

***EASTERN PENNSYLVANIA RUGBY UNION***

<http://www.epru.org>

**MAKING**

**RUGBY**

**SAFER**

Revision 2 - November 2002

# ***EASTERN PENNSYLVANIA RUGBY UNION*** **MAKING RUGBY SAFER**

Revision 2 - November 2002

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### **Attachments**

1. Medical/Surgical Care/Emergency Treatment & Personal Medical Information Form
2. Sports Medicine – Emergency Action Plan

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### **FORWARD**

In our continuing effort to help make rugby a safer sport, the EPRU has prepared "*Making Rugby Safer*" which was first issued in April 1998. This issuance is a major revision incorporating many changes to best reflect the current needs of the sport by providing important suggestions and recommendations, as well as established policies by USA Rugby and the International Rugby Board, in an attempt to make rugby safer for all involved. In addition, the applicable contents of the previously issued EPRU document "*Safety Precaution Recommendations*" have been incorporated herein. The recommendations contained herein, can be used by others, as a basis to meet the specific needs of their rugby community.

This document has been prepared by EPRU Vice President, Steve Cohen. Notable contributions in making this document a valuable resource is gratefully acknowledged to Ken Rogers, Jim Hall, Drs. Merrick Wetzler, Richard Borkowski, and Susan Bercuk.

The information included in this document can be found on-line in the "Safety/Risk Management" section on the EPRU website at: <http://www.epru.org>.

All comments, resources, etc. that will serve to improve "*Making Rugby Safer*" are welcome. Please submit them via email to the EPRU Secretary at: [secretary@epru.org](mailto:secretary@epru.org) or by U.S. Mail to: EPRU, PO Box 393, Exton, PA 19341

### **DISCLOSURE**

Medical coverage by a certified athletic trainer (ATC), emergency medical technician (EMT) and an on-site ambulance is of course preferable and desired, but not guaranteed or required at any match or practice. All players and parents must recognize that rugby is a recreational sport, and thus usually not funded by a school or municipality, etc. Accordingly, players (and in the case of players under age 21, parents too) must be aware in advance that it is NOT always possible to have ATCs, EMTs or other qualified medical personnel on site for every match. Players or parents who are not comfortable with participation in a contact sport without guaranteed ATC, EMT or other medical/emergency coverage on hand should reconsider their or their child's involvement in the sport of rugby.

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### **BEING PREPARED**

Rugby is a strenuous physical contact game incorporating running, handling, kicking, contact and risks. Responsibility for being prepared to play is shared among the administrators, coaches, referees, and most important, the participant.

The key to being medically prepared for rugby is to have the proper medical support at both practices and matches. In addition, an emergency plan should be established to handle any and all potential injuries.

It is recommended that every team implement a risk management program utilizing a team physician and a certified athletic trainer as a way to make rugby safer. The objective of the rugby team physician is to provide care for the male and female rugby player at all levels of participation.

For all matches, someone must be appointed as the team 'medical' person. This person, preferable an ATC or medical doctor, shall provide first response to an injured player in need of assistance, whether this person is on or off the field and whether or not the match is still in progress.

Players should provide to club president or coach, verification of medical insurance (such as insurance card) and a medical information form, such as the one provided with this document. They should be trained in rugby contact techniques and skills. They must be enrolled in the USA Rugby CIPP program (national dues) prior to their first match in any given calendar year.

For players who are under the age of 18, the coach needs to have along with their medical information form and a copy of their medical insurance card, a 'PERMISSION TO TREAT' form signed by the parent - especially for away matches and team tours. Some hospitals in some states will not touch a minor patient without a signed authorization - which can take hours to obtain. So keep these documents readily available at all matches.

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### **MEDICAL PREPAREDNESS**

In this age of preventative medicine, each rugby player should understand the need to stay fit in order to insure maximum physical performance while avoiding unnecessary injury. Although paramount to play, proper training alone cannot preclude all rugby injuries. Sports Medicine physiologists agree that most injuries are best avoided by keeping fit, by performing an adequate warm-up and by all-around safe play. When the unavoidable injury does occur, however, the seasoned athlete recognizes the need for quick on-site treatment in order to minimize the extent of the immediate trauma and its possible long-term effects. Both below and in the “Resources for Safer Rugby” Section, you will find a wealth of information on how to best prepare for safer rugby as a player, coach and team.

As stated in the “Disclosure” Section, having an ATC, EMT, etc. on the sidelines during a match is preferable; however, this may not always be possible. The minimum standard of care, as discussed under “Emergency Medical Planning” is access to a nearby telephone and knowledge of applicable emergency protocols (i.e. phone number to call, school policy, etc.).

### **CERTIFIED ATHLETIC TRAINER**

It is highly recommended that every team should have a certified athletic trainer (ATC) on the sideline for every match.

One of the duties of the ATC is to properly evaluate head injuries and make a determination if the player suffered any form of concussion. The ATC is professionally trained for proper assessment of head injuries. An ATC is trained to recognize, evaluate and provide care for injuries. The ATC provides immediate first aid care. However, all follow-up care must be under the direction of a medical doctor.

An ATC also provides skills in injury prevention by properly preparing an injured player for a match, such as by support for a sprained finger or ankle, etc. An ATC can also evaluate the difference between a grade 1, 2 or 3 joint sprain or muscle strain and assess a player’s ability to return to action.

More detailed information about ATCs, including their education training, etc. can be found at:

<http://www.nata.org/publications/brochures/thecertifiedatc.htm>

<http://www.nata.org/downloads/documents/306CareerInfoBrochure.htm>

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### **PLAYER MEDICAL INFORMATION FORM**

A "Medical/Surgical Care/Emergency Treatment and Personal Medical Information Form" has been prepared and is attached. It is recommended that all players for your club complete this form in full. This form provides important information to medical personnel and clubs for both player treatment and emergency contact notification. The club should maintain a set of these forms and keep them available field-side for all matches. The player should also keep a copy of the completed form with him or her whenever they play a match for another club or are involved in representative (all-star) play.

### **EMERGENCY MEDICAL PLANNING**

Whenever an organization is planning to host a tournament, an emergency action plan (EAP) should be established. A sample EAP is provided as an attachment to this paper which would be prepared by the event's head medical professional, such as an ATC. The National Athletic Trainers' Association (NATA) has prepared a position statement entitled "Emergency Planning in Athletics" which is available at: [http://www.nata.org/downloads/jat/37.1/attr\\_37\\_01\\_0099.pdf](http://www.nata.org/downloads/jat/37.1/attr_37_01_0099.pdf)

If possible, an ambulance with EMTs should be on-site to handle emergency situations that normally require hospitalization. At all times during a match, a nearby telephone (such as a cell phone or public phone adjacent to the field) shall be readily available to call for an ambulance if one is not right there. This is also necessary in case the on-site ambulance has left to transport a player to the hospital or answer a call. The home team should be aware of any protocols required by its school if the match is played at their facilities, as well as the specific phone number to be called for emergency medical services, when needed. If an on-site ambulance service is not provided, it is recommended that the area ambulance service(s) that would normally respond to a call to your field, be advised of your match or tournament and be provided with clear directions to your field location.

Whenever a player is transported to a hospital, be sure that a club officer knows what hospital they are being taken to and that someone from the club goes with them and brings a copy of their Medical Information Form and "Permission to Treat" form for an underage player along their belongings (change of clothes, IDs including medical card, etc.).

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### **AREA MEDICAL SERVICES**

Each home club should know where the nearest hospital and pharmacy to their field is located and if possible, have written directions available for use by visiting teams.

### **MEDICAL (FIRST AID) KIT**

Insuring access to a properly equipped medical (first aid) kit during play is as essential as a correct personal kit to the knowledgeable rugby player. A first aid kit can be established for individual or team use with minimal expense and may someday prove valuable to the player suffering injury on an isolated field.

A pre-packaged medical kit from a rugby supplier such as Ball's Out Rugby at (<http://www.ballsout.com/medkit.htm>) will provide most of these essentials (whatever is not provided in a pre-packaged kit should be purchased separately):

6 1 1/2" Tape Rolls	1 Kendrick Splint
4 Prewrap	1 SAM Splint
1 6" Ace Bandage	2 Finger Splints
1 3" Ace Bandage	1 CPR Mask and Airway Kit
5 3x3" Gauze	2 Glucose Tablets
5 4x4" Gauze	2 Laceration Kits or Adhesive
2 Cold Packs	2 Epipens
1 Tweezer	1 Roll of Plastic Film
1 Scissors	2 Laceration kits
1 Eye Saline and Mirror	Personal products, such as for women
1 Nail Clipper	Salt, Sunscreen, Bug Spray
1 Peroxide	Ice
1 Antibiotic	Water
1 Sling	Disposable bags for blood and biohazards
5 Applicators	15 Small Band-Aids
1 Isoquin	10 Large Band-Aids
1 Roll of Electrical Tape	10 Nose Plugs
5 Ibuprofen	10 Heel and Lace Pads
20 Bags for Ice	10 Blister Pads
20 Gloves	10 Alcohol Preps
15 Butterfly Bandages	

### **PLAYER'S DRESS**

All players must comply with the Kit Requirements found in both the Laws of the Game. Furthermore, all players should wear a plastic protective mouthguard, preferably individually-fitted, to minimize the risk of concussion and damage to the player's teeth. In addition, prior to play all wounds on the arms or legs should be covered and any scabs on the neck and/or face should either be covered or coated with vaseline to decrease the risk of reopening. Players should wear proper boots and studs, as allowed by the Laws of the Game, based on the field conditions to minimize the risk of leg, knee and ankle injury.

### **HYDRATION**

In order to prevent the higher injury rates associated with dehydration, players are encouraged to drink fluids (such as water) at a normal intake level starting about 24

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hours before the match, as well as just prior to kickoff and during the match. Drinking water during the match is acceptable to referees as long as it does not interfere with or delay play from resuming unless required by the player. Teams are encouraged to designate non-playing individuals to keep fluids readily available and bring them out to players as needed. When a match is played in hot and humid conditions, it is recommended that the clubs ask the referee to have general water breaks during each half (such as the midpoint - 20 minutes) to keep players hydrated. Be sure to maintain proper hydration after the match as well.

Salt intake is very important in the prevention of hyponatremia (a low concentration of sodium in the blood) which is a cause of dehydration.

The NATA's position statement entitled "Fluid Replacement for Athletes" is available at: <http://www.nata.org/downloads/jat/jt0200/jt020000212p.pdf>

Refer to the "Resources for Safer Rugby" Section for more information on hydration.

### **FIELD PREPARATION**

In accordance with Law 1 of the Laws of the Game, all fields must be properly lined and suitably marked, have suitable sideline barriers (spectator ropes), be padded (at a minimum of 2-inches thick and 5-feet high) goalposts and be free from potentially dangerous holes and foreign objects. It is recommended that a club's coach or officer do this before all practices or matches. If any of these requirements are not met, the referee may not allow the match to take place under his or her control.

As stated by Law 1, the field may not exceed 70 meters (77 yards) in width by 100 meters (110 yards) in length - try line to try line - with an in-goal area size of a minimum 10 meters (11 yards) and maximum 22 meters (25 yards). The EPRU recommends that a field should not have a playing area less than 65 yards in width and 100 yards in length.

### **COMPETITION**

Competitive matches between men's or women's collegiate and non-collegiate (adult) clubs should not be played. Similarly, high school clubs should limit their competition to their age grade. This is because the usual physical size disparity and experience level between these sides may result in an overmatched situation leading to possible serious injuries. This recommendation does not extend to collegiate matches against either an alumni team or a professional school club. Nonetheless, in all matches reasonable judgment should be applied to avoid unequal competition.

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### **PLAYING TIME**

Players should limit their rugby playing to allow for recuperation of stamina and strength. This will vary by player, but the following playing time limits are provided as a guideline:

In a 24 hour period - 140 minutes

In a 48 hour period - 170 minutes

In a 72 hour period - 200 minutes

### **FITNESS AND NUTRITION**

The fitter and healthier a player is, the less likely that player is to get injured. Obviously, in a sport like rugby, there are contact injuries that happen to all regardless of fitness level. However, other injuries, such as sprains and strains are less likely to occur if a player is stronger and fitter from a good training program.

The importance of good nutrition for top performance in any sport cannot be overstressed and is often overlooked. This is especially true for an extremely demanding sport such as rugby. In the “Resources for Safer Rugby” Section, you will find an abundant amount of information sources on fitness and nutrition.

## **INJURIES TO PLAYERS**

Players must take responsibility for their own well-being by recognizing that they have been injured and let medical professionals help them. They should never pretend not to be injured when they are. Coaches are encouraged to emphasize the importance of self-responsibility to their players. Teammates and friends must not put pressure on an injured player to participate in a match until that player knows he is ready to do so and if applicable, has received medical clearance to do so.

### **HEADGEAR**

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[http://www.uidaho.edu/clubs/womens\\_rugby/RugbyRoot/rugby/Safety/headgear.html](http://www.uidaho.edu/clubs/womens_rugby/RugbyRoot/rugby/Safety/headgear.html)

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The wearing of headgear by rugby players has become more prevalent in recent years. New Zealand's Otago and All Black Josh Kronfeld has been one of the more prominent players adopting the wearing of headgear.

The wearing of headgear tends to generate much debate in some quarters, because historically it was banned altogether. It is important to understand the safety aspects involved before making a decision to wear it, or before trying to stop another player wearing it.

There is no evidence (scientific, epidemiological, or clinical) to suggest the wearing of headgear will protect the head from concussion or the neck from injury. Similarly, the shock-attenuating properties of currently-available headgear cannot provide complete protection from the range of impact forces that can be generated in contact sports. What headgear will do, though, is to protect the head from lacerations and abrasions. Its effectiveness in this respect is proven.

Thus if your neurosurgeon tells you that you need to wear headgear to protect you after a recent concussion then you need a new neurosurgeon. If you need protection against concussion then you shouldn't be playing, even with headgear. It's as simple as that. On the other hand, if you wish to wear headgear to protect yourself against cuts and abrasions then we, at least, encourage you to do so.

The IRFB's 1996 changes to law 4 on players' dress reflect these concerns by permitting headgear without padding. However, some countries take a more liberal attitude and acknowledge that since a small amount of padding does not pose any danger to other players then it should be permitted. Hence they have domestic variations allowing some padding in headgear.

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### **HEAD INJURIES**

It is very important to recognize when a player is suspected of having a head injury that s/he is removed from the playing field (if conscious) for evaluation. To properly evaluate this and assess the damage, if any, qualified medical personnel should be present whenever full contact play is involved. Fortunately, the majority of concussions are not severe and resolve themselves if recognized and managed appropriately.

'The Concussion in Sports Public Education Campaign' in 1997 published the following:

"The pressure to win can cause an athlete -- amateur or professional -- to forsake personal safety. Too often, coaches, owners, fans and family expect, and sometimes demand, that an injured player "tough it out" and play through the pain, perpetuating the notion that an athlete who sits out to nurse wounds is weak, selfish and unwilling to sacrifice for the team. This attitude may be fine for superficial bumps and bruises, but it is not appropriate when brain injury is involved. Concussion -- the most common form of brain damage -- has become one of the most serious health problems facing both amateur and professional athletes. Tragically, concussion is often overlooked and misdiagnosed by athletes, athletic trainers, coaches and physicians in the sports arena.

Expressions like "getting dinged" and "having your bell rung" downplay the severity of Grade 1 concussions. **There is no such thing as a minor concussion.** An athlete who suffers a Grade 1 concussion should not be told to just "shake it off"; close monitoring of the player is a requirement. Even more important, those supervising the athletes need to recognize the potentially life-threatening damage that can be inflicted when a second concussion is incurred before the athlete has recovered completely from the first concussion. A 3.5" x 7" palm card has been designed for sideline evaluation of concussion by a coach or a certified athletic trainer. The card, which was created by neurologists James P. Kelly, MD and Jay H. Rosenberg, MD, was produced by the American Academy of Neurology and the Brain Injury Association in conjunction with the Management of Concussion in Sports Public Education Campaign. It describes the three grades of concussion, offers management recommendations, establishes guidelines on returning to play, explains features of concussion frequently observed, and provides a sideline evaluation for determining if an athlete has sustained a concussion."

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### **HEAD INJURIES (cont'd)**

“Features of Concussion Frequently Observed

1. Vacant stare (befuddled facial expression)
2. Delayed verbal and motor responses (slow to answer questions or follow instruction)
3. Confusion and inability to focus attention (easily distracted and unable to follow through with normal activities)
4. Disorientation (walking in the wrong direction; unaware of time; date and place)
5. Slurred or incoherent speech (making disjointed or incomprehensible statements)
6. Gross observable lack of coordination (stumbling, inability to walk a straight line)
7. Emotions out of proportion to circumstances (distraught, crying for no apparent reason)
8. Memory deficits (exhibited by the athlete repeatedly asking the same question that already has been answered, or inability to memorize and recall 3 of 3 words or 3 of 3 objects in 5 minutes)
9. Any period of loss of consciousness (paralytic coma, unresponsive)

For more information or to request copies of the card, please call the American Academy of Neurology at 612-623-8115 or the Brain Injury Association at 202-296-6443.”

Remember: when approaching any unconscious person, always assume a spinal or neck injury. Use proper log rolling techniques and immobilization of the head and neck should be used by qualified medically personnel. Bottom line to remember is that rugby is only a game, if there is any question of the player’s fitness to play or if there was any loss of consciousness, s/he should not be allowed to continue.

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### **INJURY REPORTING PROCEDURE**

In the EPRU, all head and spinal/neck-related injuries are to be reported by the team captain within 24 hours to the EPRU Medical/Injury Coordinator; contact information for this Coordinator is found on-line at: <http://www.epru.org/contact/admin.php> with a copy to the EPRU Vice President (at vp@epru.org). The information to be provided, as a minimum, is the player's name, phone number, injury description and the current status and location of the player.

It is a strict directive from USA Rugby, as found in the “*USA Rugby Guidelines on the Application of Law*”, consistent with instruction from the International Rugby Board (IRB), that a player having suffered a definite concussion should not participate in any match or training session for a period of at least three weeks from the time of the injury, and then only subject to being cleared by a proper neurological examination. The primary responsibility for conforming to this directive must belong with the individual with the concussion. However, the coaches, teammates, club officials, family, and friends of the individual also bear significant responsibility in preventing any participation in the game of rugby until the individual has been medically cleared to play or train again.

Any player with more than two definite concussions in a single 3-month period, whether related to rugby or not, should not be allowed to return to play that season. Return to play in the following season should be allowed only with a typed clearance letter from a physician. This written clearance should be submitted to the EPRU Vice President for review and approval by the EPRU Medical Committee prior to the player resuming training or match play.

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### **ADDITIONAL POLICIES AND GUIDELINES**

#### **LIGHTNING SAFETY**

While some areas of the US are more prevalent to thunderstorms than others, all rugby officials, club officers, and coaches should be aware of the NCAA policy regarding lightning safety no matter their geographic location. Lightning is the most consistent and significant weather hazard that may affect outdoor sports events, such as rugby. Lightning can strike with a blue sky and up to ten miles away from the rain shaft. The NCAA's guideline on lightning safety provides steps recommended to mitigate the lightning hazard. The guideline states that individuals should leave the athletic site and reach a safe location by the time it reaches a 30 second flash-to-bang count all individuals should be in a safe and protected environment (such as an existing structure or location). It further states that everyone should wait at least 30 minutes after the last flash of lightning or sound of thunder before returning to the field. The purchase of a quality lightning detector should also be considered.

Prevention and education are the keys to lightning safety. This guideline is the place to start.

The NCAA Guideline 1D "Lightning Safety" Revised June 1998 is found at:

[http://www.ncaa.org/library/sports\\_sciences/sports\\_med\\_handbook/2002-03/1d.pdf](http://www.ncaa.org/library/sports_sciences/sports_med_handbook/2002-03/1d.pdf)

#### **FIRST AID TRAINING**

All coaches should have formal instruction in "First Aid and CPR Training". As all coaches know, there are times when injuries occur and you are the person to whom everyone is turning to do something. The importance of this training cannot be overstated. One of the best and easiest ways to receive this training and associate certification is from the American Red Cross program.

In Southeastern Pennsylvania, call the American Red Cross to obtain information about attending a First Aid/CPR course in your area. Contact info is: 215-299-4000 and on-line at: <http://www.redcross-philly.org/start.asp>. Outside of this area, you can find your regional Red Cross chapter by using the Locator feature at: <http://www.redcross.org/index.html>.

#### **THE LEGAL DUTIES OF A COACH**

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EPRU Safety and Risk Management Officer, Dr. Richard Borkowski, who has served as a sport safety consultant and is what the courts call an "expert witness" for the past 35 years has prepared a series of articles what coaches are expected to know from a legal point of view. Dr. Borkowski also coached rugby for 24 years. This is not "legal" advice. You can only get that from a practicing lawyer. This is what he believes coaches should know about their legal duties based on his experience.

These articles are available on line at: <http://www.epru.org/safety/index.php>

Based on his experience, there are six broad legal duties:

1. To offer appropriate equipment and facilities.
2. To offer appropriate instruction. This, of course, means the coach is knowledgeable about the activity and the activity is appropriate for the group.
3. To offer appropriate supervision. This includes avoiding mismatching in competition.
4. To appropriately prepare and condition the individual for the specific activity.
5. To appropriately warn about the risks of the activity.
6. To offer appropriate post injury care. This includes an emergency plan and the maintaining of records.

### **USA RUGBY POLICY ON LESIONS**

"No player shall be permitted to play with any skin lesions without a doctor's statement that said skin lesions are not contagious." It will be the responsibility of the player with lesions to prove to the satisfaction of the referee (and possibly other players) that he or she is not contagious. Clubs should also police their own players.

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### **IRB GUIDELINES FOR BLOODBORNE INFECTIONS AND CONTACT SPORTS**

The potential for the spread of infection in “contact” and “collision” sports such as rugby has been widely recognized for many years. As a consequence of heightened public awareness and anxieties, increasing attention has been given in recent years to the possible risks of acquiring hepatitis B (HBV) or HIV infection in sports where the spillage of blood may occur.

The risk of acquiring HIV or hepatitis B through playing rugby is minimal. Several instances of direct bloodborne person-to-person spread of HIV infection within families have been reported in the USA, but with the notable exception attributed to the clashing of heads during a soccer match in Italy in 1990, there is no evidence worldwide of the transmission of their HIV or HBV infection while participating in sport. Nevertheless, the potential for spread in rugby, however minimal compared with other risk factors, is accepted and the following recommendations have been prepared by the IRFB Medical Advisory Committee for the guidance of rugby players, team attendants and officials.

#### **Players**

- i. It is the responsibility of all players to maintain strict personal hygiene by covering any cuts or abrasions (grazes) with an impermeable waterproof dressing.
- ii. Open cuts and abrasions occurring during a match or training must be reported and treated immediately.
- iii. Players should avoid unnecessary contact with the blood of other players.
- iv. All blood-soaked jerseys, shorts etc., should where possible be removed and replaced by fresh clean clothing as soon as possible. Blood-contaminated clothing should be put through a hot detergent wash.
- v. All players with a recent history of evidence of infectious disease should discuss the potential hazards of participation in sport with a doctor. Chronic carriers of bloodborne diseases, who are otherwise fit, need not categorically be excluded from participating in contact sports.
- vi. Players and officials should be strongly encouraged to obtain immunization against hepatitis B infection.

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### **Referees, Match Officials and Team Attendants**

- i. Under Law 3(10), a player who has an open or bleeding wound (including nose bleeds) must leave the playing area until the bleeding is controlled and the wound covered or dressed.
- ii. When bleeding cannot be controlled, the player must not be permitted to return to the game.
- iii. Clothing and equipment contaminated with fresh blood should be replaced prior to the player returning to the field of play.
- iv. Team attendants and other persons attending to bleeding players preferably should wear disposable gloves. Disposable mouth-to-mouth resuscitation devices should also be available.

### **Team Preparation Areas**

It is the responsibility of all clubs to ensure that dressing rooms, “warm-up” areas etc., be kept clean and tidy. Particular attention should be paid to hand-basins, toilets and showers. Adequate soap, paper hand-towels and disinfectants should always be available. Household bleach (diluted 1 part in 10) should be used to clean up any blood spills.

### **Key Points**

- **Bleeding Players** must be removed immediately from the field of play until the bleeding is controlled and the wound covered with an impermeable waterproof dressing.
- **Individual Disposable Wipes (or disposable sponges) should always be used** in preference to the communal sponge.
- **Blood-Soaked Equipment** (jerseys, shorts etc.) should be replaced by fresh clean equipment, and put through a hot detergent wash.
- **Fresh Blood Spills** should be cleaned up using a 1 in 10 solution of household bleach.
- **First Aid Kits** should include disposable gloves.
- **Players with a recent history or who are known carriers of infectious disease** should discuss the potential hazards of participation in contact sport with a doctor.
- **Showering is preferable to the communal bath.**

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### **RESOURCES FOR SAFER RUGBY**

1. **The American Orthopedic Rugby Football Association (AORFA)** is a grassroots organization whose membership consists of orthopedic surgeons, residents, physical therapists and other related sports medicine professionals. AORFA's mission and goal is to create an awareness of the orthopedic and medical aspects of rugby and promote competitive rugby in North America. AORFA wants to make rugby safer without changing the spirit of the game. AORFA believes that this can be accomplished through research, education and medical coverage on the individual and team level. For more information, please contact AORFA at [infoAORFA@aol.com](mailto:infoAORFA@aol.com) as well as visiting their web site at: <http://www.sechrest.com/ortho/aorfa/>

AORFA has set up their web page to disseminate information on Sports Medicine and orthopedics that would be pertinent and valuable to rugby players and health care professionals. There are links to other organizations interested in rugby and sports medicine. At the web site you will find medical and safety information on specific topics, such as: The Need for A Scrum Sled, Cervical Spine Injuries, Concussions, Fluid & Dehydration, Cuts and Abrasions, Thigh Contusions, Knee Injuries, Shoulder Injuries, Hand Injuries, etc.

2. **Medical Services** - Any EPRU team that is interested in certified athletic trainer services should contact ATC Ken Rogers at (856) 429-0560. Cost for an ATC should be about \$25 per hour plus travel and supply costs. Many hospitals, local physical therapy clinics and even graduate schools (such as Temple University) may be able to provide athletic training services.

If you would like a medical physician to attend your tournament, please contact Dr. Merrick Wetzler at (856) 354-5060 or [mjwetz@aol.com](mailto:mjwetz@aol.com) and he will put you in touch with a doctor in your area that not only understands rugby...but will likely provide his or her time without cost.

3. **Injury Studies**

**"Preventing Rugby Injuries"**. Proceedings of the 'International Conference on Rugby Injuries – 1988'. Available from the EPRU (contact: [secretary@epru.org](mailto:secretary@epru.org)).

#### **RFU Completes 5-Year Study**

The Rugby Football Union has re-emphasised its commitment to player safety with the publication of its five-year (1997-2002) review of injuries. For more info, go to: [http://www.rfu.com/index.cfm/fuseaction/RFUHome.News\\_Detail/StoryID/1987](http://www.rfu.com/index.cfm/fuseaction/RFUHome.News_Detail/StoryID/1987)

# ***EASTERN PENNSYLVANIA RUGBY UNION***

## **MAKING RUGBY SAFER**

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### **RESOURCES FOR SAFER RUGBY (cont'd)**

4. **Sports Safety** - Richard P. Borkowski, EdD, CAA, is a sport safety consultant based in Narberth, Pa. The former Director of Physical Education and Athletics at the Episcopal Academy in Merion, Pa., his most recent book is titled The "**School Sports Safety Handbook**", published by LRP Publications (ISBN: 1578340063), in Horsham, PA and is available from Amazon.com.

Dr. Borkowski has written an excellent series of risk management articles for rugby which are found on-line at: <http://www.epru.org/safety/index.php>

5. "**Suggestions on Safe Rugby**" by David Kirchoff, Coach, Redwood H.S.R.F.C. can be found on-line at: <http://members.aol.com/Wags40/index3.html>

"**The Handbook on Safe Rugby**" by the Rugby Football Union can be found on-line at: <http://www.powells.com>; ISBN: 0713645202. As in any sport, safety is a compelling issue for all those who play, coach, and administer the game of rugby. This sound and sensible book covers every aspect of rugby safety, from the importance of preparation and physical conditioning to first aid and injury management. Also included are chapters on the field of play, equipment and clothing, the laws of the game, training principles, good and bad coaching practices, safety-focused techniques, women's rugby, and more.

6. **Safety in Contact** - For coaching safe rugby, the Australian Rugby Union has begun a SmartRugby Program. SmartRugby is designed to inform coaches of best practice techniques, to minimize the risk of injury to players, and to increase the level of confidence that participants and families can gain from their association with the game. Of special importance is the attention to scrum safety and tackling techniques provided by SmartRugby. Details are found at this website along with other excellent resources including "Confidence in Contact":

<http://www.rugby.com.au/central/main.asp?sectionID=21>

In very brief summary, all players must be taught the basic key factors involved in safe tackling: head up, spine straight, head to the side, and wrap. Additionally, all players must be taught the factors involved in safely bringing down a scrum in the event of a collapse: prearranged signal or code word ("Mayday"), stop the drive, release all binds, bring it down knees first, and finish in a 'pancake' position.

# ***EASTERN PENNSYLVANIA RUGBY UNION***

## **MAKING RUGBY SAFER**

Revision 2 – Issued November 2002

### **RESOURCES FOR SAFER RUGBY (cont'd)**

7. **Fitness and Training** - For information on 'Rugby Training and Fitness Techniques' for top rugby performance, Dr. Kevin Tipton of the UTMB Galveston R.F.C., has provided numerous suggestions online at:  
<http://www.utmb.edu/rugby/rnutri.htm>

For nutritional information, check out "***The Athlete's Kitchen***" by Nancy Clark, M.S., R.D., published by Human Kinetics (ISBN: 0873227301); refer to <http://www.nancyclarkrd.com> for more information. Additional nutrition information is available at the aforementioned UTMB web site.

The following websites offer guidance on fitness, nutrition, rugby skills and coaching rugby:

#### **Coaching**

<http://www.brianmac.demon.co.uk/>  
<http://rugbycoach.homestead.com>  
<http://www.eurekastreet.com/rcn/ahcoach.htm>  
<http://www.coachingrugby.com>  
<http://www.irishrugby.ie>

#### **Fitness**

<http://primusweb.com/fitnesspartner/>  
<http://www.utmb.edu/rugby/rtrain.htm>

#### **Nutrition**

<http://www.ais.org.au>  
<http://www.raceready.com>  
<http://www.usada.gov/cnpp>  
<http://www.ific.com/>  
<http://www.webmd.com>  
<http://www.amfoundation.org>  
<http://www.nal.usda.gov/fnic>  
<http://www.consumerlab.com>  
<http://www.learningmeditation.com>  
<http://www.eatright.org>

# EASTERN PENNSYLVANIA RUGBY UNION

## MAKING RUGBY SAFER

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### RESOURCES FOR SAFER RUGBY (cont'd)

8. **Fitness Supplements** - Most athletes do not understand the potential complications and undesirable results in taking "supplements". Please encourage education such as the information found on these websites:

*Gatorade Nutrition Information*

<http://www.gssiweb.com/sportssciencecenter/topic.cfm?id=61>

*American College of Sports Medicine*

<http://www.acsm.org/pdf/VITAMIN.pdf>

<http://www.acsm.org/pdf/CREATINE3.pdf>

*Sports, Cardiovascular and Wellness Nutritionists*

[http://www.nutrifit.org/nutr\\_info/nutsportsnutrition.html](http://www.nutrifit.org/nutr_info/nutsportsnutrition.html)

*Hydration, Nutrition, Dehydration and Hyponatremia*

<http://www.rice.edu/~jenky/sports/salt.html>

<http://www.rice.edu/~jenky/sports/hyponatremia.html>

9. **Sports Psychology** – How do obtain the mental edge in sports? One place to go is by reading "**Rugby Tough**" (edited by Drs. Bruce Hale and David Collins). This book may be purchased from the publisher, Human Kinetics, at:

<http://www.humankinetics.com>. From the foreword by Wayne Smith:

"Rugby is highly demanding from a physical standpoint. But anyone who has played or coached the sport knows that the mental side of the game separates the best players from the rest. *Rugby Tough* will give you the mental focus you need to give the game everything you've got.

Learn how to apply mental skills effectively in specific match situations and get inside advice from those who've played, coached, and studied the game at every competitive level. Through *Rugby Tough*, you'll learn new ways to toughen your mindset and eliminate costly mental errors that inhibit your best performance.

*Rugby Tough* starts with an emphasis on individual player development and the fundamental psychological skills you need to excel at the sport. In later chapters, the focus shifts to the importance of group dynamics and mental strategies in competitive play. From building team cohesiveness to defending and attacking mindsets, you'll discover all the tools you need to take your game to a whole new level.

For the definitive word on mental preparation, *Rugby Tough* draws on the experience of coaches and sport psychologists from England, Ireland, New Zealand, Scotland, Canada, Australia, and the United States. To be among the world's best, you need the mindset of a champion. To prepare for the ultimate challenge, pick up the ultimate resource."

# Medical/Surgical Care/Emergency Treatment & Personal Medical Information

## Please Print Clearly

Name: \_\_\_\_\_ Team: \_\_\_\_\_  
Last name First Name

Home Address: \_\_\_\_\_  
Street City State Zip Code

Home Telephone no: \_\_\_\_\_

College Address: \_\_\_\_\_  
Street City State Zip Code

College Telephone no: \_\_\_\_\_

Name of health insurance carrier: \_\_\_\_\_

Identification Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

### Emergency Contact information:

Name: \_\_\_\_\_  
Last name First Name Relationship

Telephone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**Are you currently taking any Prescriptions or Non-Prescription Medications?** YES NO **If yes, please list medications below:**

Anti-inflammatories \_\_\_\_\_ Muscle Relaxants \_\_\_\_\_

Pain Medication \_\_\_\_\_ Other \_\_\_\_\_

**Allergies**, if any, please identify: \_\_\_\_\_

**Do you now have or have you ever had ANY of the following?** Please check yes or no.

	yes	no		yes	no
Asthma, Bronchitis, or Emphysema	_____	_____	Severe or Frequent Headaches	_____	_____
Shortness of Breath/Chest Pain	_____	_____	Vision or Hearing Difficulties	_____	_____
Cancer or Chemotherapy/Radiation	_____	_____	Numbness or Tingling	_____	_____
Any Pins or Metal Implants	_____	_____	Hernia	_____	_____
Concussion (if yes, when?)	_____	_____	Arthritis/Swollen Joints	_____	_____
Joint Replacement	_____	_____	Blood Clot/Emboli	_____	_____
Back Injury/Surgery	_____	_____	Diabetes	_____	_____
Neck Injury/Surgery	_____	_____	Dizziness or Fainting	_____	_____
Elbow/Hand Injury/Surgery	_____	_____	Anemia	_____	_____
Any Pins or Metal Implants	_____	_____	Epilepsy/Seizures	_____	_____
Concussion (if yes, when?)	_____	_____	Heart Attack	_____	_____
Knee Injury/Surgery	_____	_____	Stroke/TIA	_____	_____
Leg/Ankle/Foot Injury/Surgery	_____	_____	High Blood Pressure	_____	_____
Any other surgeries?	_____	_____	Dizziness or Fainting	_____	_____
			Coronary Heart Disease or Angina	_____	_____

If you checked yes for any item, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any other information that would assist us in your care: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

This medical information form is to be kept in the possession of club head coach or another responsible person that insure it's availability whenever the player involved is participating in a rugby match or practice session.