



ESHER
RUGBY

Esher Rugby Club

The Rugby Ground, 369 Molesey Road,
Hersham, Surrey, KT12 3PF

Tel 01932 220295
Fax 01932 254627
Web www.esherrugby.com

Esher RFC
1st Aid Policy
September 2018

INTRODUCTION

Clubs have a responsibility towards the health and safety of those people who use the club facilities. During rugby activities, in common with all sports, players, officials or spectators may suffer injury or sudden illness.

While the arrangements for spectators and officials are likely to be the same as for any other sport, because rugby is a full contact sport, the arrangements for players will need to reflect this. It is the club's or organiser's responsibility to ensure that arrangements are in place so that participants receive appropriate immediate attention if they are injured or taken ill, until the emergency services arrive.

While there is a general requirement, it should be recognised that there is variation in the level of care that that would be considered appropriate and this will depend on the individual circumstances at the club or venue. It will also depend on what is reasonably practicable for the club or organiser to provide; it is not reasonably practicable to expect a Level 11 club to provide the same level of care as that provided in the Premiership.

In order to provide a safe environment in which the game can be enjoyed by all, clubs should encourage members, coaches and volunteers to attend a first aid training course so that they can respond to basic first aid situations with confidence.

This guidance provides information on all aspects of first aid and will be of interest to rugby administrators, club administrators, players, parents, volunteers, first aiders and health care professionals involved in rugby, specifically those playing at level 3 and below. Premiership and Championship clubs have their own set of minimum criteria in relation to medical matters.

Clubs which have employees (including any paid players as they are 'deployed' or 'employed' by the club) may fall under the Health and Safety (First Aid) Regulations 1981 (SI 1982 No 917).

These require employers to provide suitable first-aid equipment, facilities and personnel to enable immediate assistance to be given to employees if they are injured or become ill at work. Detailed information can be found in First aid at work. The Health and Safety (First-Aid) Regulations 1981

Schools, Universities and Further Education Colleges have their own guidance on first aid provision, which will inform their risk assessment and thus their level of provision.

RESPONSIBILITIES OF CLUB MANAGEMENT

Clubs and other bodies who organise activities such as sport, have the following responsibilities with respect to safety and first aid:

- Complete a risk assessment to determine the appropriate level of first aid provision.
- Ensure that providers are appropriately trained and undertake recertification in accordance with their qualification
- Ensure that the procedures for the recording and reporting of incidents are followed.
- Ensure that suitable first aid facilities and equipment are available.
- Ensure that there is adequate cover to allow for absences.



RISK ASSESSMENT During any activity, the number and type of first aid personnel and facilities should be based on a risk assessment.

This process is no different from other risk assessments carried out for Health and Safety purposes. Guidance on this is provided on the RFU web site www.rfu.com/ManagingRugby/ClubDevelopment/LegalAndAdmin

In assessing the need, the club/organiser should consider the following:

- Playing and non-playing hazards and risks.
- The club's history of injuries and accidents, including any relevant research.
- The number of people involved (players and spectators).
- The needs of players at away matches
- The nature (adult/child) and distribution of the players (size of site or more than one site).
- The remoteness of the site from emergency medical services.
- Use of shared facilities and first aid resources
- Holiday and other absences of first aid trained personnel.
- Additional requirements for special groups i.e. children, disabled players.

Once the risk assessment is complete and the level of first aid cover has been decided, additional risk management measures should be considered:

- Emergency procedures should be developed and readily available (for further guidance on emergency procedures visit www.rfu.com/ManagingRugby/FirstAid)
- Emergency services contact details must be readily available;
- Ambulance access to the pitch/training ground must be maintained at all times.
- Establish contacts with the local NHS Ambulance Trust and Hospital Emergency Department. Maintain a good level of communication with them on the clubs activities, especially festivals.
- Appropriate first aid facilities and equipment based on their risk assessment and level of training of personnel.
- Regular training of personnel in assisting first aiders should be carried out.
- First aid equipment must be appropriately, stored, maintained, and cleaned.

FIRST AID & IMMEDIATE CARE PROVIDERS AND TRAINING

Clubs should also be aware that there are different levels of training required in order to provide first aid and immediate care cover. These are outlined below.

Emergency First Aider

From 1 October 2009 a new level of training has been established for those who were previously known as Appointed Persons and had done a basic first course. This is the HSE Emergency First Aider at Work (EFAW) course. This course takes a minimum of 6 hours training and a certificate will be issued by a recognised awarding body.

The Emergency First Aider qualification has been introduced to enable organisations to provide a basic level of first aid provision where a needs assessment identifies that a dedicated fully trained First Aider is not necessary.

They are trained to:

- Take charge when someone is injured or ill, including calling an ambulance if required;
- Provide emergency first aid to injured or ill persons until more expert help arrives;
- Look after the first aid equipment, e.g. restocking the first aid box.

They should not attempt to give first aid for which they have not been trained.

Every squad/team should have a nominated Emergency First Aider or an Appointed Person with basic first aid training, to provide help to any injured or ill player until more expert help arrives.

This training is suitable for any member of the team management, coaching staff or a volunteer.



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Having a number of individuals trained to this level will ensure that this basic level of cover is available at all matches and training sessions.

In HSE Regulations, the Appointed Person role remains and there will continue to be no regulatory requirement for such personnel to undertake first aid training.

Although appointed persons may undertake basic first aid training they would not be formally recognised as "First Aiders" in HSE regulatory terms.

While the HSE EFAW qualification is not necessary for clubs that are not subject to the HSAW Act, running or providing access to such a course provides individuals with a recognised transferable qualification. In addition, funding may be available from Local Authorities/ Community Sports Partnerships for courses that sit on the National Qualifications Framework.

Examples of suitable courses:

- RFU Emergency First Aid Course (HSE EFAW and Level 2 Ofqual Qualification). Includes training on common rugby injuries.
- HSE EFAW Course.
- St John Ambulance Sports First Aid course
- Red Cross Basic First Aid Course

The RFU course has been developed to meet the needs of the manager, coach or volunteer providing first aid on the pitch side in rugby.

It also meets the needs of the HSE EFAW qualification so is transferable into the workplace setting.

If selecting an alternative course, clubs should ensure that it meets their needs.

Issues to consider:

- Any courses should have a quality assurance process (shown by an accreditation mark from a body such as Ofqual or the HSE) and a refresher training programme.
- The course should cover both common rugby injuries (such as concussion) and rare but serious injuries (such as spinal injury) in sufficient detail.
- What experience and qualifications does the trainer have? E.g. medical background, years of tutor experience, knowledge of rugby.
- How many people will be in the training session? Suggested maximum: 16 per trainer.
- What insurance does the trainer have? E.g. personal liability cover.
- What resources are provided for out of course learning? E.g. training manual.

First Aider

A First Aider holds a current First Aid certificate issued by a recognised awarding body i.e. Ofqual approved training organisation, HSE First Aid at Work approved training organisation, Red Cross or St John Ambulance.

Clubs which have employees may actually fall under the Health and Safety (First Aid) Regulations 1981 (SI 1982 No 917) and will need to refer to these. Guidance is available at www.hse.gov.uk/firstaid/
The first aid landscape is not clearly defined (except for those subject to the Health & Safety at Work (H&SAW) Act) and there are a range of courses, training organisations and individual trainers.

The HSE regulations do however provide a benchmark, and a club First Aider should undergo training to the same level as First Aid at Work (FAW), which is a three day course.

Clubs may consider it appropriate to have a small number of club officials and/or volunteers trained to this level.

Alternatively they may decide to engage the services of trained first aiders from outside the club. When using external providers, it is the club's responsibility to check that the individuals are appropriately trained and experienced.



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Examples of suitable courses:

- HSE First Aid at Work
- St John Ambulance Activity First Aid course
- Red Cross Standard Certificate in First Aid course.

Holders of an HSE First Aid at Work certificate must undergo re-certification every 3 years and it is strongly advised that they undertake refresher training on an annual basis.

Therapists

There are a number of different therapists involved in sport, examples are set out below.

Clubs should ensure that the individual therapist has the relevant qualifications, experience and insurance for the role. Therapists should be able to provide evidence of registration with or membership of their relevant regulatory body or society to help clubs in this process:

- **Sports Rehabilitators.** He/she should be registered as a full member with BASRaT (British Association of Sports (pending BASRaT's application for inclusion of members on Health Professions Council) and have appropriate experience and training in first aid or immediate care. For more information visit www.basrat.org
- **Sports Therapist.** He/she should be registered as a full member with the Society of Sports Therapists, and have appropriate experience and training in first aid or immediate care. First Aid training is mandatory in Sports Therapy degree programmes recognised by the Society. For more information visit www.society-ofsports-therapists.org
- **Sports Massage Therapist** He/she should be registered as a full member with the Sports Massage Association at Level 3 or 4 membership, and have appropriate experience and training in first aid or immediate care. For more information visit www.sportsmassageassociation.org
- **Osteopath.** He/she should be registered with the General Osteopathy Council (HPC) as an Osteopath, and have appropriate experience and training in immediate care. For more information visit www.osteopathy.org.uk
- **Chiropractor.** He/she should be registered with the (HPC) as a Chiropractor, and have appropriate experience and training in immediate care. For more information visit www.gcc-uk.org

Health Care Professionals

Clubs/organisers may decide to engage the services of a health care professional. When doing so they must ensure that the individual is appropriately trained, experienced and insured. Preferably there should be a formal agreement which covers roles and responsibilities. These individuals will have their own insurance arrangements as a requirement of their regulating body. Below the elite level of sport, such insurance will usually be provided at no additional cost to them, as long as they have the appropriate training and experience.

Options include:

Paramedic. He/she should be registered with the Health Professions Council (HPC) as a State Registered Paramedic, and have appropriate experience in providing cover for rugby or other contact sports. If working outside the NHS they will require their own indemnity insurance. Registration status can be checked at www.hpc-uk.org/

Nurse. He/she should be registered with the United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC), and have appropriate experience and training in immediate care. A nurses registration status can be checked at www.nmc-uk.org/

Physiotherapist. He/she should be registered with the Health Professions Council (HPC) as a Physiotherapist, and have appropriate experience and training in immediate care. Registration status can be checked at www.hpc-uk.org/. More information on physiotherapists is available at www.csp.org.uk x Doctor. He/she should be registered with the General Medical Council (GMC), and have appropriate experience and training in immediate care. A doctors registration status can be checked at www.gmc-uk.org



Examples of immediate care courses approved or accredited by the Faculty of Prehospital Care (Royal College of Surgeons of Edinburgh) available include:

- RFU Pitch Side Immediate Trauma Care Course (PSITCC)
- Rugby Football League Course
- Resuscitation and Emergency Medicine On-field Course (REMO)
- AREA Course (Football Association)
- Pre-Hospital Emergency Care Course
- BASICS Immediate Care Course
- Advanced Trauma Life Support Course (orientated towards hospital based care)

LEVELS OF PROVISION

The level of cover that it is reasonable and practicable to provide will depend on the individual circumstances of the club or event organiser.

Clubs which have the resources, and where it is reasonable to do so would need to consider engaging the services of health care professionals and providing appropriate equipment and facilities.

Guidelines on the appropriate level of provision are provided at Annex A, although the actual level of provision will depend on each individual club's risk assessment and resources. These are guidelines only; they are not definitive nor are they a legal requirement.

Teams will usually want to provide their own cover, even when playing away fixtures.

The following situations may occur however:

a. Where it is appropriate for a single provider to cover the home and away teams, it will usually be the home team that is responsible for provision although this must be agreed in advance to avoid confusion, as the visiting team has a shared responsibility to ensure provision.

b. Where a game is arranged at a neutral venue, the organiser is responsible for ensuring the appropriate level of provision. This could be provided by the venue but again, this must be agreed in advance to avoid confusion.

FIRST AID EQUIPMENT

Once an assessment of first aid provider needs has been carried out, the findings can be used to decide what first aid equipment should be provided.

The minimum level of first aid equipment is likely to be a suitably stocked first aid box for the club house and first aid bags for pitch-side trained personnel. A suggested contents list for a basic pitch side first aid bag is available from the RFU website (www.rfu.com/ManagingRugby/FirstAid).

A range of first aid bags and equipment for pitch-side use are available from the official partner of RFU community rugby; Mobilis Healthcare (www.mobilishealthcare.com/sport)

First aid equipment should only be provided appropriate to the level of training of the first aider or immediate care provider.

Although there is no specified review timetable, many items, particularly sterile ones, are marked with expiry dates. They should be replaced by the dates given and expired items disposed of safely. In cases where sterile items have no dates, it would be advisable to check with the manufacturers to find out how long they can be kept. For non-sterile items without dates, it is a matter of judgement, based on whether they are fit for purpose.

FIRST AID FACILITIES

Where their assessment identifies this as necessary and reasonably practicable, clubs should provide a suitable first aid room or rooms. The room should be warm, have good lighting, and contain essential first aid facilities and equipment. Suggested contents include the following:



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- A sink with hot and cold running water;
- Drinking water and disposable cups;
- Soap and paper towels;
- A refuse container;
- A store for first aid materials;
- A container for the safe disposal of clinical waste;
- A couch with waterproof protection, clean pillows and blankets;
- A chair;
- A telephone or other communication equipment;
- A record book for recording incidents where first aid has been given.

Wherever possible, the room should be reserved specifically for providing first aid and your designated person (first aider or appointed person) should be given responsibility for the room. It should be easily accessible to stretchers and be clearly signposted and identified.

FIRST AID SIGNS

All First Aid at Work first aid boxes must have a white cross on a green background. Similarly, first aid rooms should be easily identifiable by white lettering or a white cross on a green background. The signs should be placed where they can be seen and easily identified.

RECORD KEEPING

It is good practice to provide your First Aiders with a book in which to record incidents that required their attendance. The information kept can help you identify injury and accident trends and possible areas for improvement in the control of health and safety risks. It can also be used for reference in future risk assessments. This record book is not the same as the statutory accident book required under the H&SAW Regulations, though the two could be combined.

Useful information to record might include:

- Date, time and place of incident;
- Name and job of the injured or ill person;
- Details of the injury/illness and what first aid was given;
- What happened to the person immediately afterwards (for example went home, went back to work, went to hospital);
- Name and signature of the first aider or person dealing with the incident.
-

It is usual for the first aider or appointed person to be responsible for the book. However, clubs retain overall responsibility for ensuring that records are maintained.

REPORTING OF INJURIES

Certain clubs with employees will be subject to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995. For those there is a legal requirement to report accidents and ill health at work. Information on this is given by the HSE.

The RFU's injury reporting requirements are detailed on the RFU website (www.rfu.com/ManagingRugby/FirstAid/Injuries.aspx) and in the RFU Handbook.

DISCIPLINE

RFU Regulation 9.2 states that:

The safety of all players is of paramount importance and therefore all clubs must ensure that, wherever the game is played or training is conducted:

- (a) there is appropriate first aid cover and equipment provided, determined by an appropriate and properly conducted risk assessment;
- (b) there is access to a telephone to ensure emergency services can be called immediately;
- (c) there is clear vehicular access for an ambulance or other emergency vehicle.

Failure to comply with this regulation could result in disciplinary action being taken against clubs.



LEGAL LIABILITY

It is very unlikely that any action would be taken against a first aider who was using the first aid training they have received.

The RFU Compulsory Insurance provides cover for first aiders carrying out their duties for the club (clubs should however, check their insurance policies and satisfy themselves that they have adequate cover). Clubs/organisers should check that any healthcare professionals, who are engaged to provide services, have their own indemnity.

Clubs/organisers who engage such personnel may have a vicarious liability for their actions and should ensure that their insurance cover is appropriate.

For clubs below level 4, the RFU Public Liability insurance does provide a level of cover. Failure to comply with RFU Regulation 9 may invalidate any Public Liability cover.

SUMMARY

Clubs and organisers of rugby activities are responsible for providing an appropriate level of care to the players, members and spectators using their facilities. There is considerable variation in level of care that that would be considered appropriate and this will depend on the individual circumstances at the club or venue. It will also depend on what is reasonably practicable for the club or organiser to provide. An individual risk based approach is therefore the most appropriate to take, in determining the requirement. Additional information and guidance can be obtained from the RFU Community Rugby Medical Dept, email health@rfu.com

	Immediate Care practitioner	1 st Aid Trained Therapist	First Aid	Emergency First Aider	Dedicated 1 st Aid room/ tent
Mens Level 1	1 per team				Yes
Mens Level 2	1 per team				Yes
Mens level 3	1 per team				Yes
Mens level 4	1 per team				Yes
Mens Level 5		1 per 30 Players		1 per team	Yes
Mens level 6		1 per 30 Players		1 per team	Yes
Mens level 7		1 per 30 Players		1 per team	Yes
Mens Level 8			1 per 30 Players	1 per team	Yes
Mens Level 9			1 per 30 Players	1 per team	
Mens Level 10			1 per 30 Players	1 per team	
Mens Level 11			1 per 30 Players	1 per team	
Mens Level 12			1 per 30 Players	1 per team	
Under 18/ County Rep	1 Per team	1 per 30 players		1 per team	Yes
University teams		1 per 30 players	1 per 30 Players	1 per team	
School/ club under 18			1 per 30 Players	1 per team	
School/ Club 13-17			1 to 120 Players	1 per team	
School/ Club 5-12			1 to 120 Players	1 per team	
Adult/under 18 Tournament			1 to 30 Players	1 per team	Yes
13/17 Tournament			1 to 120 Players	1 per team	Yes
5/12 Tournament			1 to 120 Players	1 per team	Yes
Touch Rugby			1 to 120 Players	1 per team	Yes



- Where matches or training are on more than one site then each site will require the appropriate level of cover
- Where matches or training are on more than one site then each site will require the appropriate level of cover 2. Where the guidelines indicate that a First Aider may cover more than one pitch, Emergency First Aiders provide pitch side cover, with the First Aider available and easily contactable by radio or mobile telephone.

Types of Practitioner		
Immediate Care Practitioner	First Aid Therapist	First Aider
IC Doctor	First aid trained physiotherapist	First aid trained physiotherapist
IC therapist	First Aid trained Graduate Sport Rehabilitator	First Aid trained sports rehabilitator
IC Graduate Sport Rehabilitator	First Aid trained sports therapist	First Aid trained osteopath
IC Trained Osteopath	First Aid trained osteopath	First Aid trained chiropractor
IC trained Chiropractor	First Aid trained chiropractor	First Aid trained sports therapist
State Registered Paramedic	First Aid trained sports massage therapist	First Aid trained sports massage therapist
IC trained Nurse		First Aid trained coach
		St Johns Ambulance First Aider
		Red Cross First Aider
		First Aid trained Nurse

Aid Bags must contain the below:

Assorted dressings (plasters) x 20
Sterile eye pads x 2
Medium sterile wound dressings x 4
Large sterile wound dressings x 2
Triangular bandages x 2
Gloves x 3pairs
wound wipes x 6
Space blankets x 1
Resus aid x 1
Scissors x 1

Reporting of Injuries-

Mini's & Juniors

Any junior or mini player that is injured and requires hospital/GP treatment must have a injury report from completed and returned to Tyrone Lawless email: tyronelawless@aol.com



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Seniors:

If the below occurs Tyrone Lawless must be informed and she will complete the necessary forms

RFU Reportable Injury Events

These are defined as:

- An injury which results in the player being admitted to a hospital (this does not include those that attend an accident and emergency department and are allowed home from there)
- Deaths which occur during a game or within six hours of a game finishing

Esher Rfc has made a commitment to player welfare and will ensure that all teams have adequate first aid cover at all times whilst playing training and representing the club.

All Coaches and managers have to have undertaken the RFU online concussion training before they are allowed to carry out their roles.



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Appendix 1)

Esher RFC Injury Report Form:

All injuries must be reported and the below form completed and e-mailed to tyronelawless@aol.com

Date of incident:

Time of incident:

Player's name:

Date of birth:

Address:

Next of Kin:

Phone Number:

Age group: Coach:

Game/Training (* delete as appropriate)

Injury:

Ambulance Called Yes/No *

Player admitted to hospital Yes/No *

Injury confirmed by hospital:

Name of person reporting incident:

Signature:

Date ;



Concussion Update :

Concussion should be suspected in the presence of any one or more of the following: symptoms (such as headache), or physical signs (such as unsteadiness), or impaired brain function (e.g. confusion) or abnormal behaviour.

1) Symptoms

Presence of any of the following signs & symptoms may suggest a concussion.

Loss of consciousness Seizure or convulsion Amnesia Headache "Pressure in head" Neck Pain Nausea or vomiting
Dizziness Blurred vision Balance problems Sensitivity to light Sensitivity to noise Feeling slowed down Feeling like
"in a fog" "Don't feel right" Difficulty concentrating Difficulty remembering Fatigue or low energy Confusion
Drowsiness More emotional Irritability Sadness Nervous or anxious

2) Memory function Failure to answer all questions correctly may suggest a concussion.

"At what venue are we at today?" "Which half is it now?" "Who scored last in this game?" "What team did you play last week / game?" "Did your team win the last game?"

3) Balance testing Instructions for tandem stance

"Now stand heel-to-toe with your non-dominant foot in back.

Your weight should be evenly distributed across both feet.

You should try to maintain stability for 20 seconds with your hands on your hips and your eyes closed.

I will be counting the number of times you move out of this position. If you stumble out of this position, open your eyes and return to the start position and continue balancing.

I will start timing when you are set and have closed your eyes." Observe the athlete for 20 seconds.

If they make more than 5 errors (such as lift their hands off their hips; open their eyes; lift their forefoot or heel; step, stumble, or fall; or remain out of the start position for more than 5 seconds) then this may suggest a concussion.

Any athlete with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY, urgently assessed medically, should not be left alone and should not drive a motor vehicle.

This policy will be reviewed regularly and signed off by the committee for the start of each season.

The Club will regularly update and check the first aid risk assessment to ensure its fit for purpose.

Tyrone Lawless

Player Safeguarding, Welfare, Legal & Compliance Officer

April 2019