

Cranbrook Sports Club

Cranbrook Rugby Football Club

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1957

3.14 INJURY MANAGEMENT POLICY

IMMEDIATE TREATMENT OF INJURIES

Rugby is a collision sport, which means there is the possibility of injuries to the soft tissues or joints of the body. A traumatic injury to the soft tissues may well cause bleeding and an inflammatory response and the following advice on effective immediate treatment helps maximise the body's natural healing response. Soft tissue is any tissue that supports, surrounds or protects organs or other parts of the body meaning that tendons, ligaments, muscles, nerves and blood vessels are all types of soft tissue.

Please note that the following advice is not a substitute for high quality first aid or immediate care and players should consult a qualified therapist or doctor if injured as it is important to make the correct early diagnosis and appropriate treatment

The key aim in the immediate treatment of soft tissue injuries is to prevent further tissue damage, reduce the body's inflammatory response and allow the injured tissue to begin healing. The following principles are recognised as the best practice for the management of soft tissue injury.

-) Protection
-) Rest
-) Ice
-) Compression
-) Elevation
-) Protection

Initially, the joint or soft tissues must be protected from weight bearing loading and excessive movement. During a match or training this may well require removal from the field of play or the training session, but the exact method used to protect the joint or soft tissue will depend exactly which part of the player's body has sustained the injury. Protection may include strapping, use of a sling for upper limb or use of crutches for a lower limb injury

Rest:

Once the injury has occurred immediate rest of the injured area will prevent further damage and allow healing processes in the tissues to begin without disruption. Depending on the severity of the injury, the rest period required may vary between one to four days. More severe injuries may take longer

Ice:

When applied to the injured tissue, ice causes contraction of the blood vessels (this is known as vasoconstriction), which will reduce localised swelling in the area. It also has an analgesic effect, reducing pain and discomfort by slowing down nerve transmission

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Ice can be applied in a variety of ways, ice cube massage on skin with dermatological cream used as a lubricant to prevent an ice burn, ice bags wrapped around the area, cold gel packs placed in a damp towel to prevent an ice burn, or more sophisticated cold-water compression garment placed around the area

It is recommended that ice is applied for 20-30 minutes every two hours in the initial (or acute) phase of injury, which lasts on average for the first 48 hours

Compression:

Compression assists in the control of the bleeding at the site of the injury, and the subsequent inflammatory response of the injured area during the acute phase. It may consist of a compression bandage wrapped around the soft tissue or joint, or an elasticated bandage tubigrip which is easily applied over the soft tissue or joint

Elevation:

Elevation is used to assist in the drainage of inflammation products produced by the body at the site of the injury. For arm injuries the use of a sling, or placing the arm above the level of the armpit assists this process. For leg injuries placing the limb in elevation above the level of the groin assists this process

Note: It is important that you seek medical advice in the event of any injury which may stop you participating further in the session, or if you experience unexplained symptoms, particularly if they stop you participating further in a session or are recurrent.

SERIOUS INJURY

It is not possible to give a precise definition of what constitutes a serious injury because some injuries may appear very serious initially and should be managed as such, but subsequently turn out to be minor, and vice-versa. It is recommended that they are applied if the following injuries are sustained or suspected:

- Suspected spinal injury
- Suspected head injury (other than concussion)
- Suspected internal injury
- Suspected severe limb injury
- Fatality

The Team Manager\Coach or other Responsible Person should be informed and take responsibility for the overall management of the incident response as soon as practicable. The nominated Responsible Person shall be the senior Coach, Section Lead Coach or Age Grade Lead Coach present at the club at the time. Each team or training session shall have a nominated first responder.

The Responsible Person will:

- Initial overall management of the response including:
 -) Ensure medical staff/first aider is attending injured person and has sufficient assistance.

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-) Ensure an ambulance is or has been called if appropriate (if in doubt telephone emergency services) and they know the location of the incident.
-) Ensure a responsible person is positioned to meet the ambulance at an appropriate location to guide it to the incident.
-) Ensure the ambulance access route is clear of obstructions. Consider the need for an air ambulance landing. If ambulance access on to the pitch is required, and particularly if an air ambulance has been sent, ensure all training and matches in the vicinity are stopped.
-) Ensure next of kin are informed if appropriate
 - Initial information management relating to the incident i.e.:
-) Ensure appropriate details (including contact details) are recorded of all persons involved in the incident i.e. players, coaches, referee, touch judges, first aid/medical personnel, witnesses.
-) Inform club officials of the incident.
-) Formal reporting of the Reportable Injury Event to the RFU. This process and a copy of the RIE Report Form are at Annex B
-) Notify the Constituent Body.
-) Notify the Clubs' insurers.

Before the club initiates any internal investigation legal advice should be obtained through the RFU Legal Helpline [0870 060 3437]

First Aid/Medical

First Aid trained personnel and equipment, with access to the Emergency Medical Services should be available at all matches and contact training sessions.

Team managers and/or coaches should follow the advice below in the event of a serious injury:

- DO NOT move the casualty.
- Keep calm, reassure casualty and keep them warm.
- Summon the first-aider/medical personnel to scene.
- Remain with the casualty until first-aider arrives
- Move other players away from scene and ensure they are supervised and protected from the weather.
- Arrange for next of kin to be notified if not present.
- Arrange for the injured player to be accompanied to hospital if no next of kin present.

Acute medical care for all injured players (beyond pitch side) will be provided by the NHS.

The aim of the Club's first aid team is to

- Provide appropriate safe and optimal on-field care;
- Hand over care to the NHS paramedics on their arrival;
- Maintaining appropriate records of treatment given.