AUSTRALIAN RUGBY UNION
MEDICAL AND SAFETY RECOMMENDATIONS
for Players, Coaches, Administrators & Match Officials

The Australian Rugby Union (ARU) and the International Rugby Board (IRB) encourages Clubs and Schools to take recommended measures to ensure that the game is both safe and enjoyable to play.

The following medical and safety recommendations are in the interest of player safety.

INJURY MANAGEMENT

MEDICAL REQUIREMENTS FOR PLAYER CARE

The following are the recommended medical requirements for Unions, Clubs and Schools.

SMART RUGBY	• Smart Rugby qualified coaches and referees – Mandatory qualification which provides best practice principles for all the contact elements of the game.
FIRST AID PERSONNEL	• Basic First Aid certification or higher qualification – including knowledge of first aid skills and procedures. • First Aid, Sports Trainer and Medical personnel should be clearly visible in brightly coloured uniform/vests (ie orange, yellow, etc), and easily identifiable from teams.
FIRST AID REQUIREMENTS	• First Aid Kit • Ice • Stretcher (preferable scoop stretcher) for use by trained personnel • Emergency contacts for nearest hospital, doctor, dentist, etc • Telephone (for use in emergency) • Emergency vehicle access for Ambulance providing clear entry • Safety Poster in a suitable location visible to Rugby stakeholders

MANAGEMENT OF SERIOUS INJURY

SUSPECTED SPINAL INJURY

In the event of a suspected spinal or other potentially serious injury:

1. GET HELP FAST	• CALL '000' FOR AN AMBULANCE
2. DO NOT MOVE THE PLAYER	• DO NOT MOVE THE PLAYER unless directed by qualified medical personnel. • A player suffering from a severe neck injury may still be able to move all limbs. Moving such a player before stabilising the neck may increase the chance of permanent paralysis.

3. DO NOT APPLY CERVICAL COLLAR	• DO NOT APPLY CERVICAL COLLAR unless specifically trained to do so. • Non-medically qualified first aiders, referees and coaches should err on the side of caution and seek assistance of qualified medical personnel in the event of any suspected spinal or potentially serious injury.
4. FOLLOW SERIOUS INJURY PROTOCOL 	• FOLLOW SERIOUS INJURY PROTOCOL in the event of a serious injury (i.e. fatality or suspected spinal injury), including notifying the **Serious Injury Hotline** and completing the **Serious Injury Report.** • For a complete copy of the Serious Injury Protocol & Report, contact your State/Territory Union or visit www.rugby.com.au/seriousinjury.

HEAD INJURIES, CONCUSSION AND STRUCTURAL BRAIN INJURIES
Head injuries may result in one or more of the following:

1. Superficial injuries to scalp or face such as lacerations and abrasions
2. Subconcussive event – a head impact event that does not cause a concussion
3. Concussion - an injury resulting in a disturbance of brain **function**
4. Structural brain injury - an injury resulting in damage to a brain structure for example fractured skull or a bleed into or around the brain

Structural brain injuries are potentially life threatening and may present with very similar signs and symptoms to a concussion. The signs and symptoms of a structural brain injury will usually persist or deteriorate over time e.g persistent or worsening headache, increased drowsiness, persistent vomiting, increasing confusion and seizures.

Medical assessment of a concussion or a head injury where the diagnosis is not apparent is recommended to exclude a potential structural brain injury.

All head injuries should be considered to be associated with cervical spine injury until proven otherwise.

CONCUSSION GUIDELINES

What is concussion?

Concussion is a brain injury caused by either direct or indirect forces to the head. Concussion typically results in the rapid onset of short-lived impairment of brain function. Loss of consciousness occurs in less than 15% of concussion cases and whilst a feature of concussion, loss of consciousness is not a requirement for diagnosing concussion.

Concussion Management 6 R's

RECOGNISE	Learn the signs and symptoms of a concussion so you understand when an athlete might have a potential concussion (see the Pocket Concussion Recognition Tool for more details).
REMOVE	If a player has a concussion or a potential concussion he or she must be removed from play or training immediately.
REFER	Once removed from play, the player should be referred immediately to a Medical Practitioner for further evaluation and diagnosis. If the player's condition is poor or deteriorates, the player should be referred immediately to an Emergency Department.

REST	Players must rest from exercise until symptom-free and then start a Graduated Return to Play program. The ARU recommends minimum rest periods for different ages: Players aged 15 years and below - 2 weeks minimum rest, Players aged 16-18 years - 1 week minimum rest, Adults Players 19 years and above - 24 hours minimum rest.
RECOVER	Full recovery from symptoms is required before a player can commence a Graduated Return to Play. Rest from all physical and cognitive activities in the early stages are crucial in the recovery process.
RETURN	In order for safe return to play in Rugby, the player can only return to playing rugby via the Graduated Return to Play (GRTP) program once they are symptom free and completed a GRTP program. The player must obtain a clearance in writing by a Medical Practitioner before returning to full contact practice.

The ARU Concussion Guidelines (in full) and resources are available at www.rugby.com.au/concussion.

IF THE PLAYER IS UNCONSCIOUS
Always suspect an associated neck injury. If respiratory arrest occurs, Cardio Pulmonary Resuscitation (CPR) should be commenced. CALL '000' FOR AN AMBULANCE.

Once conscious, determine the manner in which the injury happened and if there is tingling in upper or lower limbs and if any power loss is present. If there is no one experienced in the management of this problem the PLAYER SHOULD NOT BE MOVED but given emotional support while awaiting the ambulance. Ensure the player is sufficiently warm.

IF A FRACTURE OR DISLOCATION OF A LIMB IS SUSPECTED
The injured limb should be supported, ideally with a splint, while the player is lifted onto a stretcher or helped from the field. X-rays to confirm the diagnosis (or exclude injury) are essential and should be performed as soon as possible.

If the fracture is found to be compound (bony fragments protruding through the skin) the area should be covered with a clean towel while waiting for the ambulance. In this situation the player should not consume food or drink until cleared by a doctor (in case a general anaesthetic is required).

TREATMENT OF INJURED PLAYERS WHO ARE BLEEDING
A player who has an open or bleeding wound must leave the playing area until such time as the bleeding is controlled and the wound is covered or dressed. On returning to play all bloodied clothing must be replaced. Such a player may be replaced on a temporary basis but if unable to resume playing within 15 minutes the replacement becomes permanent.

IF A TOOTH IS KNOCKED OUT
It should be replaced immediately in its socket (if dirty, wash it first with milk if available) and mould aluminum foil over the replaced tooth and its adjacent teeth. The player should then seek immediate dental advice.

SEEK PROMPT MEDICAL ADVICE
Prompt medical advice (usually at an emergency department, hospital or after-hours medical centre) should be obtained if:

- Unconsciousness, persistent headache, vomiting or nausea occurs after a blow to the head, or a concussion injury.
- Breathing difficulties occur after an injury to the head, neck or chest.
- Severe pains in the neck occur.
- Abdominal pains occur, particularly if associated with shoulder tip pain.
- Blood is present in the urine.
- An eye injury occurs.
- If a player collapses separate to any trauma.
- There is any concern over a player's injury or health following training or a match.

SOFT TISSUE INJURIES
The **RICER** injury management approach is the best treatment for a soft tissue injury, and should be initiated immediately after injury for 48-72 hours. Applying RICER will assist in reducing bleeding and swelling and provide support for the injured area.

REST	Avoid stressing the injured area for at least 48-72 hours
ICE	Apply ice to the injured area for 20 minutes, every 2 hours for the first 48-72 hours after injury.
COMPRESSION	Firmly apply wide compression bandage over the injured area, above and below the injury site.
ELEVATION	Raise the injured area above the level of the heart at all times.
REFERRAL	Refer to a qualified health professional (e.g. Doctor, Physiotherapist, etc).

Avoid the **HARM**-ful factors for 72 hours after the injury.

HEAT	Heat increases the bleeding at the injured site. Avoid hot baths and showers, saunas, hot water bottles, heat packs and liniments.
ALCOHOL	Alcohol increases bleeding and swelling at the injury site, and delays healing.
RUNNING	Running or any form of exercise may cause further damage. A player should not resume exercise within 72 hours of an injury unless approved by medical professional.
MASSAGE	Massage causes an increase in bleeding and swelling, and should be avoided within 72 hours of the injury. If the injury is massaged within the first 72 hours, it may take longer to heal.

SAFETY REQUIREMENTS

SMART RUGBY
SmartRugby is designed to inform coaches and match officials of best practice techniques, to minimise the risk of injury to players, and increase the level of confidence that participants and families can gain from their association with the game.

All players are to be in-serviced in the SmartRugby Program by their team coach.

MAYDAY CALL
The “MAYDAY” call is a safety technique put into operation when a player believes that he/she is in a potentially dangerous position in a scrum. The following is a description of the process to be followed by players and referees when the “MAYDAY” call is heard.

PLAYER ACTIONS | **REFEREE ACTIONS**

The player under pressure makes a loud call, "MAYDAY"

Other members of the scrum repeat this call to ensure that it is heard by members of both scrums and the referee

All players immediately stop pushing to release pressure on the front row. The props should release their bind on the opposition only

All players in the scrum immediately drop to their knees. At the same time, the top half of their body is lowered to the ground

The front row then land on their faces

All players are to remain in this position and listen to the referee's instructions

The referee should immediately blow the whistle sharply

The referee asks, "Who first called Mayday and are you OK"?

Player replies and is OK

Player replies and is not OK

Player does not reply

The referee asks the players from each team to number off from; 1, 2, 3, 4, 5 in order to determine which player is injured and/or unconscious (note: 6,7,8 are not at risk)

On the referee's instruction the scrum is disassembled: The No.8 moves back and away and the flankers then release their binds and move outwards and away

The locks then release their binds and move outwards and away
(If the injured player is a lock they shall remain until medical assistance arrives)

The prop forwards then release their bind on the hooker and move outwards and away

If the injured player is a front rower, they and any player(s) bound to them will remain and maintain their binds until medical assistance arrives

PLAYER PRIORITIES	**REFEREE PRIORITES**
• Upon hearing MAYDAY, repeat loudly. • Stop pushing and drop to your knees immediately. • Do not turn your head to the side. Rotation and flexion increases the chance of neck injury. • Keep your chin and chest through and face plant on the bridge of your nose and forehead. • Whilst on the ground, listen to the referee. • Do not move an injured player. Leave them exactly where they are until medical assistance arrives.	• Upon hearing MAYDAY, blow your whistle immediately. • Identify the injured player and their status. • Disassemble the scrum safely. • Do not move an injured player. Leave them exactly where they are until medical assistance arrives. • If no player is injured, reset the scrum when players are ready.

POSITION SELECTION
Players should be selected for positions appropriate to their physical build and stature. Players should be physically fit to play Rugby when selected and those unfit should not be selected.

Players should not be selected to play in the front row unless they have recent experience or have been coached in specialist front row play.

All players should be encouraged to regularly carry out special exercises that strengthen their neck, limbs and body. This is especially applicable to those in the scrum who should build up their neck and back muscles as well as upper body strength.

SCRUM ENGAGEMENT SEQUENCE (For Games of all Levels)
The scrum engagement is managed in sequence by the referee to ensure that it occurs safely, squarely and in synchronisation. If any part of the scrum set-up is not right, the referee should call the front rows up and re-start the process.

The Law requires that referees will call the scrum engagement in the sequence CROUCH, BIND and then, when both front rows are ready, SET. This is to be strictly observed.

1. CROUCH

Front rowers should adopt a CROUCH position with their head and shoulders at or above the level of the hips, feet square, and knees bent sufficiently to make a simple forward movement into engagement. Players should keep their head straight, in order to maintain the normal and safe alignment of the cervical spine.

Once all front-rowers are crouched, there must be a non-verbal pause, during which time the referee should be checking that:

- the distance between opposing front rows should be close enough that players' heads are interlinked (approximately ear to ear)
- the height of the two packs is the same
- all players are balanced, and are set up straight (not at an angle)

2. BIND

The BIND call requires each prop to bind on the side or back of their opposing prop (not on the arm or shoulder). Props should grab onto the jersey, not just rest their hand in place.

Once all front-rowers are bound, there must be a non-verbal pause, during which time the referee should check that all players are balanced and stationary.

3. SET

On the SET call, and not before, the front rows should engage the opposition firmly with a short horizontal movement and the props should draw with their outside binds. In this position, all players must be able to maintain body shape and pressure on the opposition scrum.

At community level in Australia, referees do not have to indicate to the scrum half when to feed the ball at every scrum. However, referees must ensure that the scrum is stationary and stable before the feed (no hit and chase off the mark). A call of "steady" may, on occasion, assist in steadying the scrum. When the scrum is steady, the ball should be fed without delay.

TACKLING
Statistics indicate that the majority of serious injuries are now occurring during or consequent to the tackle. The risk of injury can be reduced by teaching correct head positioning as an essential component of a safe tackle.

Serious injuries are also occurring to the ball carrier, particularly when going to ground in the tackle. The risk of injury can be reduced by teaching balance and stability techniques in contact and correct body position when falling to the ground.

Illegal and dangerous tackling should be discouraged, such as crash tackling the defenseless, tackling player's without the ball, early, late, 'stiff arm' tackling and tackling around the head and neck. Any tackle above the line of the shoulders (defined as the level of the armpits) is considered dangerous.

ELIMINATION OF ILLEGAL AND FOUL PLAY

Head and Shoulders Above Hips

Correct body position in Scrum, Ruck and Maul is critical. Players should join in a safe manner, ensuring that their head and shoulders are above the hips at all times. The IRB has reiterated its position that the game can only be played by players who are on their feet.

Punching or Stamping Send Offs

For all competitions U19 and downwards it is mandatory for referees to send off players who punch or stamp opponents. ARU believes this is an appropriate measure to assist in the elimination / reduction of foul play and to send a clear message to the community that Rugby is serious about countering this sort of behaviour.

Referees are reminded to be particularly harsh when dealing with players who engage in Illegal and/or Foul Play or engage in any form of retaliation. Judicial Committees should take stern action with players found guilty of Illegal and/or Foul Play.

PREVENTING INJURY

Mouth Guard

It is recommended that players wear a specially made and fitted mouth guard during both matches and training sessions.

Hydration

Coaches should ensure that an adequate supply of fluid, preferably water, is consumed by players before, during and after training sessions and the match, so that appropriate levels of hydration are maintained.

MORE INFORMATION

Further details on Medical Requirements for Player Care and Safety Recommendations can be found at the Australian Rugby Union website www.rugby.com.au/policies.

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