

MEDICAL AND FIRST AID REQUIREMENTS

BACKGROUND

The *Rugby AU Medical and First Aid Requirements* have been developed in line with the *Rugby AU [Safety Policy](#)* and are designed to ensure that the game is as safe and enjoyable as possible for all its participants. All clubs and schools must ensure that they put in place all the requirements set out below. Furthermore, that they follow the Medical and Safety Guidelines, unless there are compelling/justifiable medical/safety reasons not to do so.

REQUIREMENTS

The following are mandatory requirements at Community Rugby matches:	
Smart Rugby	Every active coach and referee must have/maintain their current Smart Rugby qualification. Further information can be found here .
First Aid Personnel	<p>Club and School Rugby games must have a First Aid Attendant present, who has a valid first aid certificate or World Rugby First Aid in Rugby (FAIR) and should have completed:</p> <p>First Aid Attendant Kids Rugby Accreditation (for all <u>U12 and below</u> matches); or First Aid Attendant Level 1 Accreditation (for all <u>U13 and above</u> matches)</p> <p>These programs are available at the Rugby Learning Centre and require completion of the following:</p> <p>(1) World Rugby First Aid in Rugby (FAIR)* http://playerwelfare.worldrugby.org/firstaidinrugby (alternatively, the individual has uploaded a valid First Aid Certificate); and</p> <p>(2) Concussion & Serious Injury Management; and</p> <p>(3) Rugby Australia Member Protection & Inclusion</p> <p>Please note that First Aid, Sports Trainers and Medical personnel must be clearly visible in brightly coloured vests and easily identifiable from teams.</p> <p><i>*It is strongly recommended that First Aid Attendants that have only completed World Rugby FAIR (online) should complete an Australian Nationally recognised First Aid Certification in the future.</i></p>
First Aid Requirements	<p>The following must be available and suitably maintained at the venue:</p> <ul style="list-style-type: none"> • First Aid Kit • Ice • Stretcher (preferably a scoop stretcher) • Telephone (for use in an emergency) • Emergency vehicle access for ambulance etc.
Serious Injury Protocol	In the advent of a suspected serious injury the Serious Injury Protocol must be followed.
Mayday Call & Procedure	Coaches, players and Match officials must also be aware of the Mayday Call Procedure Flowchart . The Mayday Call and Procedure has been developed to enable players to take prompt action to relieve the pressure, if this situation occurs in a scrum.
Concussion Protocol	In the event of a head injury or suspected concussion the Concussion Guidance Procedure must be followed.
Risk Management	Prior to all games, clubs and schools are required to undertake a Match Day Inspection . This can also be completed using the App available on IOS from the App Store

MEDICAL & SAFETY GUIDELINES

IF THE PLAYER IS UNCONSCIOUS

Always suspect that there may be an associated neck injury. If respiratory arrest occurs, Cardio Pulmonary Resuscitation (CPR) should be commenced. **IMMEDIATELY SEND ANOTHER PERSON TO CALL '000' FOR AN AMBULANCE.**

If the individual regains consciousness, try to determine how the incident/injury occurred and if there is any tingling sensation in upper or lower limbs and/or if any power loss is present. If there is no one experienced in the management of this issue the **player should not be moved** but given emotional support whilst waiting for the ambulance. Ensure that the player is kept sufficiently warm.

All head injuries should be assumed to be associated with cervical spine (neck) injury until it is proven otherwise.

IF A FRACTURE OR DISLOCATION OF A LIMB IS SUSPECTED

The injured limb should be supported, ideally with a splint, while the player is lifted onto a stretcher or helped from the field of play. X-rays to confirm the diagnosis (or exclude injury) are essential and should be performed as soon as possible.

If a compound fracture (bony fragments protruding through the skin) is identified then the area should be covered with a clean towel while waiting for the ambulance. In this situation the player should not consume any food or drink unless approved by a doctor, in case a general anesthetic is required.

TREATMENT OF INJURED PLAYERS WHO ARE BLEEDING

A player who has an open or bleeding wound must leave the field of play until such time as the bleeding is controlled and the wound is covered or dressed. On returning to play all bloodied clothing must be replaced. The injured player may be replaced on a temporary basis but if he/she is unable to resume playing within 15 minutes the replacement will become permanent.

IF A TOOTH IS KNOCKED OUT

It should be replaced immediately in its socket (if dirty, wash it first with milk if available) and mould aluminum foil over the replaced tooth and the adjacent teeth. The player should then seek immediate dental advice.

SEEK PROMPT MEDICAL ADVICE

Prompt medical advice (usually at an emergency department, hospital or after-hours medical centre) should be obtained if:

- Unconsciousness, persistent headache, vomiting or nausea occurs after a blow to the head, or a concussive injury;
- Breathing difficulties occur after an injury to the head, neck or chest;
- Severe pains in the neck occur;
- Abdominal pains occur, particularly if associated with shoulder tip pain;
- Blood is present in the urine;
- An eye injury occurs;
- If a player collapses separate to any trauma; or
- There is any concern at all over a player's injury or health following training or a match.

SOFT TISSUE INJURIES

The **RICER** injury management approach is the recommended treatment for a soft tissue injury and should be initiated immediately after injury for 48-72 hours.

Applying RICER should assist in reducing bleeding and swelling and provide support for the injured area.

REST	Avoid stressing the injured area for at least 48-72 hours;
ICE	Apply ice to the injured area for 20 minutes, every 2 hours for the first 48-72 hours after injury;
COMPRESSION	Firmly apply wide compression bandage over the injured area, above and below the injury site;
ELEVATION	Raise the injured area above the level of the heart at all times.
REFERRAL	Refer to a qualified health professional (e.g. Doctor, Physiotherapist, etc.) as soon as possible.

Avoid the **HARM** factors for 72 hours after the injury.

HEAT	Heat increases the bleeding at the injured site. Avoid hot baths and showers, saunas, hot water bottles, heat packs and liniments.
ALCOHOL	Alcohol increases bleeding and swelling at the injury site, and delays healing.
RUNNING	Running or any form of exercise may cause further damage. A player should not resume exercise within 72 hours of an injury unless approved by a medical professional.
MASSAGE	Massage causes an increase in bleeding and swelling, and should be avoided within 72 hours of the injury. If the injury is massaged within the first 72 hours, it may take longer to heal.

POSITION SELECTION

Players should only be selected for positions appropriate to their physical build and stature. Players should be physically fit to play rugby when selected and those that are unfit should not be selected.

Players should not be selected to play in the front row unless they have recent experience in the front row and have been coached in specialist front row play.

All players should be encouraged to regularly carry out special exercises that strengthen their neck, limbs and body. This is especially applicable to those in the scrum who should build up their neck and back muscles as well as upper body strength.

PREVENTING INJURY

(i) Mouth Guards

It is recommended that players wear a specially made and fitted mouth guard during both matches and training sessions.

(ii) Hydration

Coaches should ensure that an adequate supply of fluid, preferably water, is consumed by players before, during and after training sessions and the match, so that appropriate levels of hydration are always maintained.

MORE INFORMATION

Rugby Australia policy register: <http://www.rugbyaustralia.com.au/runningrugby/PolicyRegister.aspx>

Rugby Australia concussion management: <http://www.rugbyaustralia.com.au/concussion>

**As 5 April 2018*