

# RUGBY INJURIES –

## REPORTING, SURVEILLANCE, SUPPORT AND PASTORAL CARE

### Information

The RFU has, for a number of years, collected information from clubs and schools about injuries to players. This information has helped the RFU to make recommendations about safer practice in the game to the RFU Council and to the IRB. A number of changes in Law and rugby practice have resulted from these recommendations.

The system relies upon clubs and schools reporting the injuries to the RFU. Without timely and accurate reporting, the information collected loses its value and may at worst be misleading. The cooperation of all involved in rugby is essential in making the game safe and enjoyable at all levels.

In order to simplify the reporting process and ensure that the injury data that is collated is valid, the process has been modified. Clubs and schools need only report the Reportable Injury Events defined below. Detailed injury surveillance data will be collected independently from a representative sample of nominated clubs and schools.

The RFU has, in partnership with SPIRE, established the RFU Injured Players Foundation. This charity now provides support to players who suffer a potentially catastrophic brain or spinal injury. Support to newly injured players is provided by the Injured Player Welfare Officer, with grants for assistance being provided at the discretion of the Foundation Trustees.

### 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 or Emergency Department and are allowed home from there).

Deaths which occur during or within 6 hours of a game finishing.

### Reportable Injury Event Protocol

In the event of a serious injury occurring which fulfils the above definition, the following protocol is to be followed:

1. Provide immediate first aid and arrange transport by ambulance to the hospital.
2. A club or school representative must phone the Sports Injuries Administrator Helpline 0800 298 0102, as soon as the seriousness of the player's condition is confirmed and certainly within 48 hours of the game or training session.
3. Please have a pen and paper ready, and the details of the incident to provide. Out of working hours there will be a recorded message that provides contact details of the Injured Player Welfare Officer (IPWO). You will be asked to email or fax a Reportable Injury Event report form, which can be downloaded or printed off from the RFU website ([www.rfu.com/health](http://www.rfu.com/health)).

4. The IPWO will then establish contact with the club and player or their family in order to confirm the injury, initiate the support provided by the Injured Players Foundation, and collect additional information about the injury.
5. The club/school must notify their insurers. The RFU insurers are  
**Marsh Sports Group (Claims)**  
Tel: 0131 311 4254  
Fax: 0131 343 6667  
email: [Susan.J.Thomson@marsh.com](mailto:Susan.J.Thomson@marsh.com)
6. Record witness statements. Where a potential insurance or personal injury claim may arise, clubs and schools are advised to retain on file witness statements. These statements must confine themselves to the facts and not include opinion or hearsay, or apportion or infer blame. They must be signed and dated by the person making them.

Details of this protocol, the necessary forms and additional information are available on the RFU web site ([www.rfu.com/health](http://www.rfu.com/health)). If you have any queries, you can also contact either the Sports Injuries Administrator or the Injured Player Welfare Officer as follows:

#### **Sports Injuries Administrator (SIA)**

Community Rugby,  
Rugby House,  
Rugby Road,  
Twickenham, TW1 1DS  
Tel: 0800 298 0102  
Fax: 0208 892 4446  
email: [sportsinjuriesadmin@therfu.com](mailto:sportsinjuriesadmin@therfu.com)

#### **RFU IPF - Injured Player Welfare Officer**

David Phillips,  
16 Holborn Ave,  
Leigh,  
Lancashire, WN7 1TT  
Tel: 07894 489 716  
email: [davephillips@rfu.com](mailto:davephillips@rfu.com)

#### **Pastoral Support**

The 'Rugby Family' ethos is at the heart of the rugby union game and in the same way that a family rallies around and supports its members in difficult times, so the 'Rugby Family' does when one of its own suffers a very serious or catastrophic injury. Although catastrophic injuries are very rare in rugby union, when they do occur; along with other members of the 'family' the RFU believe very strongly that we have a part to play in supporting those involved at all levels of the game. As part of a wider initiative, a comprehensive review of how it responds to and supports very seriously injured players has been conducted, and as a result, the RFU has established the Injured Players Foundation (IPF) in partnership with SPIRE.

Injuries which may cause permanent and/or total disability will be followed up by the Injured Player Welfare Officer (IPWO) who will contact the club or school. The IPWO may arrange to visit the injured player in hospital, usually with a member of the family present. They will also arrange to meet with representatives of the club committee to advise on how help can be provided to the player and family.

The aim is to establish effective links between the player and family; the club/school; the IPF; the RFU and other support agencies in order to provide the most effective support to all those involved through what can be a very traumatic and emotional time. The support that the IPF provides along with other agencies is aimed at encouraging individuals regardless of the level of their disability to reach their full potential and lead full, independent lives.

It is appreciated that schools usually have their own well developed pastoral care systems. However, if help or advice is required, the IPWO is available to provide it.

The IPF, with other charities, and other groups, also campaigns for improvements in medical and social care for individuals who suffer a spinal or head injury, and works hard with these organisations to raise awareness of the causes, prevention and consequences of such an injury.

### **Disabled Ex-Players – Pastoral Care through Constituent Bodies**

The RFU, through its Governance Standing Committee, has provided Constituent Bodies (CBs) with a Pastoral Contact Booklet which explains how to make and retain contact with permanently disabled ex rugby players. RFU funding to CBs is partly conditional on the CBs reporting their contact and activities with and for Register members. The names of these ex players appear on the IPF Register. CBs will, on request to the IPF, be given the names of any Register Members in their area.

The IPWO also provides advice and training to CBs on supporting catastrophically injured players in their region.

### **Catastrophic Injury Surveillance**

It is intended that, with their consent, all players with a serious head or neck injury will also be followed up as part of a catastrophic injury surveillance programme. The purpose of the programme is to collect injury epidemiology data from all such injuries. This data will then be analysed and used to inform injury prevention interventions e.g. coach and referee training, law changes etc.

From the injured player's perspective, this will involve a visit from the IPWO or researcher where they will ask questions from a standardised questionnaire. This will only be done at an appropriate time in the player's care and in consultation with their health care professionals. With consent, it will also involve the collection of specific limited clinical data from the player's medical specialist.

## **MANAGEMENT OF INJURIES**

Rugby is a contact sport and in common with all contact sports, playing the game carries a risk of injury and while serious injuries are rare, you will need to be prepared to deal with the full range of incidents that could occur on the training ground or pitch. The RFU Sports First Aid Course has been specifically designed to meet the needs of rugby coaches and volunteers who are likely to be first on the scene. It aims to equip you with the basic skills necessary to manage the incident safely and competently until further help arrives. For more information about this training please visit [www.rfu.com/health](http://www.rfu.com/health) or email [health@rfu.com](mailto:health@rfu.com).

## NECK INJURIES

If a serious neck injury is suspected the player should not be moved except by appropriately trained personnel with the necessary equipment; usually, the ambulance service paramedics. The exception to this rule is if the player has an obstructed airway or is not breathing, in which case the player may have to be moved in order to save their life and perform Basic Life Support.

Whilst waiting for assistance the head should be held in the position in which the player is found and not moved. Do not twist the head. Do not sit or stand the player up. Remember, the player will need to be protected from the elements (cold, rain etc.)

Examples of playing situations where a neck injury may be sustained:

- Tackled player in a high or spear tackle.
- At the scrum engagement, collapsed scrum or ‘popped’ front row.
- Line-out jumper or player jumping for a catch, falling from height.
- Use of ‘squeeze ball’ technique.
- Head first contact with another player

## CONCUSSION

### Identification of Concussion

The identification of a concussed player on the pitch may be difficult and the condition should be suspected if any of the following features are noted or complained of. You should be aware that a player may have been concussed, even though he/she has not experienced a loss of consciousness i.e. been ‘knocked out’.

The following guidance is taken from the Sports Concussion Assessment Tool<sup>1</sup>

### Sports-related Concussion

Failure to assess, evaluate and manage a casualty with a concussion can result in prolonged symptoms and signs, or may result in a more serious underlying brain injury to be missed. Allowing a player with concussion to continue to participate or return too early may result in a prolonged post-concussion syndrome.

Medically qualified personnel should evaluate all concussions, but if this is not initially possible the coach or official should be able to make a basic assessment of the player.

### Recognition

#### THE PRESENCE OF ANY OF THE FOLLOWING SYMPTOMS AND SIGNS MAY SUGGEST CONCUSSION:

- Loss of consciousness
- Seizure/convulsion (uncontrolled jerking of arms and legs).
- Amnesia (memory loss)
- Headache, feeling dazed or ‘in a fog’
- ‘Pressure in head’
- Neck Pain
- Nausea or vomiting
- Dizziness
- Blurred vision
- Balance problems

1. Pocket SCAT2. Supplement: Concussion in Sport (Zurich 2008). BJSM May 2009, Vol, 43 Supplement 1.

- Sensitivity to light
- Sensitivity to noise
- Feeling slowed down
- ‘Don’t feel right’
- Difficulty in concentrating
- Difficulty remembering
- Fatigue or low energy
- Confusion
- Drowsiness
- More emotional
- Irritability
- Sadness
- Nervous or anxious

**Memory.** Medically qualified personnel should evaluate all concussions, but if this is not initially possible the coach, official or First Aider may ask the following questions. Failure to answer **ALL** correctly may suggest a concussion:

1. Which ground/venue are we at today?
2. Which half is it now?
3. Which team scored last in this game?
4. Which team did we play last week/game?
5. Did your team win the last game?

An incorrect answer should be considered abnormal and the player should not return to play.

**Balance Testing.** A simple balance test may also be carried out as follows:

“Now stand heel to toe with your non-dominant foot at the back (usually the left). Your weight should be evenly distributed across both feet. You should try to maintain your balance 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 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 player 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 concussion.

**Any player with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY, urgently assessed by a Doctor, should not be left alone and should not drive a motor vehicle.**

## **‘IF IN DOUBT, SIT THEM OUT’**

### **Important**

Unconscious players may have a neck injury and should be managed as a possible spinal injury in accordance with best first aid and immediate care practice. Further details on training in these can be found at [www.rfu.com/health](http://www.rfu.com/health)

## **Returning to play following a concussion**

The iRB regulation (Reg 10.1) dealing with concussion, states that:

10.1.1 A player who has suffered concussion shall not participate in any match or training session for a minimum period of three weeks from the time of the injury, and may then only do so when symptom-free and declared fit, after proper medical examination. Such declaration must be recorded in a written report prepared by the person who carried out the medical examination of the player.

In age-grade rugby, i.e. Under 19 level and below, the three-week minimum period is mandatory. This rest period is necessary, as a child/adolescent who is symptomatic following a head injury is likely to have sustained a greater impact force compared to an adult with the same level of post-concussive symptoms.

In adult rugby the three week period may be reduced only if the player is symptom free, and declared fit after an appropriate medical assessment. Reg 10 should be checked for the definition of 'an appropriate medical assessment'. This declaration must be confirmed in writing by the specialist.