



Return to Rugby **Clubs & Schools**

First Aid and Physiotherapy Provision (updated 10 November 2020)

First Aid Responder Guidance

First aid responders fall into two main categories 1) those who respond because of an emergency arising in front of them (i.e coaches running a training session) or 2) health care professionals (HCPs) contracted solely as first aiders or designated first aid responders with a duty of care. This document aims to provide guidance predominantly for the first category of first aid responder, with more detailed information for designated first aiders available [here](#).

WHAT IS COVID-19?

COVID-19 is the infection caused by the Novel Coronavirus SARS-CoV-2. Respiratory droplets containing virus particles can be produced from coughing, sneezing, and forceful breathing and form the main route of transmission, either via contact with contaminated surfaces or airborne transmission following aerosolisation of respiratory secretions.

CARDIOPULMONARY RESUSCITATION (CPR)

Sudden cardiac arrest is a recognised potential medical emergency that can occur during rugby. Cardiac function may be compromised by COVID-19. Therefore, each club must include this in their risk assessment, carefully considering updated precautions for this period, and adopt any appropriate recommended provisions before returning to training.

Clubs and their first aiders should take account of the specific guidance on giving cardiopulmonary resuscitation (CPR) from the Resuscitation Council UK - <https://www.resus.org.uk/covid-19-resources/covid-19-resources-general-public/resuscitation-council-uk-statement-covid-19>. Emergency service professionals, such as NHS ambulance workers, will receive specific advice from their employer.

PHYSICAL DISTANCING AND HYGIENE

At all times social (physical) distancing in addition to strict personal and environmental hygiene measures, are paramount in reducing infection rates and transmission of COVID-19. It must be acknowledged that any procedures put into place on return to training can only act as a risk mitigation measure for COVID-19 transmission; a zero risk environment cannot be achieved.

PLAYERS RETURNING TO RUGBY WHO HAVE HAD THE COVID-19 INFECTION

Players returning to rugby after a prolonged absence, and in particular those who had a confirmed or suspected COVID-19 infection, should undergo a clinical assessment including detailed history and examination by a medical professional.

Any participants who are showing symptoms of Covid-19 should not attend training, be advised to self-isolate for min 10 days, book a test, and not to engage in regular or intense exercise until they have been symptom free for 10 days.

MEDICAL ROOMS

With the return of modified contact training activities at some levels, the need for suitable medical provision is now more important than ever. Player welfare must be our number one priority.

Medical rooms can be used for treatments which cannot be undertaken outdoors (where the risk of virus transmission is lower), as long as a relevant risk assessment has been undertaken by the club and the physio or medical professional themselves.

The reopening of medical rooms must be done in accordance with sportscotland guidelines (available here) and the Chartered Institute of Physiotherapy by clicking here.

PHYSIOTHERAPISTS

Physiotherapy provision can resume but only if the appropriate level of PPE is worn in line with the guidance available here, and a thorough risk assessment has been completed in conjunction with the host club or school.

Guidance for physiotherapists can be gained directly from the Chartered Society of Physiotherapy by clicking here.

The Resuscitation Council UK has provided specific guidance on CPR delivery and COVID-19 which is available at Resuscitation Council - Covid-19 Resources.

CHECKLIST FOR CLUBS FOR THE PROVISION OF FIRST AID

1. Conduct an emergency and first aid risk assessment to mitigate identified risks. Include modifications to the emergency/first aid kit, provision of personal protective equipment (PPE) and plans should individuals present with symptoms whilst at training.
2. All Health Care Professionals (HCPs) and first aid responders should be aware of all EAPs (Emergency Action Plans) before entering the environment for the first time.
3. Attempts should be made to identify individuals involved in the sporting environment considered to be at a higher risk of severe COVID-19 infections
4. Para-sport athletes and those participants with underlying health conditions are recommended to undertake a pre-participation check with a healthcare professional, to determine their own personal risk, health and vulnerability and mitigation strategies applied as appropriate.
5. Optimal personal and environmental hygiene should be practised at all times by all individuals within the sporting environment (see Table 1).
6. Adherence to government social/physical distancing restrictions (preferably 2m) at all times except in times of delivery of emergency care where appropriate PPE is provided.

PRACTICES TO KEEP EVERYONE SAFE

Personal hygiene	<ul style="list-style-type: none"> • Ensure regular handwashing with soap and water, and where this is not available the use of alcohol hand gel (minimum 70% concentration) is advised. • When coughing or sneezing the use of a tissue and disposed of in a sealed bin, or where no tissues available the crook of an elbow. • Organisations/clubs should consider a complete ban on chewing gum as it is either spat out or taken out and rolled into a ball and thus poses a high risk of cross-contamination. • Spitting and emptying/clearing of the nose should be forbidden. • No sharing of water bottles, each participant should bring their own labelled water bottle for personal use and their own alcohol hand gel and use this frequently throughout the session.
Environmental hygiene	<ul style="list-style-type: none"> • Minimise the use of any shared equipment. • When training or medical equipment sharing is unavoidable, it must be cleaned between each participant as must all participants' hands. • Clean all shared equipment such as balls before and after each session. • Train outdoors at all times when practically possible or well-ventilated indoor facilities utilised. • Removing and replacing mouthguards should be kept to a minimum in order to reduce hand contamination. Hands need to be cleaned before and after replacing the mouthguard. Storage should be in a sealed container or cleaning solution.
Social distancing	<ul style="list-style-type: none"> • Do not breach the government-issued physical distancing guidance unless strictly necessary e.g. emergency care. • Avoid face-to-face situations where possible, even if maintaining physical distancing, as this is a higher risk for transmission. • Face-coverings (cloth or fabric mask) are compulsory indoors and on public transport in Scotland.

GUIDANCE FOR FIRST AIDERS:

The first duty of care a first aider or coach has is to themselves and it is imperative that all advised precautions are taken. The vast majority of incidents encountered in training may be managed with sensible planning and precautions allowing treatment to occur effectively without breaching physical distances. However, delivery of emergency first aid may include the need for the responder to breach advised social distancing guidance and come into close contact with a potentially injured participant, and this may include cardio-pulmonary resuscitation (CPR).

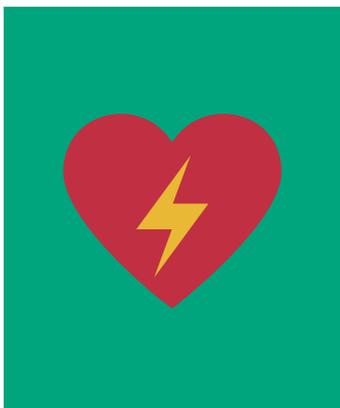
If a participant gets injured, ideally a member of their household can aid them (a further benefit of parents staying nearby during training sessions where participants are U18), but others will still need to physically distance unless a life or limb-threatening injury necessitates compromising guidelines to provide emergency care.

If there is a first aider present, they should be equipped with the appropriate PPE to be used in the event that they need to compromise physical distancing guidelines to provide medical assistance. They should have updated themselves on any changes in first aid procedure that will be required as a result of the pandemic.

Try to assist at a safe distance from the casualty as much as you can and minimise the time you share a breathing zone.

If they are capable, tell them to do things for you, but treating the casualty properly should be your first concern. Remember the 3P model:

- Preserve life
- Prevent worsening
- Promote recovery



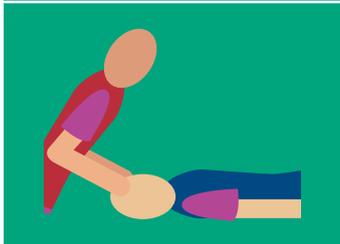
Preserve life: CPR

- Call 999 immediately – tell the call handler if the patient has any COVID-19 symptoms.
- Ask for help. If a portable defibrillator is available, ask for it.
- Before starting CPR, to minimise transmission risk, use a cloth or towel to cover the patient’s mouth and nose, while still permitting breathing to restart following successful resuscitation.
- If available, use a fluid-repellent surgical mask, disposable gloves, eye protection, apron or other suitable covering.
- Only deliver CPR by chest compressions and use a defibrillator (if available) – don’t do rescue breaths.



Prevent worsening, promote recovery: all other injuries or illnesses

- If you suspect a serious illness or injury, call 999 immediately – tell the call handler if the patient has any COVID-19 symptoms.
- If giving first aid to someone, you should use the recommended PPE equipment: (<https://blogs.bmj.com/bjbm/files/2020/07/Emergency-and-first-aid-care-a-framework-for-organised-non-elite-sport-during-the-COVID-19-pandemic-1.pdf>)
- You should minimise the time you share a breathing zone with the casualty and direct them to do things for you where possible.



If they are on the deck, think about the neck

- Don’t shake them, don’t roll them, don’t sit them up.
- Think about the spine, keep it in line and take your time.
- Stop the game and ask about pain.
- An unconscious player has a neck injury until proven otherwise.

**IF IN
DOUBT,
SIT
THEM
OUT.**

If in doubt, sit them out

- A concussion is a brain injury. All concussions are serious.
- Most concussions occur without loss of consciousness.
- Anyone with any symptoms following a head injury must be removed from playing or training and must not take part in any physical activity until all concussion symptoms have cleared.



After delivering any first aid

- Ensure you safely discard disposable items and clean reusable ones thoroughly.
- Wash your hands thoroughly with soap and water or an alcohol-based hand sanitiser as soon as possible.

FIRST AID QUALIFICATIONS DURING THE COVID-19 OUTBREAK

Scottish Rugby has paused the delivery of all face-to-face training courses until further notice, including the World Rugby First Aid in Rugby Level 1.

Until face-to-face course delivery is safe to resume, we recommend that the World Rugby online First Aid in Rugby and Concussion Management courses are complete by all first aiders and coaches.

- [World Rugby first aid in rugby e-learning](#)
- [World Rugby concussion management e-learning](#)