

## RISK ASSESSMENT: FIRST AID FOR RUGBY CLUBS

COMPLETED BY: **Sarah Cassidy (Lead Therapist)**

CLUB NAME: **Berkswell and Balsall RFC**

DATE COMPLETED: **12/08/23**

Key first aiding roles at the club:

**Sarah Cassidy (SC)** – Senior’s training and 1<sup>st</sup> XV first aider

**(First Aider) FA** – Minis + Junior’s training, CoFAs and 2<sup>nd</sup> XV first aider

Question	Response	Additional measures	Responsibility/ completion date
<b>Equipment</b>			
Does every team in the club have an appropriately stocked first aid kit bag available pitch-side for both training and matches?	<p>Every fixture and training session for senior teams (Tuesdays and Saturdays) will have Sarah Cassidy (<b>SC</b>) present with a stocked first aid kit that any player from any team may come to use.</p> <p>Every fixture and training session for the Minis and Junior teams (Wednesdays and Sundays) will have First Aider (<b>FA</b>) present with a stocked first aid kit that any player from any team may come to use.</p> <p>The Vets and 3<sup>rd</sup> XV team are also provided with a first aid bag for their games when <b>SC</b> or <b>FA</b> are not present.</p>	<p>Each Mini and Junior team may also wish to purchase their own personnel first aid bag for their team. This can be advised on, and the team coach may contact <b>SC</b> at <a href="mailto:cassidy.sarah@hotmail.com">cassidy.sarah@hotmail.com</a> to discuss this.</p>	<p>Responsibility for checking and restocking first aid equipment:            Senior’s bag – <b>SC</b>            Minis + Junior’s bag – <b>FA</b>            Medical cabinet – <b>SC</b></p> <p><b>SC</b> to discuss with coaches at start of 2023 season regarding first aid bag availability for each team</p>
Does the club have or stock additional first aid / medical equipment such as spinal boards or Automated External	<p>No spinal board</p> <p>AED is on the anterior outside wall of the clubhouse.</p> <p>For senior games, a</p>		<p>Responsibility for checking and maintaining this equipment - <b>SC</b></p>

Defibrillators (AED)	verbal EAP is given to opposition first aider by <b>SC/FA</b> prior to any match outlining equipment available to both teams should they be needed.		
Does the club have a specifically allocated first aid room?	Yes – it is opposite the club house in a big blue container. It has a sink, treatment bed, cabinet with medical supplies and record book for recording incidents where first aid has been given.		
<b>Provision/Personnel</b>			
Are all first aiders qualified to a minimum of Emergency First Aid at Work or equivalent?	Yes <b>SC</b> – ITMMIF <b>FA</b> – Emergency first aid at work		
Is there a qualified first aider (based on minimum recommended guidelines) allocated to each team for both training and matches	There are venue first aiders present at each training session. Each team should also have a Basic Life Support (BLS) coach/parent present. Each matchday will have a dedicated Emergency First Aider (EFA) ( <b>SC for 1<sup>st</sup> XV, FA for 2<sup>nd</sup> XV and M+J</b> )	Each mini and Junior team may wish to have their own Basic Life Support (BLS) trained first aider. This can be discussed and confirmed on who's responsibility it will be with <b>Sarah Cassidy/First Aider</b>	<b>SC</b> to discuss mini's and junior's coaches having dedicated BLS first aiders going forward with <b>FA</b>
Have all first aiders and coaches completed the online HEADCASE concussion awareness module?	Each dedicated EFA has completed the course.	Coaches should be heavily encouraged to complete this online module if not already done so. Coaches complete the coach version of the online HEADCASE module, it is free to access at <a href="http://www.englandrugby.com/headcase">www.englandrugby.com/headcase</a>	
<b>Emergency Action Plan / Incident Management</b>			
Is there an Emergency Action	Yes – please find attached at the back of		<b>SC</b> to review annually

Plan in place for on pitch incidents?	this document.		
<b>Reporting and Recording</b>			
Does the club have a process for recording "on pitch" incidents and injuries?	Yes – 1st XV and 2ndXV are recorded in folders by <b>SC</b> , M+J recorded by <b>FA</b> . Files stored in medical room.		<b>SC</b> to review previous seasons' records at end of season
Does the club monitor and review its on-pitch accidents and injuries on an annual basis?	Yes – <b>SC</b> to review at the mid-season and end of season breaks		
Is the club aware on what injuries should be reported to the RFU?	Yes, injuries are flagged up and then reported where necessary by <b>SC</b> to the RFU.		
<b>Reporting and Recording</b>			
Has the Rugby Club reviewed its "off pitch" accidents in the last 12 months?	No "off pitch" injuries have been reported to <b>SC</b> in last 12 months.	Incidents and accidents in the clubhouse that are non-rugby related will need to be recorded in the accident book in the clubhouse.	<b>SC</b> to discuss accident reporting with club backroom staff
Do members of the public or non-employees frequent the premise?	Yes – frequently for game days and often during events. For all of these cases that involve rugby <b>SC or FA</b> is present.	For large scale events at the club outside of rugby (bonfire night etc.) private medical contractors are hired in and will be the first responders to any incident at the club. For smaller scale events, a BLS trained individual will be present at the club and will be responsible for calling an ambulance if further assistance is needed.	<b>SC</b> on hand to advise about large scale events when and where needed
Is the Rugby Club in a remote location which will take the emergency services over 8 minutes to reach?	Nearest A+E hospital – Warwick Hospital – 15 minutes (8.1 miles) Nearest Trauma Hospital – Walsgrave Hospital (UHCW) – 27 minutes (14.7 miles)	The rugby club is not in a remote location with good access to A roads. Ambulances should have limited trouble reaching the club quickly.	

Do members of staff / volunteers lone work?	No		
Is the premise spread out with several buildings and/or floors and/or across different sites	No		

## Hazards

Hazard	Who might be harmed and how?	Current Control Measure	Action Plan / Future Control Measure
Changing rooms / showers /toilets	<p>Staff, members , players, visitors</p> <p>Slip, trip, fall</p> <p>Harm: fractures, head injury, sprains, strains</p>	<ul style="list-style-type: none"> <li>• Flooring in the toilets, showers and changing rooms are routinely inspected to ensure that they're maintained in a good order</li> <li>Drainage is in place and maintained to allow excess water to drain away</li> <li>•Anti-slip flooring is provided in typically 'wet 'areas</li> <li>•Changing room/showers/toilets are frequently cleaned and mud from boots is cleared away following use.</li> </ul>	



**Berkswell and Balsall RFC**  
**Emergency Action Plan**  
**Home Fixtures**

An emergency situation may occur at any time during training or competitive events and immediate action must be taken in order to provide the best possible care. Preparation is vital for effective response in any emergency situation. Adequate preparation requires an Emergency Action Plan (EAP), therefore development and implementation of an EAP will ensure that emergency situations are handled appropriately. This emergency action plan has been designed as a guide in the event of serious injury/ potential emergencies. For the purpose of this EAP a serious injury/ emergency can be termed as any condition whereby an individual's life or limb may be in danger or they could be at risk of permanent impairment, unless immediate medical intervention is taken on their behalf. These injuries include, but are not limited to; cervical spine injury, head injury, shock, fractures, cardiac arrest, illness and haemorrhage. This EAP is applicable to all Berkswell and Balsall RFC players and visiting team players, participating in a squad fixture at the following venue: Berkswell and Balsall RFC, Honiley Road, Meer End, Kenilworth, Warwickshire, CV8 1NQ.

### **1. MEDICAL STAFF PERSONNEL AND RESPONSIBILITIES**

Medical Staff	Job Title	First Aid Qualification	Contact Number	Responsibility
Sarah Cassidy	Sports Therapist	BSc (Hons) Sports Therapy ITMMIF	07940542356	Lead all medical situations
Joshua Loach-Smith	Head Coach	First Aid At Work	07515633087	Assist sports therapist
Rory Wallace	Committee Member	First Aid At Work	07508024012	Assist sports therapist

Sports Therapy (Student or Graduate) will be pitch side for each fixture on a match day and act as the primary care provider at the scene of injury or accident, lead sports (Graduate) therapist on the day will take the lead of the situation once made aware.

#### **Specific Medical Staff Responsibilities**

##### **Pre-fixture**

Meet in the Medical Room to discuss and review any possible problems which may affect implementation of the EAP. Individual roles and responsibilities are allocated by the lead clinician.

If visiting team medical staff members are attending, a meeting must be held medical room or pitch side 1 hour prior to kick off time to highlight our EAP procedures and highlight any players with relevant medical conditions e.g. anaphylaxis, insulin dependent diabetes mellitus.

Available emergency equipment must be checked and in working order before training/fixtures commence.

All medical staff on duty must carry their mobile phone on them and have each others numbers saved into their phones. Emergency equipment must be positioned pitch side, or next to the stated training area.

##### **During-fixture**

- The pitch side Therapist must provide immediate care to injured / ill players during the fixture, informing the lead clinician via mobile phone and activating the emergency action plan if necessary
- The pitch side Therapist must make return to play decisions for the injured player, discussing with the lead clinician if required
- Assist with scene management during emergency or serious injury, including coordinating the emergency services as appropriate
- Liaise with visiting team medical personnel, providing assistance where necessary - Make referral decision concerning injured players (lead clinician)
- Communicate with other disciplines (e.g. coaching staff) providing direct care to the injured player
- Provide appropriate information / handover to the ambulance service when they are in attendance – A.T.M.I.S.T. approach (Patients name, age, time of injury, mechanism of injury, symptoms and treatment so far)
- The player's next of kin must be notified of the ongoing situation ASAP during a significant incident

### **Post Fixture**

(Refer to section 5 and 7 for additional details): - Complete the appropriate documentation of an incident and complete appropriate documentation or replenish supply where necessary - Replenish any consumables from the medical kit

### **Role of the primary care provider:**

In order to effectively and efficiently manage an emergency situation, the pitch side primary care provider should follow the below guidelines:

1. Assess the scene and make safe before entry
2. Check injured individual's level of consciousness using AVPU
3. Check ABC's, begin Basic Life Support (BLS) if necessary
4. Call for further medical/support personnel assistance if required
5. Formulate an assessment of the injured / ill individual, following the ABCDE pathway
6. Co-ordinate assisting personnel to call for ambulance if required, making security aware - Begin the necessary first aid care, following the ABCDE pathway
7. If cervical injury is suspected, then appropriate triple immobilisation and extrication is required, if equipment is available.
8. Keep injured player warm
9. Keep area free of bystanders
10. Inform appropriate person(s) (e.g. Parents, guardian, next of kin)
11. Provide a detailed handover to assisting medical services and document appropriately

**In an emergency situation, you must work within your personal capabilities and provide the level of care that you are qualified to provide**

### **2. SUPPORT PERSONAL**



Support from other on-site staff is vital in the event of serious injury or emergency. Support personnel include;

- Other members of the medical team
- Sport scientists, coaching staff and other members of support staff
- Security staff
- Players

**Support personal responsibilities may include:**

Other medical staff: assist the primary care giver in the management of the injured / ill individual.

Coaches/support staff: keep other players away from the injured/ ill individual and assist medical staff as required.

Security: scene control; keeping bystanders away and co-ordinating emergency services.

Players: keep clear from the scene and assist medical staff as required.

**3. EXTERNAL SUPPORT PERSONAL**

External support personnel are most likely to be present at a fixture and may include paramedics, emergency technicians or first aiders.

The lead clinician must liaise with the external support personnel prior to the start of the event:

- Clarify their level of training and skill set
- Establish medical equipment and medications they have available
- Allocate roles and responsibilities
- Establish methods of communication
- Establish preferred management techniques for emergency situations e.g. spinal injury.

**4. COMMUNICATION**

Emergency services are contacted by dialling 999

Emergency Call Procedure:

**What to say**

- Identify yourself (name and role within the academy)
- Briefly explain situation (e.g. unconscious, breathing)
- Explain purpose of call (e.g. ambulance needed)
- Give location and your contact number
- Answer any additional questions
- IT IS ADVISED THAT YOU HANG UP LAST!

An Example 999 script:

This is .....(caller)..... The address of my emergency is.....(address and postcode)..... and the phone number I am calling from is.....(phone number)..... We have a player(s) that has been injured during a match/training session. The injury is.....(injury/situation)..... and needs an ambulance. They are currently.....(condition of player)..... We have begun.....(what treatment)..... We are located.....(give specifics)..... We are sending.....(person/role)..... to meet the emergency personnel at.....(specific location).....

## 5. EQUIPMENT

Equipment	Use	Location
Automated External Defibrillator	Cardiac Arrest	On anterior outside wall of club house <b>CODE: C159X</b>
Run on Bag	On pitch first aid and assessment	Pitch side
Stretcher	Extrication of non suspected c-spine stricken player	Medical Room
Ice	Reduce inflammation	Run on bag and behind bar
Crutches	Lower limb injury that is unable to fully weight bear	Medical Room
Sling	Immobilise upper limb injury	Run on bag and medical room
Knee brace and air cast boot	Immobilise lower limb injury	Medical Room
Wound Care	Help treat wounds	Run on bag and medical room

## 6. TRANSPORTATION IN EVENT OF INCIDENT

**In the event of an emergency with an unstable player:** Ambulance (will be coordinated on site by security). The injured player will be accompanied to the hospital by a member of the Medical Team, or a suitably responsible person. In the event of a non-emergency when the player is stable but further assessment at hospital is required: Private vehicle (this can be the injured player's parent's vehicle or own vehicle if has appropriate insurance, If a person under the age of 18 is being transferred in a private vehicle, then it is essential that a chaperone is taken.

**In the event of a non-emergency when the player is stable but further assessment is required:** This assessment can take place in the Medical Room. Transportation from the field of play for the purpose of assessment in the Physio Room, for a non-emergency situation, where the individual may or may not be able to fully mobilise themselves, should be coordinated by the appropriate medical staff and carried out with use of appropriate equipment. Direct access is also available to the Medical room from the pitch.

### Nearest NHS A&E Department

- Start:

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Berkswell and Balsall Rugby Football Club, Kenilworth, UK

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- 0.0

Head south-east on Honiley Rd towards Meer End Rd/A4177

- 0.1

Turn right onto Honiley Rd/A4177

Continue to follow A4177

- 2.3

At the roundabout, take the 1st exit onto Birmingham Rd/A4177

- 6.5

At the roundabout, take the 2nd exit onto Birmingham Rd/A425

## Warwick

### A425

- 7.0

Turn left onto St Michael's Rd

- 7.4

Turn left onto Cape Rd

- 7.4

Turn right onto Millers Rd

- 8.0

Turn right onto Lakin Rd

- 8.0

Turn right

- 8.0

Turn left

- 8.0

Turn left

- 8.0

Turn right

Destination will be on the left

- 8.1

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Arrive: Warwick Hospital Emergency Room, Lakin Road, Warwick, UK

- **Section time: 15 mins 46 s, Total time: 15 mins 46 s**



### **Nearest A&E Department for Major Trauma / Spinal Injury / Neurological Injury**

- Start:

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Berkswell and Balsall Rugby Football Club, Kenilworth, UK

- 0.0

Head south-east on Honiley Rd towards Meer End Rd/A4177

- 0.1

Turn left onto Meer End Rd/A4177

- 1.4

Turn right onto Kenilworth Rd/A452

Continue to follow A452

**Kenilworth**

- 3.5

Turn left onto Beehive Hill/A452

Continue to follow A452

- 4.0

A452 turns left and becomes Upper Spring Ln

- 4.4

Turn left onto Coventry Rd/A429

- 7.3

Turn right onto Kenpas Hwy/A45

- 8.2

At Stivichall Roundabout, take the 2nd exit onto Stonebridge Hwy/A45



- 10.0

Keep right to stay on Stonebridge Hwy/A45

- 10.7

Stonebridge Hwy/A45 turns slightly right and becomes Coventry Eastern Bypass/A46

- 13.4

At the roundabout, take the 1st exit onto B4082

- 13.7

At the roundabout, take the 2nd exit onto Clifford Bridge Rd/B4082

Go through 1 roundabout

- 14.3

Slight right

Go through 1 roundabout

- 14.5

At the roundabout, take the 3rd exit

- 14.6

Turn right

- 14.6

Turn left

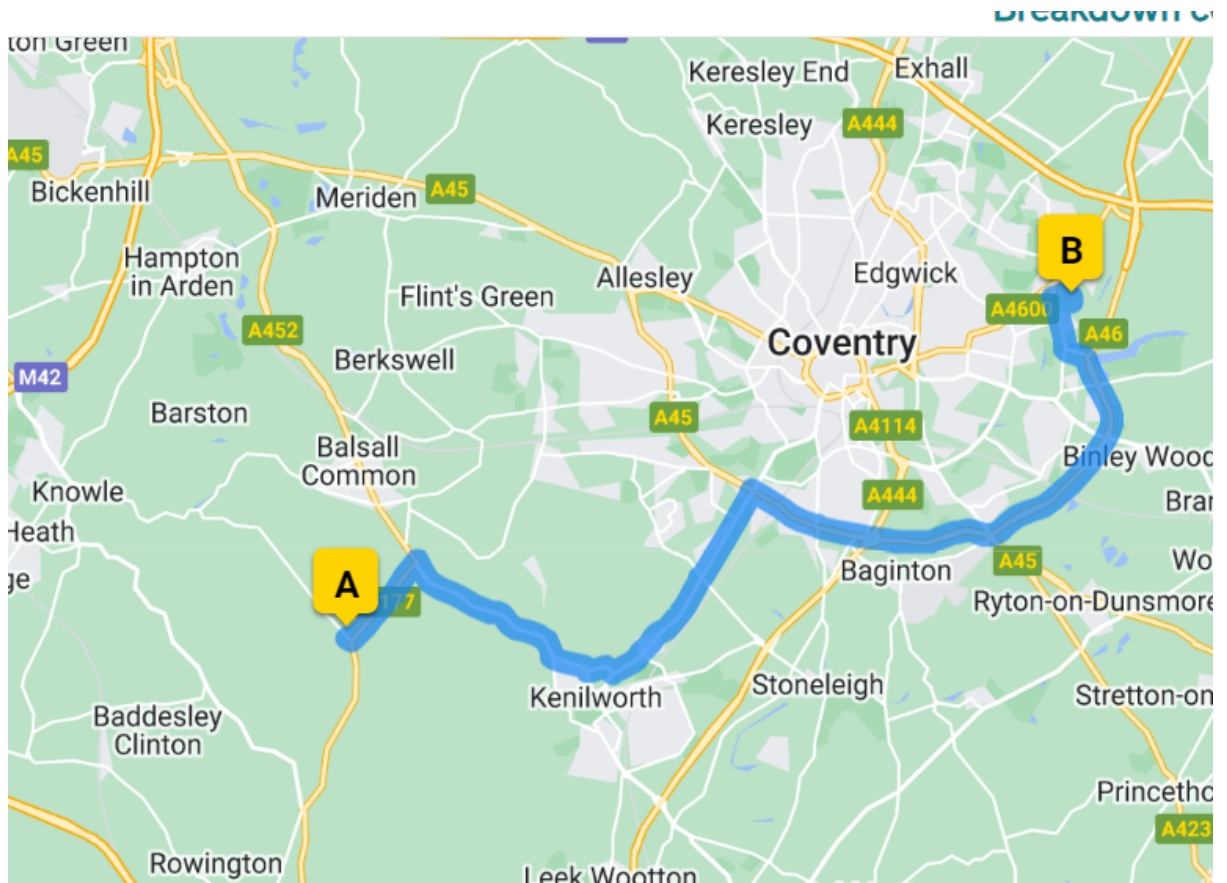
Destination will be on the right

- 14.7

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Arrive: Walsgrave University Hospital, Clifford Bridge Road, Walsgrave on Sowe, Coventry, UK

- **Section time: 27 mins 10 s, Total time: 27 mins 10 s**



## 7. **FOLLOW UP**

Following a serious injury, or significant incident:

Emergency equipment retrieval and equipment checks must be completed

- Appropriate documentation by the attending member of medical staff must be completed in the player's medical notes
- A debrief will be held with the team of staff involved in the incident to identify what went well, what could have gone better and learning points from experience
- The attending member of medical staff must then complete a clinical reflection of the incident and feedback, ensuring the current Emergency Action Plan can be effectively reviewed.

## EAP Chain of Command and Procedures

For 1<sup>st</sup> XV fixtures – Lead Medical - **Sarah Cassidy**

For 2<sup>nd</sup> XV and Minis & Juniors fixtures – Lead Medical – **First Aider**

In the event of a medical emergency, alert **Sarah** to what has happened and where.

### Cardiac issue

- If a player/spectator is **not breathing** **CPR must be started as soon as possible**. If this happens the therapist will shout for someone to **find the nearest AED (as stated in the above diagram)** and another to **call 999** and request an ambulance. Ensure that the phone used to call 999 is kept next to the therapist present so they can update the emergency services.

### Spinal Injury

- If a player has a **suspected neck injury** the therapist must first ensure the patient is breathing and then must initiate the NEXUS protocol to attempt to clear the neck of injury. The therapist will take control of the player's cervical spine and will need assistance to complete the assessment. **Joshua Loach-Smith, Oliver Eburne or Rory Wallace** will be best placed to assist in calling an ambulance should the therapist decide that it will be necessary to call one. Coaches/players may also be asked to assist in keeping the player warm.
- **If an ambulance is called**, it is very likely that the player/spectator will need to be transferred on to a form of spinal board. In each case, the therapist should follow the paramedic's lead and instructions. Firstly, a neck brace may be fitted to further stabilise the cervical spine. Using the log roll technique, the player will need to be rolled up so that whichever



stretcher is being used can be pushed underneath them. Then head blocks should be placed on either side of the player's head to further stabilise their head. The player is then strapped to the stretcher across their head, chest, pelvis and thighs to ensure they won't be moved in transit. To lift the player, 4 people will be used to hold the stretcher either side of the head and the feet and move the player off the pitch and, potentially, into the ambulance.

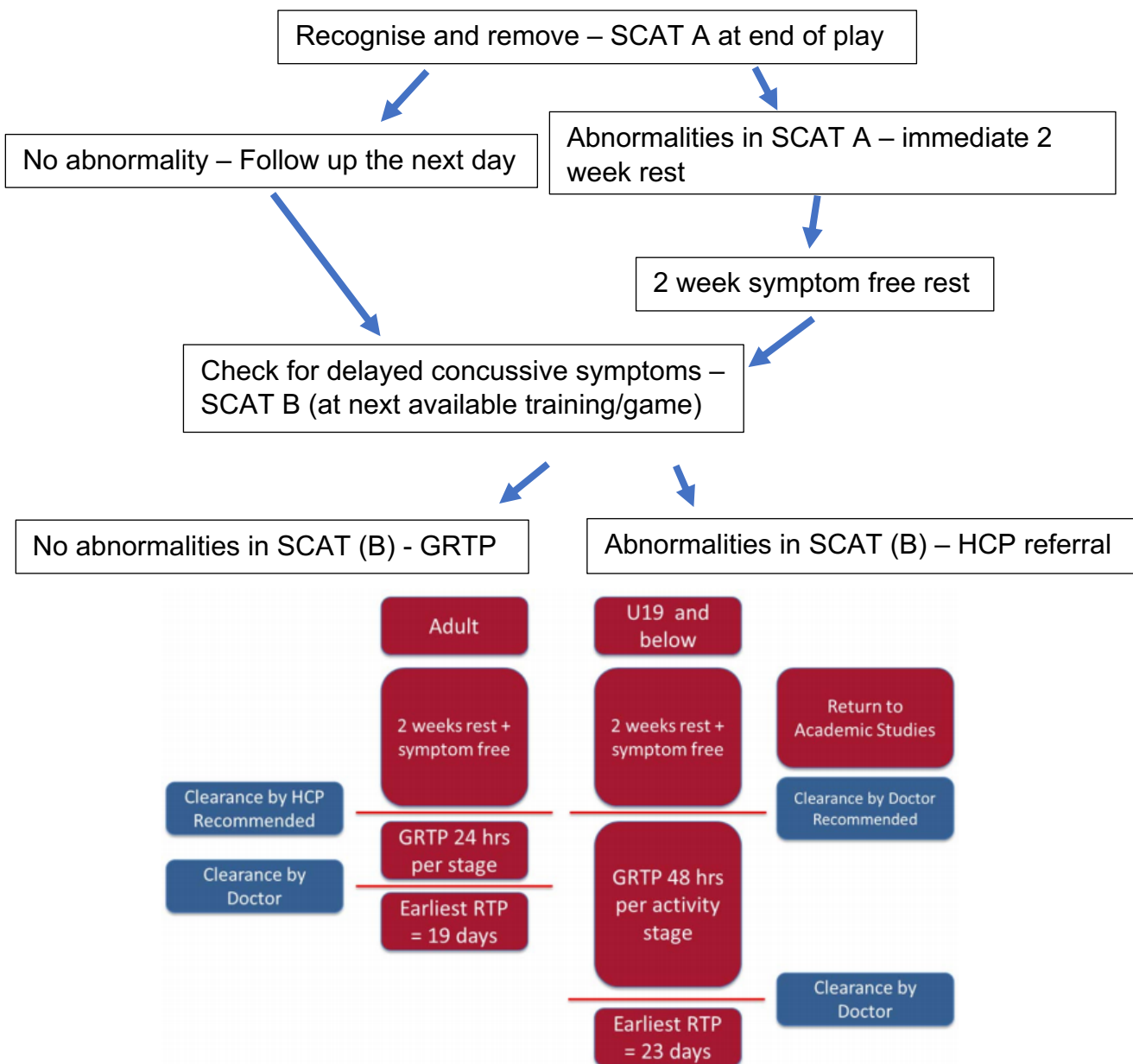
### Wounds

- When the therapist goes to treat a **wound**, they will immediately apply pressure to the wound with gauze to aid in stopping the bleeding. In extreme cases the therapist may hold the wound above the heart, compress the artery proximal to the wound and call an ambulance. Once the bleeding is controlled, the therapist will clean the wound and fix a sterile gauze to maintain pressure. The therapist must assess how deep the laceration is before cleaning and appropriately sealing the wound. For shallower lacerations, steri-strips can be used by the therapist. For deeper lacerations, the player will need to be taken to a hospital ASAP to have the wound stitched/glued.

### Concussion

- In the event a player is showing signs of **concussion** the therapist will employ the Recognise and Remove strategy and will ask the player to perform a SCAT6 at the earliest opportunity after the game. This is to ensure that the therapist can remain focussed on the on-going match whilst still not taking any chances with the injured player.

Concussion management is to closely follow the **RFU Headcase resources**. See next page for the flow chart for concussion management play.



A player's age is deemed to be their age as at 1<sup>st</sup> September.

Stage	Rehabilitation Stage	Exercise Allowed	Objective
1	Rest	Complete physical and cognitive rest without symptoms	Recovery
2	Light aerobic exercise	Walking, swimming or stationary cycling keeping intensity, <70% maximum predicted heart rate. No resistance training.	Increase heart rate and assess recovery
3	Sport-specific exercise	Running drills. No head impact activities.	Add movement and assess recovery
4	Non-contact training drills	Progression to more complex training drills, e.g. passing drills. May start progressive resistance training.	Add exercise + coordination, and cognitive load. Assess recovery
5	Full Contact Practice	Normal training activities	Restore confidence and assess functional skills by coaching staff. Assess recovery
6	Return to Play	Player rehabilitated	Safe return to play once fully recovered.