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RG/0911/001

MONMOUTH YOUNG RUGBY MEDICAL/FIRST AID POLICY – Version 2

UPDATED for 2011-12 SEASON – Previous version should be destroyed.

Reference:

A. WRU Rugby Pathway – Minis to Millennium. For all players U7 to U19 in 2011-2012 Version 2.8.11

INTRODUCTION

Monmouth Young Rugby (MYR) aims to promote the development of rugby through the guidance and principles laid out in Reference A. MYR has teams from U7 to U16. This is allows the development of individuals and teams through a graduated introduction to the modern adult game. The stated aims are:

Aim 1: Exciting and enjoyable

Aim 2: Skilful, sportsmanship, teamwork, confidence, self-discipline, SAFETY and respect.

Aim 3: Modified games with age specific games to develop individual and team skills.

The differences can be seen with U7-8 playing “tag” rugby in a 20 mins game on a small pitch whereas U16 play 70 mins, on a full size pitch, with contested scrums and line outs. Managers, coaches First Aiders (AND not forgetting parents) need to be fully aware of their age group’s specific rules.

FIRST AID

First aid is the use of specific taught skills, knowledge and equipment as necessary to prevent loss of life and limb and also limiting any damage caused by the injury. This should be supplemented by preventative measures to avoid injury in the first place (e.g. medical screening).

FIRST AID IN MYR

Each team in MYR is to have a nominated and qualified First Aider. They SHOULD NOT be the coach and IDEALLY NOT the manager due to the differing perspectives and pressures in coaching and managing a team. The latter may be acceptable if there are no other suitable individuals. The pro-active, mutually respectful, co-ordinated interplay and communication of the coach, manager and first aider in the delivery of a safe environment for the players can not be understated.

The team First Aider has responsibility to provide first aid to his team, the opposition team, the officials and the supporters as necessary. They should identify themselves to the opposition First Aider, coach and referee before the game. If there is medical support situated at the location (e.g. voluntary services (St John's or Red Cross) at a rugby festival) contact is recommended before the start of play to ascertain their role and capability.

First Aiders are to wear Hi-Vis identification armbands supplied by MYR. First Aiders should have the means to communicate to the emergency services if required. The use of the 112 number on mobile phones is strongly recommended not 999 (112 allows GPS-linkage at emergency services control room to identify your location). The location of the local hospitals and emergency departments should be considered on away games for the "walking wounded" who do not require ambulance transport. This should be done before the injury! The "what if….." principle is recommended.

FIRST AID QUALIFICATIONS

UPDATED – The WRU has developed a rugby specific first aid course (AE Number: 33248) with St John Wales.

This course has been designed to teach the basics of First Aid as well as how to treat some of the most common sporting injuries.

What is covered?

- Primary Survey
- Recovery Position
- Log Roll - Neck Trauma
- Head Injuries - Concussion, Compression, Fractured Skull
- Dislocation - Shoulder, Elbow, Thumb, Finger
- Sprains & Strains - Thigh, Knee, Lower Leg, Ankle
- Fractures - Leg

- Cardio Pulmonary Resuscitation (CPR)

It is the CURRENT policy of MYR that this is this should be the standard minimum qualification for First Aiders. Any questions about the suitability of other qualifications should be addressed to the MYR Chairman with advice taken from MYR Sports doctor.

- This qualification should be formally renewed every 3 years unless informed. Specific updates from MYR Sports Doctor will be undertaken as required BUT will not constitute recertification.

- The approval and appointment of team First Aiders lies with the Chairman, with advice from the Sports doctor. The Chairman, with appropriate advice, may cancel this appointment without a notice period.

- First Aiders are to wear Hi-Vis armbands to easily identify them to players, officials and supporters.

MYR secretary is to maintain a list of First Aiders and qualification dates.

There is an expectation that First Aiders whose course is paid for by MYR are available to support there team. The Chairman may seek to recoup costs for those who do not fulfil this obligation.

CRB CHECKS

All First Aiders MUST have an in-date enhanced CRB check from MYR in line with WRU policy.

FIRST AID KITS

The WRU does not have any specific recommendations regarding the provision of first aid kits (FAKs). MYR has instituted a policy of provision of FAKs in line with the recommendations of RFU. Each team has been supplied with an appropriate FAK bag and contents – see Appendix 1.

- The use of non-MYR supplied first aid items and kit is unnecessary and not approved by the Chairman and committee.
- First Aiders are NOT to use prescription or *"over the counter"* treatments medicines or medicaments – this would include analgesics (paracetamol and ibuprofen/"*nurofen")* and any "complimentary", "alternative" or "natural" remedies.
- FAKs should be supplemented with 2x emergency gum shields.
- FAKs must be replenished after each game. Re-supply items will be available from MYR Doctor. Re-stocking of the central supply is the responsibility of the MYR Doctor or nominated deputy.
- The FAK should contain a list of all squad members, their contact details and any declared medical problems.
- The FAK should contain a copy of Sports Concussion Assessment Tool – 2

  (SCAT-2) and a follow up head injury advice sheet (see attached). See later for use.

MEDICAL SCREENING

Medical screening at MYR is based on a parental declaration of current medical problems, medication and any allergies at initial registration. It is parental responsibility to update the team manager in any changes. A list of all players, with contact details, medical issues,

allergies and medication should be contained in the FAK. Each First Aider should make themselves familiar with their squad players and any specific medical problems – this is a particularly important issue for asthma-like conditions and diabetes. Any required medication is the responsibility of the parent to supply and administer NOT the First Aider. It may be appropriate for the First Aider to carry an asthma inhaler on behalf of a player BUT not to administer – the parent (or child) is responsible.

There is no pre-participation screening medical examination. Any questions as to suitability for participating in physically demanding contact sports should be addressed to the MYR sports doctor and Chairman. If there is a specific concern raised MYR sports doctor may consider contacting the child's GP, with parental consent to clarify the situation. The decision to participate ultimately lies with the Chairman.

Parents are required to give consent for any treatment. This is taken as read if they sign the appropriate box on the medical form. They may in certain circumstances not give full consent BUT if they exercise this right then the onus for any treatment required falls upon them and they would be expected to be present at all training sessions or games to do this. Life saving treatment does NOT need specific consent.

PRINCIPLES OF FIRST AID

The basic principles of sport first aid are based on life, limb and eye saving procedures. This is supplemented by minimising the effects of injuries. The majority of injuries will be "soft tissue" injuries – NOT involving damage to bones, nerves and major blood vessels – for more information see Appendix 2.

INJURY REPORTING

UPDATED – For all but very minor bumps and scrapes, all injures should be recorded. The use of an electronic reporting form is to be the standard format from the start of 2011 season – see Appendix 5. These should be completed for all players who are injured or unable to complete a game. They should be e-mailed to MYR Doctor within the succeeding week. They will be reviewed and collated by the MYR doctor and information fed back to the Chairman anonymously regarding injury trends. All injuries should be formally reported to the child's parent by speaking directly if they are present, or by mobile phone if not. This should happen before the child gets home. The team manager and coach should also be informed. Follow up formal contact should be made after 48h with the parent to see how the player is. This may be done by the First Aider or team manager. This contact with date should be recorded on the electronic form.

RETURN TO PLAY

UPDATED – There are no hard and fast rules regarding return to play (RTP) apart from concussion. MYR policy, in line with IRB Regulation 10.1.1, is that a player with concussion "*shall not participate in ANY match or training session for a MINIMUM period of three weeks from the time of injury, and then may only do so when symptom free and declared fit after proper medical examination*". This is MANDATORY in age-graded rugby. Team mangers, coaches, parents and players ALL have responsibilities in ensuring this rule is followed in ALL sporting environment the player may be involved in. Advice may be sought from MYR Doctor as required.

RTP, in general should be a staged process involving light cardiovascular training initially then increasing in intensity, progressing to non contact ball skills, to full contact training and finally competitive games. This ideally should be co-ordinated with all teams the child plays in – school or county and in all sports. Discussion with the coaches, and or team manger, with parents and player should then ensue to plan a safe return to play considering any advice from GP (if appropriately qualified) or hospital specialists. Advice may be sought from MYR doctor as required.

Appendix 1

First Aid Kit contents

	MYR First Aid Kit Contents List	2011		
	Item	Quantity		
1	Hi-Vis armband	1		
2	Head injury advice sheet laminated	1		
3	Head injury advice sheet handout	5		
4	SCAT-2 concussion card	1		
5	First Aid sheet	1		
6	plasters - flexible	10		
7	plasters - waterproof	10		
8	eye pad	2		
9	wound dressing - medium	3		
10	wound dressing - large	2		
11	trianguler bandage	4		
12	disposable gloves	6		
13	antiseptic wipes	6		
14	eye wash	5		
15	steristrips	5		
16	ice packs	5		
17	freeze spray	1		
18	underwrap	1		
19	guaze - non sterile	10		
20	tape - various	3		
21	yellow bag	1		
22	bandages - various	3		
23	scissors	1		
24	wound dressings - various	5		

Appendix 2

PRINCIPLES OF FIRST AID

The following principles should be considered:

- The DR ABC principle is recommended.
- DANGER – assess the danger to the injured player and yourself from other players (if game still continuing) or the crowd! Dangers to you could involve physical injuries and body fluids; danger to the player could be further injury (e.g. fighting). The use of protective gloves at ALL times is recommended. Attracting the attention of the referee is recommended – however this should NOT delay active treatment. Creating a calmer quieter environment by asking the other players, crowd (except parents) to move away is recommended – you do not need an audience!
- RESPONSE – is the response of the inured child normal? Could there be a head injury? Could there be a neck injury? An alert, normally responsive, fully orientated, speaking child moving all limbs voluntarily is unlikely to have a serious life threatening injury. If there is a questioning or a neck injury – immediate pain in neck following injury, swelling in neck, loss of function or arms and legs and numbness should be treated as an emergency and the neck stabilised until professional medical help is available to assess. Once the first aider has manually in-line stabilised the neck he should NOT remove his hands until professional help takes over. If there is a question of a head injury/concussion, the SCAT-2 assessment tool is to be used – see Appendix 3. If he child fails the orientation, memory questions of balance assessment then he should be immediately removed from the field of play – even if he protests. Further assessments should then take place after 15 minutes. The child should be in the care of a responsible adult at all times. The child should then be formally assessed by a medical professional that day (usually A&E department). The parent should also be given a copy of the minor head injury advice sheet – see Appendix 4. The child should NOT be allowed to go home alone – he must be accompanied by a responsible parent or guardian/adult. If there is no available responsible adult then contact should be made with the parents and if needed taken to local A&E department by the First Aider for assessment.
- AIRWAY, BREATHING, CIRCULATION – as per first aid teaching. The following are noted: To assess formally any airway issues always remove the gum-shield and loosed any neck constraints; to assess breathing issues consider looking at the chest (shirt and body armour taken off), measuring the respiratory rate, listen for wheeze and note any pain on breathing. Most breathing issues are helped by a calm environment and being sat up if appropriate; Bleeding is usually compressible and control is usually achieved by direct pressure over the wound, with an appropriate dressing (wearing gloves!) and pressure point control if on a limb.

The child (not the parent or coach) must actively want to return to the field of play after treatment of their injury – ASK the child: if they say they do not want to carry on then they should be taken off. To return to the game, the player MUST have regained FULL FUNCTIONAL ability – e.g. leg injury must be able to jump, hop, sprint and change direction at speed without restriction. It would be appropriate to test this ability.

Appendix 3

SCAT-2

Appendix 4

CONCUSSION ADVICE

Warning signs to watch out for in the first 24-48 hours.

- Worsening headache, slurred speech or blackouts.
- Irritability, drowsiness or difficulty in waking up.
- Inability to recognise people or places.
- Repeated vomiting, unusual behaviour or confusion.
- Seizures (arms and legs jerking uncontrollably).
- Weakness of the arms or legs or unsteadiness.

If you notice any of the above you should get the player straight to hospital or phone for an ambulance.

Don't hesitate. Remember it is better to be safe.

Drinking

Do not allow them drink alcohol or take sleeping pills for at least 48 hours.

Driving

Do not allow them to drive for at least 24 hours. They can drive again when they stop feeling giddy and feel well enough.

Pain relief

It is safe for them to take paracetamol. Don't allow tablets containing aspirin for the next four days. This type of medicine can increase bleeding from cuts or bruises (internal and external).

Sleeping

It is important not to allow sleep in the first four hours. Then a normal night's sleep is needed, at normal times. Sleep must be normal with turning, rolling and shifting, and no loud snoring. If the sleep seems strange in any way they should be roused until they can say a word or two, then be allowed back to sleep. Next morning they must be able to wake up normally. If they cannot be woken normally, then medical help should be sought.

If there is any worry about the severity of a blow, it is safest on the first night to gently rouse the sleeper, every two hours during the night, to answer yes or no to simple questions.

Return to play

You must stand down from play for a minimum of three weeks and not return to play or training until you are symptom free AND have medical clearance.

CONSULT YOUR DOCTOR FOLLOWING A SUSPECTED CONCUSSION

www.sportsortho.co.uk