



USRC Tigers Rugby Football Club

三軍會猛虎攬球會

Part of Tiger Sports Limited (A Company Limited by Guarantee)

<http://www.usrctigers.com/>

SAFE PLAYING ENVIRONMENT POLICY

Topics:

1. Environment

- a) Playing Environment
- b) Weather – heat/ lightning/ T8
2. Medical Personnel
3. First Aid Equipment
4. Medical facilities
5. Access to hospital
6. Emergency Action Plans – Potential catastrophic injury
7. Concussion Management – Recognise & Remove and Blue Cards
8. Serious injury and concussion reporting

1. ENVIRONMENT

a) Playing environment:

This includes the field of play as well as the immediate surrounding area. Barriers, poles, pylons, and advertising hoardings must be ideally 5m from the touchline. If obstacles cannot be removed, they must be suitably covered to provide protection to players. If areas of the playing surface comprise asphalt/tartan track it should be suitably covered as well.

The playing surface should be grass, artificial grass (conforming to WR regulation 22), sand or clay. It must be firm and free of hazards, including stones and glass. If there is surface water sufficient to realistically raise the risk of drowning if a player is knocked unconscious, the game should not commence. The decision to start a game where ground water is present is at the sole discretion of the referee and common sense should prevail.

The Match Day Safety Checklist (Appendix 1) should be used to complete a risk assessment prior to each game.

b) Weather conditions:

Hot conditions Research has not identified a specific temperature and/or humidity when playing a rugby game is not advised. The Heat Index has been found to be a better measure of heat stress and considers air temperatures at various relative humidity.

The Heat Index in Hong Kong is available via the HK Observatory
(https://www.hko.gov.hk/en/wxinfo/ts/display_element_hkhi.htm)



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Heat Index Guidelines:

<32 Degrees = Risk to players is minimal. Players should stay hydrated and cool when possible.

>40 Degrees = Risk to players is high and the game should not start unless heat is reducing measures are in place.

>51 Degrees = Risk to players is extreme and the game should be postponed or cancelled.

Heat reducing measures include:

- Provision of fans in changing rooms
- Provision of pitch side shade
- Water and towels placed in ice water and available alongside the field
- Water breaks held regularly e.g. a 2 min break at each 20min point of each half
- Halftime break increased to 15 mins

Lightning/ T8 Signal

No play should start if lightening is present in the immediate vicinity. Weather predictions are available via the HK Observatory (www.hko.gov.hk) If the T8 signal or above is hoisted, rugby games should not commence.

2. MEDICAL PERSONNEL

The minimum personnel required for a rugby game to take place are:

- Qualified first aider (First aid In Sport (FIS) or equivalent) at venue during games.
- Hosting Tournaments
- Minimum of two qualified medics (Pre Hospital-Immediate Care In Sport Level 2) and two qualified first aiders (FIS or equivalent) per pitch.

3. FIRST AID EQUIPMENT

The following equipment is recommended as a minimum requirement and is by no means exhaustive. The amount and type of equipment available should be dependent on the qualifications of the personnel using it.

- First aid bag (Appendix 2)
- Ice for injuries
- Telephone
- Copy of Emergency Action Plan including Emergency Vehicle Access

If storage is available, it is strongly advised to have the following items. In certain



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LCSD facilities it is not permitted to store this equipment therefore this cannot be seen as a minimum requirement.

- Spinal board/ Scoop with 4 body straps
- Cervical collars and head blocks
- Automate External Defibrillator (AED), or knowledge of where it is located in the facility.

4. MEDICAL FACILITIES

A treatment tent or station should be available at each ground and should be used specifically for this purpose only. It should be easily accessible from the playing field and ambulance for transport to hospital. If multiple fields are being used, the medical station should be centrally located and accessible to all fields and emergency transport.

5. ACCESS TO HOSPITALS

Appropriate emergency transport via a Government ambulance (by calling 999) should have good access to the pitch, if it is not possible to have an ambulance on standby. An ambulance (e.g. St Johns Ambulance) at the playing venue is the ideal scenario.

The trauma unit and spinal unit must be accessible within 1 hour for a spinal unit and in less than 1 hour for other trauma. Trauma units are available at all major HK government hospitals. Appendix 3 lists government and private hospitals with Accident and Emergency departments in HK. Please note, ambulances in HK will only transport patients to Government hospitals and will not transport to private hospitals, even if the patient has private medical insurance cover.

6. EMERGENCY ACTION PLAN – POTENTIAL CATASTROPHIC INJURY

Emergency Action Plan must be in place for each team for each season. The document should be available and be easily accessible to all emergency personnel and team management. It should contain the following information:

- Layout of the facility and access to the facility
- Equipment available (for example, the location of the AED at the facility)
- Names and contacts of internal and external support personnel
- Communication required
- Follow up required post catastrophic injury

7. CONCUSSION MANAGEMENT

All community rugby in Hong Kong (including Premiership) utilizes 'Recognize and Remove' for all suspected or confirmed concussions.



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a) Recognize and Remove Policy

https://www.hkrugby.com/user_uploads/Concussion-6Rs.pdf

b) Blue Card Policy https://www.hkrugby.com/user_uploads/Blue-Card-Concussion-Protocol.pdf

c) World Rugby Concussion guidance

https://www.hkrugby.com/user_uploads/WorldRugby-Concussion-Guidance.pdf

8. SERIOUS INJURY AND CONCUSSION REPORTING

A Serious Injury is defined as any injury requiring ambulance or transfer to an emergency department. All Serious Injuries and Concussions (including suspected concussions) should be reported to HKRU via the online injury report form

<https://www.hkrugby.com/forms/injury-report>



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Appendix 1

– Match Day Safety Checklist

This Inspection checklist is a risk management tool that should be completed prior to each match day. It is designed with amateur sports volunteers in mind to assist you to identify risks present on the day and take steps to prevent injuries to players and others at the venue. Note this inspection does not identify all risks. You should use your own experience and initiative to identify any additional risks that may be present.



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MATCH DAY CHECK LIST GUIDE

Club/ School/ Team:

Venue:

Date:

Weather:

- Are the weather conditions safe for play to commence? Consider extreme heat, heavy rain, fog, lightening and hail. Yes / No
- Is the Heat Index >40 degrees Yes / No.
- If Yes, are heat reducing measures being implemented? Yes / No

Field of Play

- Is the ground and surrounds free from debris that may pose of risk of injury? Yes / No
- Are hazards (such as sprinkler heads, taps, cricket pitches etc) covered and level with the surrounds? Yes / No
- Is the ground free from holes or uneven sections that could cause tripping and falls? Yes / No
- Are post pads securely placed prior to beginning games/ training? Yes / No
- Is the playing enclosure roped off or enclosed with a 5m clear space? Yes / No
- Is the playing enclosure boundary a safe distance from the side-line (minimum 5m where practicable) and have obstacles been removed or adequately covered to prevent injury? Yes / No
- Are all tables, chairs, tents etc a safe distance (not less than 5m) from the side-line and securely in place? Yes / No
- Are fields properly marked, as per Laws of the Game? Yes / No

Medical Requirements

- Are qualified first aid personnel available for all matches? Yes / No
- Are appropriate medical requirements including first aid kit, ice for injuries, emergency contacts, and telephone available? Yes / No
- Is a stretcher (preferably scoop stretcher) ready and available for use by trained personnel? Yes / No
- Is ambulance entry to the field readily accessible (ie gate unlocked, clear of vehicles etc)? Yes / No
- Is an Emergency Action Plan completed and accessible to all relevant personnel? Yes / No

Facilities

- Is perimeter fencing and signage safe and secure? Yes / No
- Are change rooms and toilets clean and hygienic, and free of obstacles? Yes / No



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Appendix 2

– First Aid Bag contents

A usual First Aid bag would typically contain the following items. This list is not exhaustive and the amount and type of equipment available should be dependent on the qualifications of the personnel available. For example, if a medical doctor is providing pitch-side care it may be appropriate to have more equipment available.

Emergency Shears/ scissors (blunt ended)

- Gloves, non latex - Gauze
- Alcohol swabs
- Towel
- Elastic compression bandages (5cm, 7.5cm)
- Assorted plasters
- Elastic cohesive bandages (5cm, 7.5cm)
- Petroleum Jelly
- Water for wound cleaning
- Non-stick dressings eg Melolin
- Triangular Bandages
- Skin care pad (e.g Second Skin)
- Ice Pack
- Adhesive dressings (e.g. Tegaderm)
- Adhesive Tape
- PVC tape
- Ice
- Plastic bags and cling wraps for ice packs - Hand Sanitizer
- Additional Facial Masks
- Saline Solution for wound cleaning



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Appendix 3

Hong Kong Government Hospitals with Accident and Emergency Departments

Hong Kong Private Hospitals with Accident and Emergency Departments

- Hong Kong Adventist Hospital (HONG KONG ISLAND)
- Hong Kong Baptist Hospital (KOWLOON)
- Hong Kong Sanitarium & Hospital Ltd (HONG KONG ISLAND)
- St. Paul's Hospital (HONG KONG ISLAND)
- St. Teresa's Hospital (KOWLOON)
- Tsuen Wan Adventist Hospital (NEW TERRITORIES)
- Union Hospital (NEW TERRITORIES)