

Littlemore Rugby Football Club

The Oxford Academy, Sandy Lane West, Littlemore, Oxford, OX4 6JZ.

FIRST AID POLICY AND PROCEDURES 2019

Littlemore RFC will provide sufficiently qualified first aid personnel with the appropriate resources to enable first aid to be administered.

Reporting Accidents

It is the Littlemore RFC policy that all accidents which conform to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR 95) are reported on the accident record book. The Littlemore RFC accident book is managed by the Bar Manager and is kept behind the bar in the main club house. An accident book entry will also be completed for every accident involving personal injury.

First Aid Equipment Guidelines

It is essential that first aid equipment is checked frequently therefore ensuring sufficient quantities and all items are usable. Always replenish contents of first aid box and kit as soon as possible after use. Items should not be used after the expiry date shown on packets.

This should be checked by ANY first aid personal who has been trained on behalf of Littlemore rugby club

On Site First Aid Facilities

First aid boxes should be made of suitable material and designed to protect the contents from damp and dust. Guidelines for Standard First Aid Equipment Box: • Guidance Card • Assorted Adhesive Dressings (Plasters) x 20 • Sterile Eye pads (No. 16) x 2 • Medium Sterile Wound Dressings (No. 8) x 6 • Large Sterile Wound Dressings (No. 9) x 2 • Short Life Triangular Bandages x 4 • Disposable Gloves (Pair) x 3 • Antiseptic wipes x 6

A burns first aid kit is also supplied and consists of:

- First aid burn gel x3
- vinyl gloves x2
- conforming bandage x2
- burn dressing (sterile gel) x2
- basic first aid advice leaflet

First aid kits are found behind the bar in the clubhouse & in the cabin on pitch side

- Emergency Foil Blanket x 1 • Disposable Resuscitation Aid x 1

It is preferable for the “home side” to have ice or ice packs available although individual club members may want to keep “cool packs” with them.

Under no circumstances should prescription drugs be administered by first aiders or kept in the first aid box. Boxes should be clearly labelled and easily accessible. Emergency first aid should only be given by appropriately trained persons. A list of all qualified first aiders should be made clearly available.

1. Game Preparation & Guidelines in the event of an injury

I. Before training or a game, telephone access (mobile) and emergency vehicle access must be affirmed. The Bar Manager should be first point of contact in club bar if emergency services are needed. Emergency vehicle access will also be checked by the club as part of match day risk assessment protocol. For minis and juniors, ensure parent contact details and medical notes for team are with team leader or first aider

II. Play should be stopped as soon as an injury is recognised.

III. Player should be assessed by either the referee or a coach. An “on field” melee of spectators should be discouraged.

IV. Talking to the player will immediately determine responsiveness and the degree of discomfort/pain.

V. Any LOC (loss of consciousness) / unresponsiveness requires 999 call for ambulance and Basic First Aid to ensure airway patency and breathing. If injury is suspected to be **severe** player must not be moved.

VI. Excessive pain, limb or joint deformity, asymmetry, excessive swelling requires ambulance referral to hospital. Transfer to hospital by car should only be considered in minor finger and forearm injuries.

VII. No injury resulting in bleeding can remain in play.

Bleeding wounds and grazes should be washed when bleeding with water (or saline if available). Alcohol wipes should not be used. (First aid advice should be sought in case wound merits suturing). Wounds should then have a simple dressing applied. Regulations regarding return of “blood injuries” to the field of play exist and should be applied in junior and senior sides. Common sense must prevail in assessing an injured player. “Excessive pain” alone is sufficient to merit referral to a doctor or A&E.

If in doubt, call for help.

VII. Excessive reliance on a “water splash” should be discouraged. Players’ kit (especially children) should not be soaked. Hypothermia is a problem in the injured rugby player.

An injured player will cool rapidly and shivering only serves to increase pain. Space blankets, ordinary blankets and spectators' clothes should be used to keep the player warm.

The player's own kit (tracksuit etc) is usually inadequate and impossible to put back on the injured player

Simple beanies or any hat will slow down the rate at which an injured player will cool.

VIII. The injured player's possessions should be secured and in the case of injury in junior players, contact should be made with parents/guardian.

In the event of an ambulance transfer a copy of RFU medical form (including consent) should go with player.

Specialist Equipment Provision

Stretcher, Spinal board, Neck brace and Leg splints

Available in the club house