



This document details the procedures put in place by Canvey Island RUFC, in the event of an emergency.

Club Emergency Procedures

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Not every injury can be prevented especially in a contact sport such as rugby, so it is essential that in the event of an injury, adequate first aid procedures/ first aider's are in place. This will dramatically increase the chance of a full recovery for the individual involved.

The safety of all players is of paramount importance and CIRUFC will ensure that, whenever a game or training occurs appropriate first aid cover and equipment will be provided. There is always access to a telephone in the clubhouse so emergency assistance can be summoned immediately, and there is designated vehicular access for responding emergency vehicles through the main club car park.

Everybody involved in rugby at Canvey Island Rugby Union Football Club has a responsible attitude towards the prevention and management of any injury.

The safety of the individual takes priority over the game of rugby.

FIRST AID ARRANGEMENTS

Every team has a named First Aider and a stocked first aid kit. In the clubhouse there is a list of team first aiders. Team managers have mobile phones and a telephone is available in the clubhouse.

Ice and bandages are available in the clubhouse. There is also a stretcher in the clubhouse.

ACUTE/ SEVERE INJURIES

In the event of a suspected acute or catastrophic injury, it is important that everyone – players, coaches, referees and administrators – knows what to do.

This is documented in the **emergency plan** as follows:

1. Call for help.
2. Call for an ambulance.

Act promptly and call immediately for professional medical help

In the event of a suspected spinal or other serious injury, **DO NOT MOVE THE PLAYER.**

Wait until a properly qualified person is able to supervise the procedure.

1. Speak to the player.
2. Check **airway** - remove mouth guard.
3. Check **breathing**.
4. Check **circulation**.
5. **Do not move the player.**
6. Stay with the player and continue communication.
7. Keep player warm until professional help arrives.

If an acute injury has occurred, after the player has been dealt with:

- Notify the Club's Safeguarding Officer who will notify the RFU if required
- Stay in touch with the injured player, family, players and other match officials.

REMEMBER:

- **NEVER** remove an injured player from the pitch to enable the game to continue.
- **NEVER** lift or carry an injured player from the pitch if the player cannot move him or herself.
- **ALWAYS** stop the game if a serious injury is suspected.

BLEEDING

When treating any player, gloves should be worn to protect the player and the first-aider from possible transmission of blood borne diseases such as HIV and hepatitis. Blood must not be transferred from one player to another and as such

ALL blood injuries must be treated and covered before a player can return to the game.

Any items that have been contaminated by blood must be sealed in a plastic bag and safely discarded.

Major bleeding must be treated as soon as possible to reduce the flow of blood, as this may be enough to preserve a life.

Apply direct pressure to a wound first and only apply indirect pressure if this is not possible. Arrange urgent transport to a hospital or doctor's surgery.

CARDIAC ARREST

The Club does not have a defibrillator.

In case of a cardiac arrest, call for an ambulance immediately.

CONCUSSION

The RFU have recently updated their guidance on returning to play after concussion.

When can a concussed player return to rugby?

It is very important that the player does not go back to rugby or any other sport, if they have any concussion symptoms or signs. Return to sport and activity must follow a step-wise

[Graduated Return to Play \(GRTP\)](#)

They should not go back to rugby/sport until a doctor has cleared them to do so.

How long will it take to get better?

The signs and symptoms of a concussion often last for 7-10 days in adults but may last much longer, especially in younger players and children. In some cases, players may take many weeks or months to recover. Suffering previous concussions may increase the chance that the person may take longer to recover.

Remember the 4 R's:

Click on the bullets below to take you to the relevant documentation on the RFU

- [Recognise](#) the signs and symptoms
- [Remove](#) the player from play
- [Recover](#) fully before returning to sport
- [Return](#) only after following a [Graduated Return to Play](#)

Symptoms of concussion may include the following:

- loss of consciousness
- loss of memory, confusion and disorientation
- double or blurred vision
- giddiness or unsteadiness
- vomiting and headache

What should you do if suspect concussion in a player?

You must **remove** them from play right away. Continuing to play increases their risk of more severe, longer lasting concussion symptoms, as well as increases their risk of other injury:

- You should not let them return to play that day
- You should not allow them to be left alone
- You should make sure a health care practitioner sees them as soon as possible that day
- You should not let them drive

How is a concussion treated?

Concussion symptoms are made worse by exertion, both physical and mental. The most important treatment for a concussion is:

- The player should not exercise or do any activities that may make them worse, like driving a car, reading, working on the computer or playing video games
- If mental activities (e.g. reading, concentrating, using the computer) worsen their symptoms, they may have to stay home from work, college or school
- If they return to activities before they are completely better, they are more likely to get worse, and to have their symptoms last longer

Once they are recovered, and cleared to do so by a health care practitioner they can start a step-wise increase in activities – see [When can a concussed player return to rugby?](#)
If possible, a doctor should see them with experience in treating concussions.

Can it be anything more serious?

Anyone with a suspected concussion should be seen by a health care professional as soon as possible. They will usually give instructions to the injured person to return to them or go to hospital **immediately** if they have a worsening of symptoms such as:

- Drowsiness when normally awake or cannot be awoken
- A headache that is getting worse
- Weakness, numbness or decreases in coordination and balance
- Repeated vomiting or prolonged nausea
- Slurred speech, difficulty speaking or understanding
- Increasing confusion, restlessness or agitation
- Loss of consciousness
- Convulsions
- Clear fluid coming out of ears or nose
- Deafness in one or both ears

Take the quiz

<http://www.rfu.com/takingpart/playerhealth/concussion/headcasequiz>

This can have serious consequences, particularly with respect to concussion. Injury audit is essential to enhance player safety and performance. Each club, province and Union should have a nominated officer responsible for injury audit.

The age group first aider should record all injuries and serious injuries requiring medical attention/follow-up must be reported to the Club Safeguarding officer.

REPORTING AN INJURY

Injury reporting is important as it allows the tracking of why and how injuries happen – and the finding of ways to prevent similar injuries from happening again. Coaches should encourage players to tell them about injuries; otherwise, they risk worsening or never healing.

Emergency Procedures – Fire

In case of fire, the alarm will be sounded and verbal instruction will be given to leave the building by the nearest possible exit to an assembly point which is the **LOCATION NEEDED** in order not to restrict the fire service.

Officers of the club, Club Committee members, or any responsible member will assume immediate responsibility and call the fire service if required.

If it is safe to do so, an attempt to extinguish the source of the fire can be made using an appropriate fire extinguisher, e.g. by ensuring that a safe passage to an exit point is available and there is a low risk of suffocation.

An Officer of the Club, a Committee member or any responsible member should, if safe to do so, check that the premises have been fully evacuated, close doors and proceed to the assembly point. If an incident occurs during a training session or match day it is the responsibility of the Team Manager to ensure that all players have been accounted for and at the earliest opportunity notify the Fire Warden.

Calling the emergency services

If the fire service or an ambulance is required a 999 emergency call should be made by a responsible person from the Club telephone (if permissible) or by mobile phone.

Follow the instructions outlined below:

One responsible person should go to the front entrance to direct the fire appliance or ambulance to ensure unrestricted access to the Club.

If an ambulance has been called, another responsible person should direct the ambulance to the casualty as it arrived in the main car park.

STANDARD EMERGENCY PROCEDURE

- Dial 999 and request an ambulance
- State your name
- Give your telephone number
- Give the exact location of the incident and directions or arrange for someone to meet the ambulance
- Give the type of incident and the age of the player
- Give known information about their condition i.e. heart attack/not breathing/spinal etc.
- DO NOT hang up the phone until told to do so
- DO update with a second 999/112 call if the casualties condition deteriorates
- Ambulance access onto the fields is by clubhouse via the car park
- The CIRUFC clubhouse contains the nearest landline phone. The number is **01268 681881**
- The address is **Dovervelt Road, Canvey Island, Essex, SS8 8EJ**
- If asked for directions, the clubhouse is next to Little Tewkes Playgroup

The Canvey Island Rugby Union Football Club Committee