

**GROVE RUGBY FOOTBALL CLUB**

THE RECREATION GROUND, CANE LANE, GROVE, WANTAGE, OXFORDSHIRE, OX12 0FL

**FIRST AID POLICY AND PROCEDURES**

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

**Reporting Accidents**

It is the Grove 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 Grove 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.

**On Site First Aid Facilities**
First aid boxes should be make 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
• 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**
2. 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
3. Play should be stopped as soon as an injury is recognised.
4. Player should be assessed by either the referee or a coach. An “on field” melee of spectators should be discouraged.
5. Talking to the player will immediately determine responsiveness and the degree of discomfort/pain.
6. 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.
7. 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.
8. 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.

1. 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.

1. 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.

**Senior Team First Aid Provision**

Senior section has access to a Level 5 Clinical Sport and Remedial Massage Therapist who is also a Level 2 Fitness Instructor with a Level 2 in Kinesiology Taping. Club pays for pitch-side assistance for all league games and preferential rates are offered to club members that require treatment otherwise. Head Coach is trained in First Aid Emergency Response. All appropriate risk assessments are carried out prior to training and matches.

**Junior Team First Aid Provision.**

Only those first aid trained persons with current DBS are allowed to assist with the administration of first aid to children.

**Specialist Equipment Provision**

**Stretcher, Spinal board, Neck brace and Leg splints**

Available in the club house

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| Signed: | Martin T Stalder |
| Executive Position: | Club Secretary |
| Dated: | 13/01/2019 |