gauze swabs in packets of five.
 - c) Assorted waterproofs sticking plasters.
 - d) Crepe bandages 5cm & 10cm(for knee and ankles).
 - e) Elastic adhesive bandages 10cm, 7.5cm, 5cm & 2.5cm.
 - f) Scissors
 - g) Adhesive tape 5cm. and 2.5cm.
 - h) Roll of pre-taping under wrap (7.5cm) to apply before support strapping and for those allergic adhesives.
 - i) Roll of 3m-x5m non-allergic transport adhesive.
 - j) Two triangular bandages.
 - k) A tube of embrocating cream.
 - l) Antiseptic cream and Antiseptic solution.
 - m) Vaseline.
 - n) An airway.
 - o) Plastic bag for soiled swabs.
 - p) Ampoules of saline.
 - q) Eye bath
- 6) Don't forget ice or cryogen cold pack in a thermos flask, a clean towel, a blanket, and an unbreakable container of fresh drinking water. The treatment room may be a long way from the pitch so take all you need, carry in a kit bag.
- 7) It should be quite clear that the first aid bag is under the jurisdiction of one person. No player should be allowed to help himself to the contents.

4.The successful coach is concerned with the well being of his players:

- a). The teaching of the correct techniques of the game, e.g. tackling, how to play in the scrum, and falling on the ball will not only lead to improved playing standards and therefore improved results, but will also contribute to safer rugby.
- b). Ideally groups should not be larger than twenty to one coach, and teams in opposition should be comparable in size and age.
- c). What are the aims of coaching?
 - i) to help the individual player and the unit of which he is part, to improve performance in order that the team may...
 - ii) to win by scoring the greater number of points which the conditions of the day allow and..
 - iii) to involve all players and create such exciting rugby within the laws of the game that more people will want to participate.
- d). **DO-** Prepare the session thoroughly, put it on paper if necessary- relate sessions to previous match-include much purposeful activity-give enjoyment-vary the approach-vary your voice-set up game situations for practising skills-improve the individual as well as the team-encourage selectors to help-listen to what players have to offer-include warm up/stretch off/cool down routines.
- e). **DO NOT-**Be late-insult players-talk too much-coach from a static position-be too dogmatic-neglect some players-wear untidy kit-ignore injuries-don't ignore suggestions from players.

Warm-up: before stretching increase the blood supply to the muscles by running on the spot doing large arm swings, trunk rotations and deep knee bends.

5. First Aid:

A) Injuries to muscles, tendons, ligaments, capsules, skin and tissue layers readily bleed and fluid rapidly accumulates. Immediate injuries cannot be run off, heated, rubbed, manipulated, stretched or injected away. To arrest further soft tissue damage immediate treatment is necessary. (rest, ice, compression, elevation, immobile). Elevate the limb, protect wounds, oil the accessible area of skin over the lesion with olive oil or Vaseline (to prevent ice burn) and apply cubed or crushed ice in a plastic bag inside a cold damp towel for 20 minutes in each hour for 12-24 hours. Alternatively, a proprietary preparation, e.g. Cryogen, wrapped in a thick towel can be moulded to the part for 20 minutes. Remember the lesion should be cleaned, inspected, protected, compressed and supported. Within the first 48 hours the part should be elevated but most importantly it must be locally compressed to restrict the bleeding. Do not use a tourniquet.

Use cotton wool to pad out the joints and uneven surfaces then apply a crepe bandage sufficiently large so as to extend well above and below the injury. It is better to use two bandages if one does not give enough cover or support. The use of cotton wool or lyof foam is essential to give an even pressure to the area. Remember, keep the pressure on, if it feels loose, and then rebandage. No hot baths. Seek expert advice as soon as possible. Do not leave it 48 hours to become more uncomfortable and more painful.

B) Principles of First Aid:

- 1) Initial treatment in severe injuries is designed to save guard life and, in all degrees of injuries, to prevent further damage. It must be carried out correctly and swiftly.
- 2) Immediate care is the first stage of rehabilitation and is crucial period of treatment.
- 3) The pitfalls are many but can be avoided through experience. The first aider, whether he be trainer, coach or doctor must not be over enthusiastic or too timid in approach. Enrol on an injuries/first aid course- it is most useful also to have a sound basis of functional anatomy and a knowledge of movement in injury and health, also of movement that will cause injury.
- 4) Correct diagnosis is important. Know what not to do as well as the right action to take. Immediate treatment directed towards the wrong aims means valuable time is lost.
- 5) The length of the time out of the game depends upon the speed with which initial treatment of the acute injury is made.
- 6) Players should be dissuaded from continuing playing after injury. Get them off the field. To stay on may worsen the situation and cause further injury. There is no place for heroics ("just let me try it and see what happens").
- 7) No one should play who requires a pain killing injection.
- 8) Take particular care with youngsters.
- 9) If in doubt suspect the worse, treat accordingly and remove the player for medical evaluation.
- 10) Do not leave the player alone. If he has been concussed, do not give him alcohol or allow him to drive.
- 11) Do not move the player unnecessarily.
- 12) If concussed-check breathing, remove gum shield and maintain a clear airway. Wait for player to gain consciousness, and assess level of consciousness and physical condition.
- 13) Ask questions of the injured players-
 - do you have a pain, where is it?
 - do you feel numbness, pins and needles anywhere?
 - can you bend and straighten your arms?
 - can you move your legs?
- 14) Do not forget:
 - i) stop the match.
 - ii) telephone for an ambulance if required.
 - iii) do not move player before giving correct treatment.
 - iv) act quickly, calmly and decisively.

6) Guidelines to Constituent Body and Club Officials:

- 1)** Appoint a Medical Officer and/or medically trained persons regarding the arrangements for the management of the injured player.
- 2)** Each County/Club should make every endeavour to have a match Honorary Medical Officer and or medically trained person and/or physiotherapist.
- 3)** The ground should possess a medical room with adequate first aid facilities and basic necessities: Adequate lighting; Clean and Disinfected wash basin; A couch; A stretcher must be easily available before the match; Inflatable splints; Hard cervical collar; An airway tube for mouth to mouth resuscitation; The club phone, phone number and address should be displayed prominently.
- 4)** The Medical Officer should be seated as near as practicable to the player's entrance from the field of play.
- 5)** All should be conversant with LAW 3 and IRB regulations relating to replacements.
- 6)** The location and phone number of the nearest hospital with A&E facilities plus arrangements for emergency ambulance services must be known beforehand.
- 7)** A Liaison Officer should be appointed before the match. Should hospital treatment be considered necessary for the injured player the Liaison Officer should travel with the injured player to the hospital for communication with relatives, County/Club Officials etc. This is most helpful to the visiting team. The Liaison Officer should carry a mobile phone, and sit near the Medical Officer.

7)Summary: Consistently applying some simple good practice in terms of physical conditioning and treatment of injuries can help everyone enjoy their rugby more.

(Medical Officer, Cumbria Rugby Football Union Limited)

APPENDIX TO GUIDE TO PLAYERS' SAFETY

IMPORTANT NOTICE

The safety of all players, especially the younger players, is of paramount importance and, therefore, in addition to other medical and safety requirements, all clubs must be aware of the potential seriousness of injuries. Please ensure that the following points are in place at all matches:

- There is convenient and suitable access for an ambulance or other emergency vehicle.
- A warm dry area for the casualty is available in a suitable secure area.
- There is access to a telephone to ensure emergency assistance can be called immediately.
- Stretchers and blankets are readily available in the Clubhouse or Changing Room area, and not locked away in a cupboard.
- First Aid Kit is kept in a suitable secure area, and available on all match days.
- All emergency telephone numbers for police, doctor and hospital are readily available in the Clubhouse.
- Do not risk further injury by moving the players, wait for professional assistance.
- Ice is available from the bar, and make sure that there is an icebox readily available.

(Medical Officer, Cumbria Rugby Football Union Limited)

SYSTEM FOR REPORTING INJURIES

Collecting player injury information has helped the Rugby Football Union's Governance Committee to make certain recommendations on safer practice to the Council and International Rugby Board, resulting in a number of changes in Law and rugby practice.

The system for reporting injuries is now being changed with the aim of reducing time consuming administration and to provide more up to date injury statistics so that the R.F.U. and everyone involved in the game can make it as safe as possible.

All Rugby Clubs and Schools in Cumbria need to be aware that this new system of injury reporting is in place. The old serious and very serious injury definitions are replaced by the single definition of reportable injuries.

The old definitions of injuries, reported in returns twice a year, have been replaced by the single term reportable injuries, which should be sent immediately after an injury.

These can be sent:

- a)** Via email to sportsinjuriesadmin@therfu.com;
- b)** By using the pro forma on the Community Rugby Downloads of rfu.com; or
- c)** By telephone to Dave Phillips on 01942 670122 or by fax on 01942 512683.

Reportable injuries are:

- Any head or neck injury that requires a player to be transported directly from the ground to an accident and emergency department.
- An injury that results in admission to a hospital as an inpatient after the game/training has finished and is game/training related.
- Any injury that prevents a player from playing or training for a period of eight weeks or longer.
- Deaths that occur during a game or within six hours of the game/training finishing.

A full guide to injuries and insurance can be found in the RFU Handbook and also on-line at www.rfu.com.

Clubs and Schools in Cumbria must contact our Serious Injury Reports Liaison Officer, for details see the County Handbook.

(Serious Injury Liaison Officer, Cumbria Rugby Football Union Limited)