# Singapore Rugby Union

## National League
## Competition
## 2017 / 2018

# Player Welfare
# and
# Medical Requirements

**Medical Matters**

### 3.1 Serious Injury Reporting

***Policy*:**

3.1.1 Any serious injury, including suspected head, neck or spinal cord injury, that occurs in a match or organized training session and requires the athlete to cease participation in that event and be transferred to the hospital must be reported to Singapore Rugby.

***Procedures*:**

3.1.2 To report an injury as identified in 3.1.1, the **SRU Serious Injury Notification Report** (refer to Appendix B) must be submitted to the SRU Office attn. medical manager or medical@sru.org.sg within two (2) days of the incident's occurrence, otherwise a late submission penalty will be applied - refer to Schedule of Sanctions, Table 1 in Appendix A.

3.1.3 The report will be referred to the SRU Medical Committee and the SRU Risk Management Advisory Group to determine if any follow-up is required using SRU's established risk referral procedures.

### 3.2 Emergency Action Plans

***Policy*:**

3.2.1 As a condition of participation, each club venue must have an up to date Emergency Action Plan (EAP) that has been approved by its Executive and in the possession of a designated member of its Executive.

3.2.2 For any match under the jurisdiction of SRU, details of the EAP must be given by the home team or hosting organization, on request, to the visiting team and match official, with a copy of this filed with SRU.

***Procedures*:**

3.2.3 The format of the EAP should be compatible with the **SRU EAP Minimum Requirements** (refer to Appendix C).

3.2.4 The EAP should be :

(a) posted at each facility used by any team for training including club, college or school training grounds and should wherever possible be posted on its website.
(b) Failing which the matter should be referred to the SRU General Manager for follow-up and possible compliance action - refer to Schedule of Sanctions, Table 1 in Appendix A.

**3.3 Concussion Management**

***Policy*:**

3.3.1 All matches played under SRU jurisdiction must comply with World Rugby Concussion Guidelines. SRU uses WR's "Recognize and Remove" as the standard policy. ( http://playerwelfare.worldrugby.org/concussion )

3.3.2 Suspected incidents of non-compliance with the above policy must be referred to the SRU Office for follow-up and possible compliance action by the Discipline/Management Committee - refer to: Schedule of Sanctions, Table 1 in Appendix A.

***Procedures*:**

3.3.3 All players, coaches, parents, match officials, administrators, medical practitioners and other rugby stakeholders are required to educate themselves on the above – referenced World Rugby Concussion Guidelines http://playerwelfare.worldrugby.org/concussion and in particular, the Graduated Return to Sports Program. Team management must be familiar with and adhere to SRU protocols. Refer to Appendix D for **SRU Head injury and Concussion Documents**. More Documentation is available on the Medical Resources page of the SRU website. For more details contact medical@sru.org.sg

**3.4 Critical Incident Protocol**

***Policy*:**

3.4.1 All Club teams must follow the **SRU Critical Incident Protocol** (Refer to Appendix E).

3.4.2 Suspected incidents of non-compliance with the above policy must be referred to the SRU Office for follow-up and possible compliance action by the Discipline /Management Committee - refer to: Schedule of Sanctions, Table 1 in Appendix A.

***Procedures*:**

3.4.3 The protocol will be included in the Management Handbook and must be included in the equivalent documentation for all teams.

**3.5 Medical Personnel and Equipment**

***Policy*:**

3.5.1 Prior to the start of a match played under the jurisdiction of Singapore Rugby, both the home and away teams must have present team medical support as follows. Each Team must have:

1. Premiership: a health care professional who has
   - Completed the online WR Concussion Management for Doctors and Health Care professionals within the last 12 months.
   - Completed (at minimum) the WR L2 Immediate Care in Rugby course within the last 36 months.
   - Has current Professional Indemnity Insurance.

2. Championship and other matches: a health care professional who has
   - Completed the online WR Concussion Management for Doctors and Health Care professionals within the last 12 months.
   - Completed (at minimum) the WR L1 First Aid in Rugby Course
   - At least 1 other health care professional who has completed the WR L1 First Aid in Rugby course ( preferably L2 ICIR or L3 ICIR/ICIS) within the last 36 months as a minimum.
   - Has current Professional Indemnity Insurance.

The teams must identify these persons to the visiting team and the match officials. The name of this person shall be recorded as the designated medical person on the SRU Game Sheet.

3.5.2 Each team must have a first aid kit at each match. (reference 3.5.5.)

3.5.3 For all matches and multi-team tournaments and league finals organized or sanctioned by Singapore Rugby, the hosting organization must:

- provide a designated medical area with adequate shelter and lighting
- arrange for the presence of sufficient medically trained personnel with recognized rugby specific pitch side training (see minimum standards)

3.5.4 Suspected incidents of non-compliance with the policies in paragraphs 3.5.1-2 must be referred to the SRU General Manager for follow-up and possible compliance action by the Discipline Committee - refer to Schedule of Sanctions, Table 1 in Appendix A.

***Procedures*:**

For all matches and events identified in 3.6.3 above, Singapore Rugby Union advises that the hosting organization must have adequate medical equipment available as well as the personnel trained to operate such.

As a minimum this should include:

- Airways Management - ability to intubate + Oxygen & suction available
- Cardiac resuscitation - AED + emergency drugs (if doctor present)
- Spinal injury evacuation equipment and management (suitable for player weighing 150 kg). If ambulance and L2 paramedics in attendance.
- Limb stabilization splints - upper & lower limb splints

These requirements may be provided by an attending ambulance or pitch side specialist coverage

3.5.4 Further to 3.6.2 above, the first aid kit available, as a minimum, should include contents of a Sports First Aid Kit.

This first aid kit should contain the following as minimum:

- Emergency telephone numbers for EMS 995, address and telephone numbers of your local hospital with an A&E department, nearest SG snake bite control centre.
- Sterile gauze pads (dressings) in small and large squares to place over wounds
- Adhesive tape
- Roller and triangular bandages to hold dressings in place or to make an arm sling
- Adhesive bandages in assorted sizes
- Scissors
- Tweezers
- Safety pins
- Ice packs
- Disposable non-latex gloves, such as surgical or examination gloves
- Antiseptic wipes or soap
- Emergency blanket
- Eye patches
- Thermometer
- Barrier devices, such as a pocket mask or face shield
- NRC Guidelines and first aid manual
- Pencil and pad and injury recording sheets

First aid equipment must be stored in a dry place and used or outdated contents replaced regularly.

**3.12 Provision of Medical Information**

***Policy*:**

3.12.1 Players must complete medical information form prior to the match. This form must have:

- Player information ( including NRIC / FIN / Passport number)
- Club information
- Emergency contact information
- Next of Kin information
- Previous Medical History and /or Allergies
- Players under the age of 21 will require Parent / Guardian consent and signature.

This form must be available, on request, to any match day medics, SRU medics or to any ambulance crews attending matches. Players are advised to also have at minimum a copy of ID documents on hand for medical registration should that be necessary.

***Procedures*:**

3.12.2 The required information should be compiled on **SAMPLE form** or at minimum a **Team Medical Information** sheet. (Refer to Appendix F & G).

**3.15 Anti-Doping**

***Policy***:

3.15.1 All registered players must abide by the SRU Anti-Doping Policy.

3.15.2 SRU abides by World Rugby Anti-Doping Policies
**For further information see the following links:**
http://keeprugbyclean.worldrugby.org/

Ant doping handbook
http://keeprugbyclean.worldrugby.org/?page=resource&id=56

Appendix B

# SRU Serious Injury Notification Report

This report is to be completed for any suspected head, neck or spinal cord injury that occurs in a match or organized training session and requires the athlete to cease participation in said event and submitted to medical@sru.org or to the General Manager at SRU offices within 2 days of the incident .

## 1. Injured Participant's Information

| SURNAME | GIVEN NAME |
|---|---|
| | |

| DATE OF BIRTH: | GENDER: | | |
|---|---|---|---|
| | MALE | FEMALE | (Please circle one) |

**ADDRESS**

| |
|---|
| |
| |

| CONTACT NUMBER | CONTACT EMAIL ADDRESS |
|---|---|
| | |

**CLUB AFFILIATION**

| |
|---|
| |

## 2. Injured Athlete's Parent / Guardian / Next of Kin Information

| PARENT / GUARDIAN NAME / N.O.K | CONTACT NUMBER |
|---|---|
| | |

## 3. Competition Information

| DATE OF INJURY | LOCATION |
|---|---|
| | |

**TYPE OF EVENT (e.g. league game; training session)**

| |
|---|
| |

## 4. Injury Information

**TYPE OF INJURY ( Eg. Head, Neck, Spinal Cord)**

**HOW DID THE INJURY OCCUR?**

**WAS THE ATHLETE TREATED AT THE SITE OF THE INJURY?**

**WAS THE ATHLETE TRANSPORTED TO A MEDICAL FACILITY?**

---

## 5. Club contact for follow-up by SRU

| **NAME** | **CONTACT NUMBER** |
| --- | --- |
| | |

**EMAIL ADDRESS**

**SIGNATURE**

**DATE:**

**Appendix C**

# Emergency Action Plan – Minimum Requirements

To be prepared in the event of serious injuries, every team including Club, School or composite teams participating in a SRU sanctioned events, must establish an Emergency Action Plan (EAP). The EAP should be implemented at games, practices and other events at their home ground or practice facility. The EAP requires the appointment of three (3) individuals to specific roles, which they would assume in the event of a medical emergency. This EAP should be practiced at appropriate times during the season.

**Charge Person**

- The most qualified person available with training in emergency control, first aid and the SRU Safety Guidelines
- Familiarizes themselves with the facilities emergency equipment
- Takes control of an emergency situation until a medical authority arrives
- Assesses severity of an injury

**Call Person**

- Makes call for emergency assistance
- Has a list of emergency telephone numbers
- Knows the best direction to the facility
- Knows the best route in and out of the facility for ambulance crew
- Communicates with the Charge Person & Control Person

**Control Person**

- Controls crowd and other players and keeps them away from the Charge Person and Injured Player
- Ensures proper room to work for the Charge Person and ambulance crew
- Discusses EAP with the Facilities staff, officials and opponents
- Ensures that the route for the ambulance crew is clear and available
- Seeks highly trained medical personnel (i.e. MD, Nurse) if requested by the Charge Person

These 3 individuals should be clearly identified by ID tag or by uniform during a tournament or training session.

**Appendix D**

# Rugby Head Injury/ Concussion

Players Name : ______________________________ Date of Injury : ____________________

## Head Injury/Concussion Information

You have sustained a head injury today. I am satisfied that this does not appear to be serious, however I would like you and the person looking after you to observe the following points until you are fully recovered :-

- **No alcohol or sedatives for 48hrs (this can mask any change in your condition).**
- **With rest, it is expected that recovery will be uneventful, but may take some days.**
- **Mild headache and an increased need to sleep are not uncommon after a head injury.**
- **Simple painkillers (e.g. Paracetamol) can help but do not reduce the need for rest.**

For the attention of the person looking after you :-

Do not be confused between normal sleep and unconsciousness – someone who is unconscious cannot be woken up – you need to be satisfied that they are reacting normally to you.

**IMPORTANT – If any of the following occur :-**

- **Increased drowsiness / Difficulty in awakening**
- **Speech difficulties**
- **Vision upset (blurring, double vision, increased light sensitivity)**
- **Weakness of any Limb**
- **Vomiting (more than once)**
- **Dizziness**
- **Neck stiffness**
- **Increasing headache (not responding to simple painkillers)**
- **Unusual behaviour or symptoms**

Please take the player to the Accident and Emergency Department at your nearest hospital or arrange for a Doctor to see them as soon as possible.

Players will not be allowed to return to contact sport until they have been assessed and told they are fit to play by a specialist Doctor and they complete the recommended return to training protocols (protocol is on SRU website). See reverse page for U19's and GRTS details.

Date: ________________ Signed: ______________________ Print name: ____________________

Dr / Physiotherapist / Medic / Nurse / Trainer with ____________________ Team

## Concussion Management for Players

- An initial period of at least 24 - 48 hours of both relative physical rest and cognitive rest is needed before beginning Stage 1 of the RTS (Return to Sport also known as GRTP) progression.
- Rest from playing or contact training for a **minimum** of **two** weeks **following cessation of symptoms** in adults, children and adolescents (U 19's) before starting Stage 2 RTS.
- Adults need written clearance by a SRU Medical approved Sports Physician to start Return to Play protocols if shorter time frames are used.
- A graduated return to sport (RTS ) must be completed after the "rest from playing" period.
    - for **ALL** players diagnosed with a concussion.
    - for **ALL** players even suspected of having a concussion during a game or training at which there is no appropriately qualified person present to do an assessment.
- Senior players should have **at least 24 hours (or longer)** for each step of the progression.
- U19's players must have a **minimum 48 hrs** between each RTS stage.

World Rugby recommends that a trained medical practitioner or trained and approved healthcare professional supervises the RTS and **confirms** that the player can take part in full contact training before entering Stage 5.

## RETURN to SPORT (RTS)

| Stage | Aim | Activity | Goal of each stage |
|---|---|---|---|
| **1** | Symptom-limited activity<br>**Mandatory minimum 14 days** following the injury | Daily activities that do not provoke symptoms. | Gradual reintroduction of work /school activities. |
| **2** | Light aerobic exercise | Walking or stationary cycling at slow to medium pace. No resistance training. | Increased heart rate. |
| **3** | Sport-specific exercise | Running or skating drills. No head impact activities. | Add movement |
| **4** | Non-contact training drills | Harder training drills, eg, passing drills. May start progressive resistance training. | Exercise, coordination and increased thinking. |
| **5** | Full contact practice | Following medical clearance, participate in normal training activities. | Restore confidence and assess functional skills by coaching staff. |
| **6** | Return to sport | Normal game play | Return to Sport |

* NOTE. If any symptoms worsen during exercise, the athlete should go back to the previous step. Resistance training should be added only in the later stages (stage 3 or 4 at the earliest). If symptoms are persistent (e.g. more than 10–14 days in adults or more than 1 month in children), the athlete should be referred to a healthcare professional who is an expert in the management of concussion.

Appendix D

# Head Injury in Sport

## Return to play after concussion

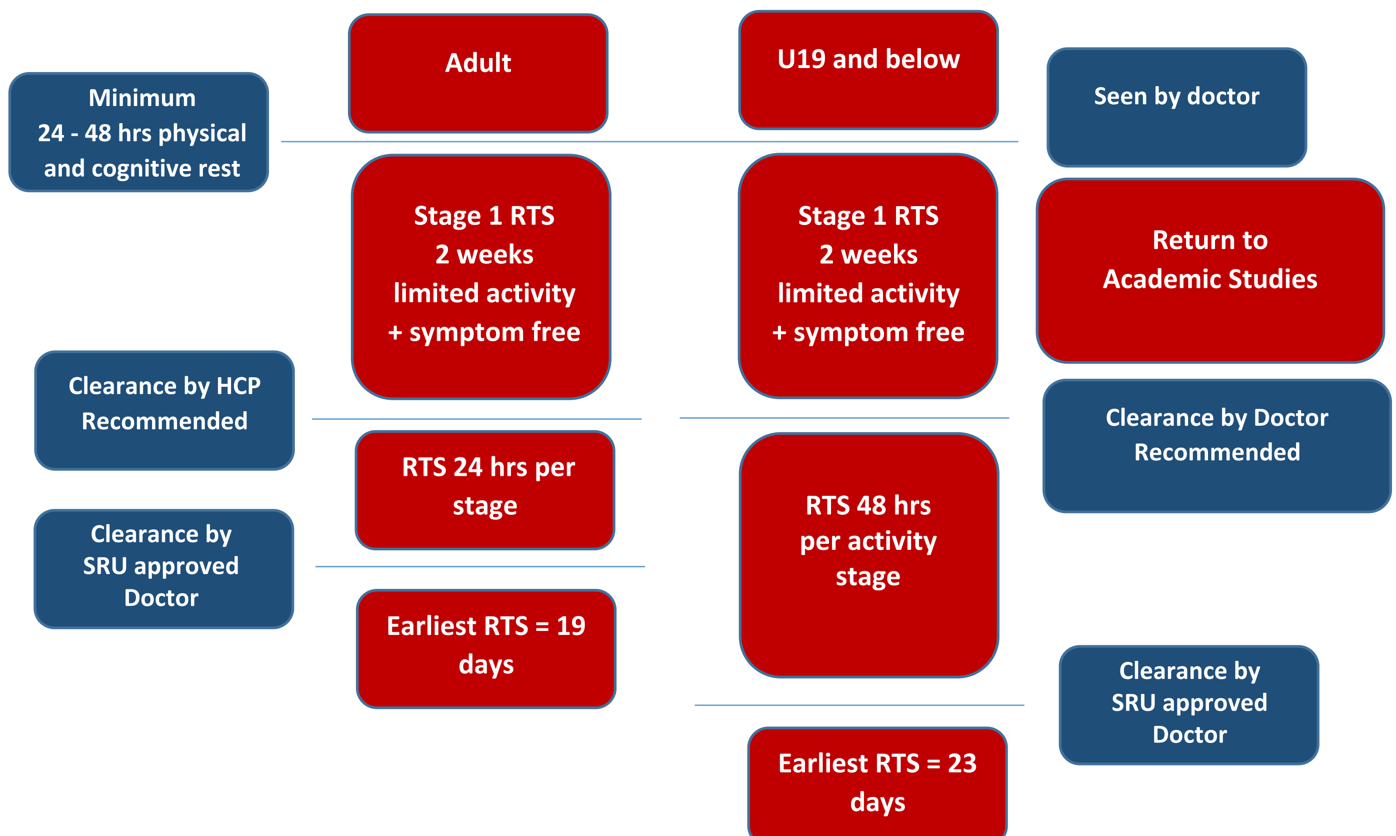
Concussion must be taken extremely seriously to safeguard the short and long term health and welfare of players, especially young players.

The majority (80-90%) of concussions resolve in a short (7-10 days) period. This may be longer in children and adolescents and a more conservative approach should be taken with them. During this recovery time however, the brain is more vulnerable to further injury, and if a player returns to play too early, before they have fully recovered this may result in:

- Prolonged concussion symptoms
- Possible long term health consequences e.g. psychological and/or brain degenerative disorders
- Further concussive event being FATAL, due to severe brain swelling – known as Second Impact Syndrome

### What should players do to return to play (RTS)?

The routine return to play pathway is shown in the diagram below:




**A player's age is deemed to be their age at 1st January.**

# Head Injury in Sport

- **Rest.** - Individuals should avoid the following initially and then gradually re-introduce them:
  - Reading
  - TV
  - Computer games or Handphone use
  - Driving

**If a player develops symptoms while doing any of these activities they should to stop doing the activity and report this to a doctor.**

- It is reasonable for a student to miss a day or two of academic studies but extended absence is uncommon.
- Start Return to Sport (RTS) once all symptoms have resolved and they are cleared to do so by a healthcare professional (HCP) or doctor (for children).
- In young players a more conservative Return to Sport approach is followed and it is advisable to extend the amount of rest (routinely this should be two weeks /14 days after the symptoms have ceased) and the length of the RTS.
- As part of the process it is also prudent to consult with the young person's academic teacher(s) or tutor to ensure that their academic performance has returned to normal prior to commencing the RTS. The school environment obviously helps with this liaison with educational experts.
- All coaching staff must be made aware of the players concussion and if needed should consult the SRU medical team if they have any questions regarding the return to play stages.

**It must emphasised that these are minimum return to play times. Players who do not recover fully within these time frames, will need a longer recovery time.**

## Return to Sport (RTS)

The RTS protocol should be undertaken on a case by case basis and with the full cooperation of the player, coaches and their parents/guardians.

# Head Injury in Sport

Where a club/school has their own medical resources the RTS process should be carried out by the club/school coach, and overseen by the club/school health care professional/doctor. Parents should where possible also be actively involved in the process.

A summary of the RTS is shown in the following diagram.

## Return to Sport (RTS)

| Stage | Aim | Activity | Goal of each stage |
|---|---|---|---|
| 1 | Symptom-limited activity<br>A. **Mandatory minimum 14 days** following the injury for **ALL** Age group and senior players **not under the direct care of a medical practitioner.**<br>B. Senior player, a minimum 24 hours after symptoms cleared, under the direct care of an **SCC Medical approved medical practitioner and with written clearance.** | Daily activities that do not provoke symptoms. | Gradual reintroduction of work /school activities. |
| 2 | Light aerobic exercise | Walking or stationary cycling at slow to medium pace. No resistance training. | Increased heart rate. |
| 3 | Sport-specific exercise | Running or skating drills. No head impact activities. | Add movement |
| 4 | Non-contact training drills | Harder training drills, eg, passing drills. May start progressive resistance training | Exercise, coordination and increased thinking. |
| 5 | Full contact practice | Following medical clearance, participate in normal training activities. | Restore confidence and assess functional skills by coaching staff. |
| 6 | Return to sport | Normal game play | Return to Sport |

The Pocket Concussion Recognition Tool symptom and signs check list can be used to assess players at each stage of the RTS protocol; this is shown below and is available to download at rfu.com/concussion.

http://playerwelfare.worldrugby.org/concussion

# Head Injury in Sport

## CONCUSSION RECOGNITION TOOL 5©

To help identify concussion in children, adolescents and adults

Supported by

FIFA®

FEI

### RECOGNISE & REMOVE

Head impacts can be associated with serious and potentially fatal brain injuries. The Concussion Recognition Tool 5 (CRT5) is to be used for the identification of suspected concussion. It is not designed to diagnose concussion.

### STEP 1: RED FLAGS — CALL AN AMBULANCE

**If there is concern after an injury including whether ANY of the following signs are observed or complaints are reported then the player should be safely and immediately removed from play/game/activity. If no licensed healthcare professional is available, call an ambulance for urgent medical assessment:**

- **Neck pain or tenderness**
- **Double vision**
- **Weakness or tingling/ burning in arms or legs**
- **Severe or increasing headache**
- **Seizure or convulsion**
- **Loss of consciousness**
- **Deteriorating conscious state**
- **Vomiting**
- **Increasingly restless, agitated or combative**

**Remember:**

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Assessment for a spinal cord injury is critical.
- Do not attempt to move the player (other than required for airway support) unless trained to so do.
- Do not remove a helmet or any other equipment unless trained to do so safely.

**If there are no Red Flags, identification of possible concussion should proceed to the following steps:**

### STEP 2: OBSERVABLE SIGNS

**Visual clues that suggest possible concussion include:**

- Lying motionless on the playing surface
- Slow to get up after a direct or indirect hit to the head
- Disorientation or confusion, or an inability to respond appropriately to questions
- Blank or vacant look
- Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- Facial injury after head trauma

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### STEP 3: SYMPTOMS

- Headache
- "Pressure in head"
- Balance problems
- Nausea or vomiting
- Drowsiness
- Dizziness
- Blurred vision
- Sensitivity to light
- Sensitivity to noise
- Fatigue or low energy
- "Don't feel right"
- More emotional
- More Irritable
- Sadness
- Nervous or anxious
- Neck Pain
- Difficulty concentrating
- Difficulty remembering
- Feeling slowed down
- Feeling like "in a fog"

### STEP 4: MEMORY ASSESSMENT

(IN ATHLETES OLDER THAN 12 YEARS)

**Failure to answer any of these questions (modified appropriately for each sport) correctly may suggest a concussion:**

- "What venue are we at today?"
- "Which half is it now?"
- "Who scored last in this game?"
- "What team did you play last week/game?"
- "Did your team win the last game?"

### Athletes with suspected concussion should:

- Not be left alone initially (at least for the first 1-2 hours).
- Not drink alcohol.
- Not use recreational/ prescription drugs.
- Not be sent home by themselves. They need to be with a responsible adult.
- Not drive a motor vehicle until cleared to do so by a healthcare professional.

The CRT5 may be freely copied in its current form for distribution to individuals, teams, groups and organisations. Any revision and any reproduction in a digital form requires approval by the Concussion in Sport Group. It should not be altered in any way, rebranded or sold for commercial gain.

**ANY ATHLETE WITH A SUSPECTED CONCUSSION SHOULD BE IMMEDIATELY REMOVED FROM PRACTICE OR PLAY AND SHOULD NOT RETURN TO ACTIVITY UNTIL ASSESSED MEDICALLY, EVEN IF THE SYMPTOMS RESOLVE**

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## Before a player can commence

- **Stage 1 of RTS**: They must be symptom free for a period of at least 24 - 48 hours.
- **Stage 2 of RTS:** After a minimum 15 days post concussion.

The player can then progress through each stage as long as no symptoms or signs of concussion return.

Where the senior player completes each stage successfully without any symptoms the player would normally proceed through each stage after 24 hours.

U19s player, progression - **MUST** take 48 hours for each stage.

# Head Injury in Sport

If any symptoms occur while progressing through the RTS protocol, the player **MUST** consult with their medical practitioner before returning to the previous stage and attempting to progress again after a minimum 24 hours (adult) or 48 hours (Any player under 19 years of age) period of rest, without the presence of symptoms.

If it is not feasible for the coach to conduct Stages 2 – 4, these may be done by the player in their own time or in children supervised by parents with appropriate guidance. Alternatively the protocol may simply be extended with each level being conducted by the coach at training sessions or in a school setting by other suitably trained PE staff during PE lessons, when they are able.

On completion of Stage 4 the player may resume full contact practice (Stage 5) with Medical Practitioner clearance.

**It is the player's or parent's responsibility to obtain medical clearance before returning to play.**

Schools and clubs are advised to keep a record of the player's or parent's confirmation that clearance has been obtained. Please refer to your respective schools or clubs protocols.

On completion of Stage 5 without the presence of symptoms, the player may return to playing full contact rugby games (Stage 6).

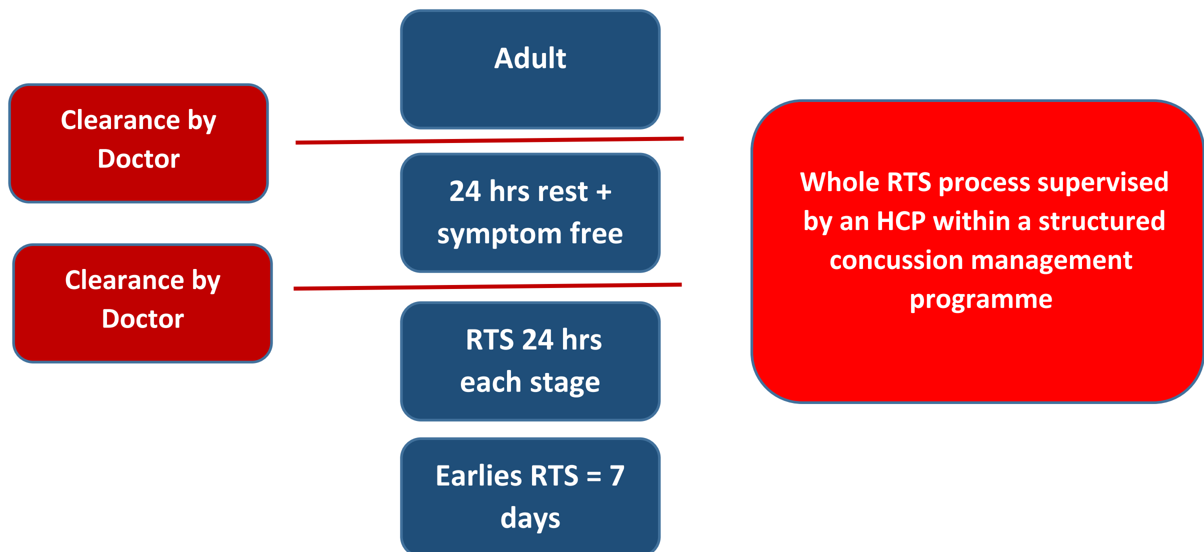
**Note:**

If a player's concussion resulted from poor tackle technique, their coach must also ensure that this is corrected before return to play.

If there are concerns about the player's behaviour and approach to the game when playing or training that appears to put them at increased risk of concussion, then this should be addressed before return to play.

# Head Injury in Sport

## Return to Play Pathway in an Enhanced Care Setting




**It must be emphasised again, that these are the minimum return to play times and in players who do not recover fully within these timeframes, these will need to be longer.**

**Criteria for an Enhanced Care Setting:**

1. There is a doctor with training and experience in the management of concussion/traumatic brain injury available closely to supervise the player's care and RTS, and clear the player prior to RTS.

And

2. There is a structured concussion management programme in place including:
   a. Baseline SCAT 5 and / or Computerised Psychometric / Cognitive testing of players.

# Head Injury in Sport

b. Clinical serial multimodal concussion assessment of players post head impact event.
c. Formalised RTS programme with regular SCAT 5 or equivalent assessments recorded in players' medical records.
d. Access to neuropsychology/neurology/neurosurgery specialists if required.
e. Formal concussion education programmes for coaches and players.

It is recognised that players will often want to return to play as soon as possible following a concussion. Players, coaches, management, parents and teachers must exercise caution to:

a. Ensure that all symptoms have subsided before commencing RTS
b. Ensure that the RTS protocol is followed.
c. Ensure that the advice of Medical Practitioners and other Healthcare Professionals is strictly adhered to.

After returning to play all involved with the player, especially coaches and parents must remain vigilant for the return of symptoms even if the RTS has been successfully completed.

**If symptoms reoccur the player must consult a Healthcare Practitioner as soon as possible as they may need referral to a specialist in concussion management.**

# Head Injury in Sport

**Additional resources**

- Coaches Concussion Guide http://playerwelfare.worldrugby.org/concussion Module - Concussion Management for the General Public
- Pocket Concussion Recognition Tool (Pocket SCAT ) http://bjsm.bmj.com/content/early/2017/04/26/bjsports-2017-097508CRT5
- Coaches, First Aiders, Match Officials and Administrators concussion education module. http://playerwelfare.worldrugby.org/concussion and http://playerwelfare.worldrugby.org/firstaidinrugby
- Club/School Health Care Professionals concussion educational module. http://playerwelfare.worldrugby.org/concussion Module " Concussion Management for Doctors and Health Care Professionals" and http://playerwelfare.worldrugby.org/firstaidinrugby and/or http://playerwelfare.worldrugby.org/immediatecareinrugby

- Videos explaining concussions and the symptoms and treatment

  https://www.youtube.com/watch?v=_55YmblG9YM&list=PL38k2LFI2ETOcLG5hTCSYtKxCih-0ntil

  https://www.youtube.com/watch?v=_5hlm3FRFYU

These SRU Concussion resources have been developed based on the Berlin Guidelines published in the Consensus Statement on Concussion in Sport, 2017, and World Rugby guidelines.

**The information contained in this resource is intended for educational purpose only and is not meant to be substituted for appropriate medical advice or care. If you believe that you or someone under your care has sustained a concussion we strongly recommend that you contact a qualified health care professional for appropriate diagnosis and treatment. The authors have made responsible efforts to include accurate and timely information. However they make no representations or warranties regarding the accuracy of the information contained and specifically disclaim any liability in connection with the content on this site.**

**Appendix D**

# Graduated Return to Sport (RTS) following a Concussion

Player Name : ______________________

Age: ______________________

Date of Concussion: ______________________

Assessed at time of injury by Health care professional: Yes / No

Assessing Practitioner (Print name ): ______________________

Contact Number: ______________________

| Stage | Aim | Activity | Goal of each stage | Date: | Sign and Date (Print Name) |
|---|---|---|---|---|---|
| 1 | Symptom-limited activity<br>A. **Mandatory minimum 14 days** following the injury for **ALL** Age group and senior players **not under the direct care of a medical practitioner.**<br>B. Senior player, a minimum 24 hours after symptoms cleared, under the direct care of an **SCC Medical approved medical practitioner and with written clearance.** | Daily activities that do not provoke symptoms. | Gradual reintroduction of work / school activities. | | |
| 2 | Light aerobic exercise | Walking or stationary cycling at slow to medium pace. No resistance training. | Increased heart rate. | | |
| 3 | Sport-specific exercise | Running or skating drills. No head impact activities. | Add movement | | |
| 4 | Non-contact training drills | Harder training drills, eg, passing drills. May start progressive resistance training | Exercise, coordination and increased thinking. | | |
| 5 | Full contact practice | Following medical clearance, participate in normal training activities. | Restore confidence and assess functional skills by coaching staff. | | |
| 6 | Return to sport | Normal game play | Return to Normal Sports | | |

**** Note: An initial period of at least 48 hours of both physical and cognitive rest is mandatory before beginning the RTS Programme**

*** Stage 1 Minimum 14 days asymptomatic .**

**** Senior Players - Allow minimum 24 hours between activity levels - must be asymptomatic after each stage to progress to next stage**

**** All Age Groups players (U 19's) Minimum 48hrs between activity levels- must be asymptomatic after each stage to progress to next stage**

## Appendix E

## CRITICAL INCIDENT PROTOCOL

**PURPOSE**

This document is designed to provide guidance on how to proceed in the event of a critical incident.

**WHAT IS A CRITICAL INCIDENT?**

A critical incident is an event which can result in:

- serious injury or harm to an individual or group of individuals;

Examples include:

- Serious injury on the field of play;
- Serious accident off the field of play (e.g. pedestrian, motor vehicle);
- Major medical problem for an individual (e.g. asthmatic attack, epileptic seizure, heart attack, allergy attack);
- Significant damage to SRU or personal equipment.

**CRITICAL INCIDENT READINESS**

- Obtain copy of Emergency Action Plan (EAP) from hosting organization;
- Follow precedures in EAP
- Identify availability of medically qualified personnel at facility and hotel (if on tour);
- The team manager is the designated Incident Response Coordinator.
- Designate management team member to be the replacement if team manager is incapacitated or unavailable;
- Review incident response checklist with management team;
- When on tour, use team meeting to ensure that players are notified of all risks and measures in place as well as contact persons.

**HOW TO PROCEED IN THE EVENT OF A CRITICAL INCIDENT**

- In a team situation, the Incident Response Coordinator should take responsibility;
- In a small group situation, an agreed person should take the responsibility;
- No details should be communicated on Social Media or to unauthorized personnel.

**For a serious injury on the field:**

- Bring attention to match officials of the need to stop the game immediately;
- Get Charge Person to initiate Emergency Action Plan ASAP;
- Get qualified medical personnel to the aid of the player(s) ASAP;
- Apply emergency first aid as required;
- Remove all non-essential people from the immediate area;
- Call 995 (or equivalent local emergency number) if required;

The Incident Response Coordinator will need to:

- Notify the other team members of the situation;
- Contact the next of kin of the person
- Complete the necessary SRU serious injury reports.

**For a serious injury off the field/major medical problem:**

- Call 995 (or equivalent local emergency number);
- Get qualified medical personnel to the aid of the person(s) ASAP;
- Apply emergency first aid as required;
- Remove all non-essential people from the immediate area;
- The Incident Response Coordinator will need to:
    - Notify the other team members of the situation;
    - Contact the next of kin of the person
    - Complete the necessary SRU serious injury reports.

**For a dangerous public location:**

- If possible, leave the area immediately;
- Call 955 (or equivalent local emergency number);
- Stay together if in a group;

Notify the team manager or coach ASAP.

Appendix F

# SAMPLE Form

## PART A – TO BE COMPLETED BY PLAYER (please complete in full) Date:

| Last Name | | | | |
|---|---|---|---|---|
| First Names | | | | |
| Date of Birth | | | | |
| | | | | |
| | | | | |
| | | | | |
| Address (in full) | Post code : | | | |
| Mobile No. | | | | |
| ID and Passport Number | | | | |
| Nationality | | Team | | |
| Next of Kin - Name | | | | |
| Next of Kin - Relationship | | | | |
| Next of Kin - Contact No. | | | | |

| Allergies | No | Yes | If Yes Specify: | | | |
|---|---|---|---|---|---|---|
| Medication - Regular | | | Drug Name | Dose | Route | Frequency |
| | | | | | | |
| | | | | | | |
| Medication- last 6 months | | | | | | |
| Supplements | | | | | | |

| Past Medical History -with dates (Please include concussions) | Date | Injury |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

Part A 1 To be completed by Team Doctor , Physio , Medic, Nurse.

BLOOD PRESSURE / HEART RATE: RESPIRATORY RATE :

Cardiac Screening :

Remarks:__________________________________________________

| SCAT 5 Assessment | BASELINE | Reassessment | Reassessment |
|---|---|---|---|
| TEST DOMAIN | Date: | Date: | Date: |
| Number of symptoms of 22 | | | |
| Symptom severity score of 132 | | | |
| Orientation of 5 | | | |
| Immediate memory of 15 | | | |
| Immediate memory of 30 | | | |
| Concentration of 5 | | | |
| Neuro Exam | Normal | Normal | Normal |
| | Abnormal | Abnormal | Abnormal |
| Balance Errors (of 30) | | | |
| Delayed Recall of 5 | | | |
| Tandem gait (seconds) | | | |

Appendix F

# SAMPLE form and MEDICAL NOTES

**FOR PLAYERS UNDER 21 YEARS OLD**

**THIS FORM MUST BE FULLY FILLED IN AND SIGNED**

**PART A.1 – TO BE COMPLETED BY PARENT/GUARDIAN DATE:**

| Players Last Name | | |
|---|---|---|
| Players First Name | | |
| Players Date of Birth | | |
| Address (in full) | | |
| | | |
| | | Post code : |
| Mobile No. | | |
| NRIC / FIN / Passport Number | | |
| Nationality | | |

| Next of Kin – Name | |
|---|---|
| Next of Kin - Relationship | |
| Next of Kin - Contact No. | |
| Players Allergies | |
| Players Medication - Regular | |
| Players Medication - Supplements | |
| **Players Past Medical History Please include concussions and Injury dates** | |
| | |
| | |
| | |
| | |

**I, ____________________________ (Full name of Parent/Guardian) confirm the information provided above is accurate and up to date, ____________________________.**

(Date & Signature)

## PART A.2 – TO BE COMPLETED BY MEDICAL STAFF

Blood Pressure: / Heart Rate: Peak Flow:

Cardiac Screening : Cleared / Not Cleared

| SCAT 5 Assessment | BASELINE | Reassessment | Reassessment |
|---|---|---|---|
| TEST DOMAIN | Date: | Date: | Date: |
| Number of symptoms of 22 | | | |
| Symptom severity score of 132 | | | |
| Orientation of 5 | | | |
| Immediate memory of 15 | | | |
| Immediate memory of 30 | | | |
| Concentration of 5 | | | |
| Neuro Exam | Normal<br>Abnormal | Normal<br>Abnormal | Normal<br>Abnormal |
| Balance Errors (of 30) | | | |
| Delayed Recall of 5 | | | |
| Tandem gait (seconds) | | | |

Appendix G

# 15s Rugby Team Medical Information

**Tournament:**

**Date:**

| | Team Name | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Team Coach & Team Manager | | | | | | | | | |
| No. | Player Name (As on NRIC ) | Also Known As (Nickname) | Date of Birth | Passport No | Next of Kin | NoK Contact no | Medical conditions eg Asthma /diabetes | Current Medication | Drug Allergies | Concussion in past 12 mths Yes / No (Date) |
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |
| 5 | | | | | | | | | | |
| 6 | | | | | | | | | | |
| 7 | | | | | | | | | | |
| 8 | | | | | | | | | | |
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| 19 | | | | | | | | | | |
| 20 | | | | | | | | | | |
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| 25 | | | | | | | | | | |
| 26 | | | | | | | | | | |
| 27 | | | | | | | | | | |
| 28 | | | | | | | | | | |

1. All information must be filled in for all players.
2. Please ensure all players requiring any specific medication (eg. Ventolin, Insulin, Epipen) bring their own and have it readily on hand in the event of an emergency.
3. Please ensure that all teams have a designated individual, Team manager, Coach, Parent or Teacher in Charge ready and able to accompany any injured players to hospital, if necessary.
   This person must have the authority to consent for treatment in the event of an emergency.
4. Next of Kin information is mandatory particularly if players are minors.

I ______________________________ the _________________________ ,verify that all the information contained in this document is true and accurate to the best of my knowledge.
(Name & NRIC) (Designation)

______________________________
Signature & Date