



# RETURN TO RUGBY RESOURCES

---

# EMERGENCY FIRST AID PROVISION FOR THE COMMUNITY GAME



England  
Rugby



Simplyhealth

October 2020

# INTRODUCTION

---

This guide provides information and guidance for clubs on what first aid provision should be in place during the different stages of [Return to Rugby Roadmap](#) following the coronavirus (COVID-19) outbreak.

The following guidance is for emergency first aid treatment only. As with normal practice, first aiders should only carry out first aid treatment that they have been trained to do. Any additional treatments by Health Care Professionals/Allied Health Care Professionals (e.g. physiotherapist, sports therapist) should be carried out in accordance with the most recent government and relevant association/regulatory body guidelines.

Clubs should ensure that all first aiders are made aware of the following guidance and ensure first aiders are confident that they can provide care to someone injured throughout the [Return to Rugby stages](#) following the coronavirus (COVID-19) outbreak.

This guidance information has been developed in line with Government and PHE adopted guidance 'Medical Care and first aid: a framework for organised non-elite sport during the COVID-19 pandemic' and adapted from the [Health & Safety Executive](#) , [St John Ambulance](#) and [Resuscitation Council UK](#) guidance for first aiders during the COVID-19 pandemic.

# RETURN TO RUGBY - FIRST AID PROVISION

---

The following document sets out some general principles to help clubs prepare for rugby activity based on the stages and progressions of the [Return to Rugby Roadmap](#).

All clubs should consider the emergency first aid provision as part of a risk assessment, this should be reviewed and updated as larger groups and more contact training is permitted.

The below table provides an outline of minimum first aid requirements by return phases, but a risk assessment considering the type of activity, number of participants, facility and pitch locations etc. should be used to determine individual club need and any if additional provision is required.

General information on emergency first aid provision, including an explanation of roles e.g. Emergency First Aider (EFA) can be found in the [First Aid Provision Minimum Operating Standards](#) and [Regulation 9](#).

Activity Type	Minimum level of First Aid Provision
Non-contact only training small group training <b>(Stage A &amp; B)</b>	Clubs should complete a full risk assessment of the activity and facilities to determine the level of emergency first aid required, however due to the non-contact nature of the activity, the requirements for first aid provision may be reduced and differ from those set out for contact rugby in Regulation 9.
Touch and Ready4Rugby activity, including: Adult, Mixed, Age Grade. <b>(Stage C)</b>	One Emergency First Aider (EFA) per 4 simultaneous matches i.e. across two full adjoining pitches, plus one EFA per venue.
Limited contact training, larger group activity. <b>(Stage D)</b>	One EFA per team and/or group (e.g. approx. one first aider per 20 players and/or per pitch), plus one EFA per venue.
Contact training, whole team training and matches. <b>(Stage E &amp; F)</b>	As per <a href="#">First Aid Provision Minimum Operating Standards</a> and <a href="#">Regulation 9</a> .

# GUIDANCE FOR PROVIDING FIRST AID TREATMENT IN A COMMUNITY RUGBY SETTING

---

## General Club Guidance

Clubs should complete a specific risk assessment and Emergency Action Plans (EAPs) to identify needs and protocols in an emergency situation, including how to manage a suspected COVID-19 cases on site. The EAPs should be shared with all relevant individuals such as coaches and team managers. A template Medical Emergency Action Plan is available on the [RugbySafe resources page](#).

It is recommended that clubs provide an opportunity for first aiders to share and discuss any concerns and the practicalities of providing first aid in a manner that keeps both themselves and players safe. This should include awareness of what equipment they can use to minimise risk of infection transmission.

Clubs should promote and encourage personal and environmental hygiene. Measures should be put in place so that individuals can practice the appropriate levels of hygiene at all times. For more information on the [RFU Coronavirus support page](#).

Appropriate type and quantities of PPE must be available for first aiders and as part of the emergency first aid equipment. First aiders need to be appropriately trained in the correct use and application of PPE. The level of PPE used should be in line with the government COVID-19 PPE Guidelines (see PPE requirements for first aiders section).

Clubs should ensure that the correct disposal of all PPE and contaminated equipment is carried out as per [Government and NHS guidelines](#).

Appropriate cleaning products and systematic cleaning protocols should be in place for cleaning of medical treatment area and medical equipment and carried out before and after each use.

Adherence to government social distancing restrictions should be maintained as much as possible. Where possible first aiders should maintain social distancing and coach an injured player through self-administration of first aid (e.g. cleaning and self-dressing of abrasions). Should first aid treatment be required, first aiders should perform treatment based on updated COVID-19 changes to the first aid treatment/procedures.

## First Aid Qualifications

The Health & Safety Executive (HSE) agreed an extension on first aid qualifications including:

- Emergency First Aid in Rugby Union (EFARU)
- Emergency First Aid at Work (EFAW)
- First Aid at Work (FAW)

FAW or EFAW certificates that expired after 16 March 2020 can remain valid until 31 October 2020 or 6 months from date of expiry, whichever is later. All requalification training for these certificates should be completed by 31 March 2021.

Where possible, clubs should utilise first aiders with valid/in date qualifications, however in the case of an emergency, a first aider with a recently lapsed qualification could still provide treatment.

The England Rugby Emergency First Aid in Rugby Union (EFARU) courses can be organised and delivered provided government and local lockdown restrictions allow. Clubs and venues hosting courses should be aware that additional COVID safe procedures must be in place. Information on these requirements will be shared and must be agreed by the club/venue before the course booking can be confirmed.

## **First Aid/Medical Facilities**

Wherever possible any first aid treatment should be undertaken outside. Ideally a minimum of 2 separate treatment areas should be set up:

- Area 1 (Green area): For low risk assessment and/or treatment of a patient not suspected of having COVID-19 (negative screening questions and temperature screening).
- Area 2 (Red area): For assessment and/or treatment of a patient where there is an potential increased risk of transmission e.g. nose bleeds, CPR etc. or urgent assessment or management of a suspected COVID-19 infected patient

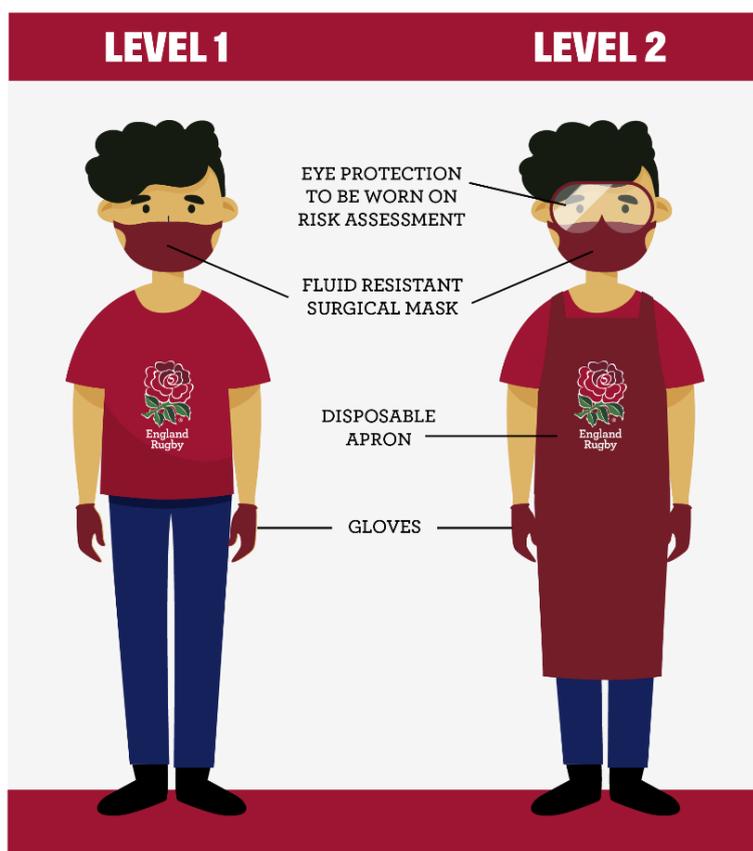
If unable to have separate areas then a minimum distance aligning with government social distancing guidelines between zones needs to be established.

Equipment to be kept outside of red area and only brought in when required to avoid contamination.

The use of any indoor first aid room/medical facilities should be risk assessed and in line with government guidelines to ensure the room/area is made COVID-19 safe. It is recommended that indoor first aid room/medical facilities only be used in an emergency situation, with the following measures in place to minimise risk of transition.

- Thoroughly clean all equipment and beds before and after each treatment
- Open windows and doors (if appropriate) to promote ventilation
- Use the appropriate level of PPE (see PPE requirements for first aiders section)
- Reusable items e.g. towels, pillows etc. should be changed between each treatment and appropriately laundered. Disposable items should be removed and disposed of appropriately after each treatment.

## PPE Requirements for First Aiders



		Fabric / Cloth Mask	Gloves	Fluid Resistant Surgical Face Mask Type IIR	Apron	Eye Protection Goggles/ Face Visor*
<b>Non-medical scenario</b>	Where social distancing may be breached including at training	☑	☒	☒	☒	☒
<b>Level 1</b>	Where government advised social distancing may not be maintained at all times	☒	☑	☑	☒	☒
<b>Level 2</b>	Within 2m of player, which may include face to face contact for assessment and management of all individuals including those who are positive or symptomatic	☒	☑	☑	☑	? **

\* Additional to personal spectacles.

\*\* This should be decided as part of a specific risk assessment.

First Aid Treatment / Medical situation	PPE Level required
<p>Maintaining social distancing as advised <b>NO</b> face to face contact risk</p> <p>Including:</p> <ul style="list-style-type: none"> <li>• Standing on the touchline as a first aider</li> <li>• An initial assessment with a responsive player (with no contact and social distancing)</li> <li>• Helping a player/casualty treat themselves (with no contact and social distancing)</li> </ul>	<h1>1</h1>
<p><b>NOT</b> maintaining 2m distance, <b>WITH</b> face-to-face contact risk</p> <p>Including:</p> <ul style="list-style-type: none"> <li>• Dealing with wounds &amp; external bleeding</li> <li>• Placing someone in the recovery positions</li> <li>• Dealing with Suspected Spinal Injuries</li> <li>• Dealing with Suspected Fractures</li> <li>• Dealing with Shock</li> <li>• Assessing a potential Head Injury and/or Concussion</li> <li>• Cardiopulmonary Resuscitation <b>WITH</b> face covered (towel or non-rebreather mask acceptable) continuous compressions, AED <b>WITHOUT</b> airway interventions</li> <li>• Choking</li> <li>• Facial, oral and nasal injuries (e.g. nose bleed) <ul style="list-style-type: none"> <li>- As potential aerosol generating procedures (AGPs), there could be an increased risk of transmission. Where possible first aiders should encourage the player/casualty to administer treatment on themselves and/or the first aider should only carry out treatment that they are trained and feel comfortable undertaking.</li> </ul> </li> </ul>	<h1>2</h1>

## Guidance for First Aiders Giving Treatment

[St John Ambulance](#) have put together some general advice for first aiders to keep themselves and those they care for safe.

### Be Prepared and keep yourself safe

Follow Government and RFU advice, make sure you wash your hands and sanitise hands both before and after treating a player/casualty.

Wear the appropriate level of PPE (see PPE requirements for first aiders section).

- All first aiders should be ready to attend to any incident/injury with Level 1 PPE.
- Level 2 PPE materials should be easily accessible for the first aider and only need to be only have to be donned to use if required.

## **Be aware of the risks to yourself and others**

Try to assist at a safe distance (i.e. 1m+) from the player/casualty as much as you can and minimise the time you share a breathing zone.

If they are able, explain to them how they could treat themselves and to do things for you. However, ensuring the player/casualty is treated appropriately should be your first concern.

***Remember the 3P of first aid:  
Preserve life, Prevent worsening, Promote recovery.***

If you have to attend to a player/casualty, be aware of the risk of cross contamination – especially if you have to get close to the casualty to assess what is wrong or to check their breathing.

- Avoid close face to face contact
- Don't cough or sneeze over a casualty when you are treating them.

Remember general first aid good practice and hygiene:

- Wear gloves or cover hands when dealing with open wounds
- Cover cuts and grazes on your hands with waterproof dressing
- Dispose of all waste safely
- Do not touch any part of a dressing that will come in contact with a wound.

There is a risk that some facial, oral and nasal injuries (e.g. nose bleed) are aerosol generating procedures (AGPs) therefore there could be an increased risk of transmission. Where possible first aiders should encourage the player/casualty to administer treatment on themselves and/or the first aider should only carry out treatment that they are trained to do and feel comfortable undertaking.

If you suspect a serious illness or injury call 999 immediately – tell the call handler if the patient has any COVID-19 symptoms.

## **Changes to Performing CPR**

Because of the heightened awareness of the possibility that the victim may have COVID-19, [Resuscitation Council \(UK\)](#) have published advice the following advice on how to perform CPR during the COVID-19 pandemic.

Whenever CPR is carried out, particularly on an unknown victim, there is some risk of cross infection, associated particularly with giving rescue breaths. Normally, this risk is very small and is set against the inevitability that a person in cardiac arrest will die if no assistance is given. The first things to do are shout for help and dial 999.

- Recognise cardiac arrest by looking for the absence of signs of life and the absence of normal breathing. Do not listen or feel for breathing by placing your ear and cheek close to the patient's mouth. If you are in any doubt about confirming cardiac arrest, the default position is to start chest compressions until help arrives.
- Make sure an ambulance is on its way. If COVID 19 is suspected, tell them when you call 999.
- If there is a perceived risk of infection, rescuers should place a cloth/towel over the victim's mouth and nose and attempt compression only CPR and early defibrillation until the ambulance (or advanced care team) arrives. Put hands together in the middle of the chest and push hard and fast.
- Early use of a defibrillator significantly increases the person's chances of survival and does not increase risk of infection.
- Where possible Level 2 PPE should be worn.
- After performing compression-only CPR, all rescuers should wash their hands thoroughly with soap and water; alcohol-based hand gel is a convenient alternative. They should also seek advice from the NHS 111 coronavirus advice service or medical adviser.

### **Paediatric CPR advice**

- Paediatric cardiac arrest is unlikely to be caused by a cardiac problem and is more likely to be a respiratory one, making ventilations crucial to the child's chances of survival. However, for those not trained in paediatric resuscitation, the most important thing is to act quickly to ensure the child gets the treatment they need in the critical situation.
- For out-of-hospital cardiac arrest, the importance of calling an ambulance and taking immediate action cannot be stressed highly enough. If a child is not breathing normally and no actions are taken, their heart will stop and full cardiac arrest will occur.
- It is likely that the child/infant having an out-of-hospital cardiac arrest will be known to you. We accept that doing rescue breaths will increase the risk of transmitting the COVID-19 virus, either to the rescuer or the child/infant. However, this risk is small compared to the risk of taking no action as this will result in certain cardiac arrest and the death of the child.

**For the full guidance and to watch a video on performing CPR during the COVID-19 pandemic, visit the [Resuscitation Council \(UK\) website](#).**

## FURTHER INFORMATION

---

Useful sources of information for further guidance on first aid, general hygiene and good practice during the Covid-19 pandemic:

- [RFU Dedicated Coronavirus Update Page](#)
- [RFU First Aid Course Information](#)
- [St John Ambulance Covid-19 advice](#)
- [Resuscitation Council \(UK\) guidance on CPR during the coronavirus](#)
- [Health & Safety Executive](#)
- [NHS 111](#)
- [Gov.uk](#)
- [Sport England - Helping Volunteers Return](#)