Appendix 11: ARU Medical & Safety Recommendations

ARU MEDICAL & SAFETY RECOMMENDATIONS
for Players, Coaches, Administrators & Match Officials

Australian Rugby Union (ARU) and the International Rugby Board (IRB) encourage Clubs and Schools to take recommended measures to ensure that the game is both safe and enjoyable to play.

The following medical and safety recommendations are in the interest of player safety.

INJURY MANAGEMENT

MEDICAL REQUIREMENTS FOR PLAYER CARE

The following are the recommended medical requirements for Unions, Clubs and Schools.

SMART RUGBY	• Smart Rugby qualified coaches and referees – Mandatory qualification which provides best practice principles for all the contact elements of the game.
FIRST AID PERSONNEL	• Basic First Aid certification or higher qualification – including knowledge of first aid skills and procedures. • First Aid, Sports Trainer and Medical personnel should be clearly visible in brightly coloured uniform/vests (ie orange, yellow, etc), and easily identifiable from teams.
FIRST AID REQUIREMENTS	• First Aid Kit • Ice • Stretcher (preferable scoop stretcher) for use by trained personnel • Emergency contacts for nearest hospital, doctor, dentist, etc • Telephone (for use in emergency) • Emergency vehicle access for Ambulance providing clear entry • Safety Poster in a suitable location visible to rugby stakeholders

MANAGEMENT OF SERIOUS INJURY

SUSPECTED SPINAL INJURY
In the event of a suspected spinal or other potentially serious injury:

1. **GET HELP FAST**	• CALL ‘000’ FOR AN AMBULANCE
2. **DO NOT MOVE THE PLAYER**	• DO NOT MOVE THE PLAYER unless directed by qualified medical personnel. • A player suffering from a severe neck injury may still be able to move all limbs. Moving such a player before stabilizing the neck may increase the chance of permanent paralysis.
3. **DO NOT APPLY CERVICAL COLLAR**	• DO NOT APPLY CERVICAL COLLAR unless specifically trained to do so.

	• Non-medically qualified first aiders, referees and coaches should err on the side of caution and seek assistance of qualified medical personnel in the event of any suspected spinal or potentially serious injury
4. FOLLOW SERIOUS INJURY PROTOCOL SERIOUS INJURY HOTLINE 1800 036 156	• FOLLOW SERIOUS INJURY PROTOCOL in the event of a serious injury (ie fatality or suspected spinal injury), including notifying **Serious Injury Hotline** and completing **Serious Injury Report.** • For a complete copy of the Serious Injury Protocol & Report, contact your State/Territory Union or visit www.tryrugby.com.au/policies.

MANAGEMENT OF CONCUSSION

What is concussion?
Concussion is a complex process caused by trauma that transmits force to the brain either directly or indirectly and results in temporary impairment of brain function. Its development and resolution are rapid and spontaneous. A Player can sustain a concussion without losing consciousness. Concussion is associated with a graded set of clinical signs and symptoms that resolve sequentially. Concussion reflects a functional rather than structural injury and standard neuro-imaging is typically normal.

CONCUSSION MUST BE TAKEN EXTREMELY SERIOUSLY.

CONCUSSION MANAGEMENT PRINCIPLES

1. Concussion **must be taken extremely seriously** to safeguard the long term welfare of Players.
2. Players **suspected** of having concussion **must be removed from play** and **must not resume play** in the match or training.
3. Players suspected of having concussion **must be medically assessed.**
4. Players suspected of having concussion or diagnosed with concussion **must go through a graduated return to play protocol (GRTP).**
5. Players **must receive medical clearance before returning to play.**

SIGNS AND SYMPTOMS OF CONCUSSION
The common signs and symptoms indicating that a Player may have concussion are listed in the table below.

Indicator	Evidence
Symptoms	Headache, dizziness, “feeling in a fog”
Physical signs	Loss of consciousness, vacant expression, vomiting, inappropriate playing behaviour, unsteady on legs, slowed reactions
Behavioural changes	Inappropriate emotions, irritability, feeling nervous or anxious
Cognitive impairment	Slowed reaction times, confusion/ disorientation, poor attention and concentration, loss of memory for events up to and/or after the concussion
Sleep disturbance	Drowsiness

Being unaware of what happened, even for a few moments at the time of the injury is a common sign that the player is or has been concussed. A player showing any of these signs or symptoms should be removed from the field and referred for medical attention. Prolonged loss of consciousness as a result of a blow to the head may be indicative of a more serious injury, so the player should be immediately referred to a hospital for further attention.

WARNING: Complications, potentially serious, may occur in the 24 hours after a seemingly slight head injury. Accordingly, deterioration of consciousness after apparent recovery or the onset of symptoms such as headaches, increasing drowsiness, blurred vision and vomiting, require immediate medical assessment.

The IRB Concussion Guidelines are available (in full) at www.irbplayerwelfare.com.

More information on concussion management, graduated return to play, and concussion factsheets are available at www.tryrugby.com.au/concussion.

IF THE PLAYER IS UNCONSCIOUS
Always suspect an associated neck injury. If respiratory arrest occurs, Cardio Pulmonary Resuscitation (CPR) should be commenced. CALL '000' FOR AN AMBULANCE.

Once conscious, determine the manner in which the injury happened and if there is tingling in upper or lower limbs and if any power loss is present. If there is no one experienced in the management of this problem the PLAYER SHOULD NOT BE MOVED but given emotional support while awaiting the ambulance. Ensure the player is sufficiently warm.

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. X-rays to confirm the diagnosis (or exclude injury) are essential and should be performed as soon as possible.

If the fracture is found to be compound (bony fragments protruding through the skin) the area should be covered with a clean towel while waiting for the ambulance. In this situation the player should not consume food or drink until cleared by a doctor (in case a general anaesthetic is required).

TREATMENT OF INJURED PLAYERS WHO ARE BLEEDING
A player who has an open or bleeding wound must leave the playing area 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. Such a player may be replaced on a temporary basis but if unable to resume playing within 15 minutes the replacement becomes 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 its 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 concussion 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.
- There is any concern over a player's injury or health following training or a match.

LOCAL ANAESTHETIC
As per IRB Regulation 10.2, a player may not receive local anaesthetic on Match day unless it is for the suturing of bleeding wounds or for dental treatment administered by an appropriately qualified medical or dental practitioner.

SOFT TISSUE INJURIES
The **RICER** injury management approach is the best treatment for a soft tissue injury, and should be initiated immediately after injury for 48-72 hours. Applying RICER will 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).

Avoid the **HARM**-ful 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 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.

SAFETY REQUIREMENTS

SMART RUGBY

SmartRugby is designed to inform coaches and match officials of best practice techniques, to minimise the risk of injury to players, and increase the level of confidence that participants and families can gain from their association with the game.

All players are to be in-serviced in the SmartRugby Program by their team coach.

MAYDAY CALL

The “MAYDAY” call is a safety technique put into operation when a player believes that he/she is in a potentially dangerous position in a scrum. The following is a description of the process to be followed by players and referees when the “MAYDAY” call is heard.

PLAYER ACTIONS	REFEREE ACTIONS

The player under pressure makes a loud call, "MAYDAY"

Other members of the scrum repeat this call to ensure that it is heard by members of both scrums and the referee

All players immediately stop pushing to release pressure on the front row. The props should release their bind on the opposition only

All players in the scrum immediately drop to their knees. At the same time, the top half of their body is lowered to the ground

The front row then land on their faces

All players are to remain in this position and listen to the referee's instructions

The referee should immediately blow the whistle sharply

The referee asks, "Who first called Mayday and are you OK"?

Player replies and is OK	Player replies and is not OK	Player does not reply

The referee asks the players from each team to number off from; 1, 2, 3, 4, 5 in order to determine which player is injured and/or unconscious (note: 6,7,8 are not at risk)

On the referee's instruction the scrum is disassembled: The No.8 moves back and away and the flankers then release their binds and move outwards and away

The locks then release their binds and move outwards and away
(If the injured player is a lock they shall remain until medical assistance arrives)

The prop forwards then release their bind on the hooker and move outwards and away	If the injured player is a front rower, they and any player(s) bound to them will remain and maintain their binds until medical assistance arrives

PLAYER PRIORITIES	REFEREE PRIORITES
• Upon hearing MAYDAY, repeat loudly. • Stop pushing and drop to your knees immediately. • Do not turn your head to the side. Rotation and flexion increases the chance of neck injury. • Keep your chin and chest through and face plant on the bridge of your nose and forehead. • Whilst on the ground, listen to the referee. • Do not move an injured player. Leave them exactly where they are until medical assistance arrives.	• Upon hearing MAYDAY, blow your whistle immediately. • Identify the injured player and their status. • Disassemble the scrum safely. • Do not move an injured player. Leave them exactly where they are until medical assistance arrives. • If no player is injured, reset the scrum when players are ready.

POSITION SELECTION
Players should be selected for positions appropriate to their physical build and stature. Players should be physically fit to play Rugby when selected and those unfit should not be selected.

Players should not be selected to play in the front row unless they have recent experience or 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.

SCRUM ENGAGEMENT SEQUENCE (For Games of all Levels)
The scrum engagement is managed in sequence by the referee to ensure that it occurs safely, squarely and in synchronisation. If any part of the scrum set-up is not right, the referee should call the front rows up and re-start the process.

The Law requires that referees will call the scrum engagement in the sequence CROUCH, TOUCH and then, when both front rows are ready, SET. This is to be strictly observed.

1. CROUCH

Front row players must adopt the CROUCH position before the engagement. Head and shoulders must remain above the level of the hips, with knees bent sufficiently to make a simple forward movement into engagement. Players should keep their chin up and head straight in order to maintain the normal and safe alignment of the cervical spine.

Once all front-rowers are crouched, there must be a non-verbal pause, during which time the referee should be checking that all players are balanced and that the height, angle and alignment of all front-rowers is correct before moving to the next stage.

2. TOUCH

The TOUCH requires each prop, using their outside arm, to touch the point of their opposing props outside shoulder. This is done to standardise the distance between the two sets of forwards. The props then withdraw their arms.

Once the props withdraw their arms, there must be a non-verbal pause to allow players to sight their target area before they engage. During this pause, the referee should be checking that the front rows are steady, stable and ready for engage before moving to the next stage.

3. SET

On the SET call, and not before, the front rows should engage the opposition firmly with a short horizontal movement and the props should draw with their outside arms to take binds. In this position, all players must be able to support their own weight and maintain body shape and pressure on the opposition scrum.

TACKLING
Statistics indicate that the majority of serious injuries are now occurring during or consequent to the tackle. The risk of injury can be reduced by teaching correct head positioning as an essential component of a safe tackle.

Serious injuries are also occurring to the ball carrier, particularly when going to ground in the tackle. The risk of injury can be reduced by teaching balance and stability techniques in contact and correct body position when falling to the ground.

Illegal and dangerous tackling should be discouraged, such as crash tackling the defenseless, tackling player's without the ball, early, late, 'stiff arm' tackling and tackling around the head and neck. Any tackle above the line of the shoulders (defined as the level of the armpits) is considered dangerous.

ELIMINATION OF ILLEGAL AND FOUL PLAY

Head and Shoulders Above Hips
Correct body position in Scrum, Ruck and Maul is critical. Players should join in a safe manner, ensuring that their head and shoulders are above the hips at all times. The IRB has reiterated its position that the game can only be played by players who are on their feet.

Punching or Stamping Send Offs
For all competitions U19 and downwards it is mandatory for referees to send off players who punch or stamp opponents. ARU believes this is an appropriate measure to assist in the elimination / reduction of foul play and to send a clear message to the community that Rugby is serious about countering this sort of behaviour.

Referees are reminded to be particularly harsh when dealing with players who engage in Illegal and/or Foul Play or engage in any form of retaliation. Judicial Committees should take stern action with players found guilty of Illegal and/or Foul Play.

PREVENTING INJURY

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

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 maintained.

MORE INFORMATION

Further details on Medical Requirements for Player Care and Safety Recommendations can be found at the Australian Rugby Union website www.tryrugby.com.au/policies.

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