

## HOW TO WORK RUGBY

The Athletic Trainer's (AT) primary responsibility is player safety. Regardless of any other discussions with coaches or referees before the game, the AT will take whatever action he/she believes necessary to ensure the players' safety.

### BEFORE THE MATCH

Bring a copy of the emergency plan for the field that you are working.

Introduce yourself to BOTH coaches.

- Tell them where you will be setting up and that you have the emergency plan.
- Confirm with BOTH coaches that they have the team binder with the Master Player Report containing all relevant medical information and the Team Roster containing player ID numbers.
- (Optional) Review or confirm location team binder containing information regarding drug allergies and pre-existing conditions.
- Check if there are any players with pre-existing (or recent) conditions, i.e. asthma, recent injuries, etc.

Talk to any players with pre-existing (or recent) conditions and discuss any specific needs. For example, make sure both you and the affected athlete know where their inhaler will be kept.

In High School matches, medical kits should be placed on the 10 meter lines. For Middle School matches, identify the location of both team's medical kits. Please report if a team does not provide a medical kit when you submit your timecard.

Introduce yourself to the referee.

- Discuss when and under what conditions the AT will come onto the field.
- Review substitution rule relative to injuries/blood.

### DURING THE MATCH

Follow the game from the sideline.

- KEY: don't just follow the ball; keep your eye on the aftermath of scrums, tackles, rucks, mauls and lineouts to make sure you don't miss an injured athlete.
  - Scrums, tackles and lineouts deserve special attention due to the forces involved.
- Unlike football, there is no blocking in rugby so the likelihood of off-the-ball injuries in rugby is much lower.
- In rugby, play doesn't necessarily stop for an injury, or the referee may not see an injury immediately. If you believe it's necessary to do so – don't hesitate, respond. You do not have to wait for permission from the referee.

- Record injuries and any pertinent information so you can complete your online injury reports.

#### AFTER THE MATCH

Discuss any new injuries with each respective coach, explaining how injury might limit or otherwise affect participation. Discuss injury follow up with athletes, coaches and parents. Including:

- Immediate care such as rest, ice, compression and elevation.
- Reasons for referral to an MD or the ER.
- Other long-term follow up and/or home care instructions pertinent to injury.
- If a parent is not present: reasonable attempts to make contact with the parent should be made.

KEY: If head injury occurs, inform athlete, parent and coach that player must be cleared to return to play by a medical professional and only after completing the OSAA/Rugby Oregon graduated return to play protocol.

Submit timecard and injury reports within 48 hours of the match. For a head injury, please fill out the Injury Report and fax a SCAT form to Jenn Heinrich at 503.928.5889.

#### NEW FOR 2012 ·IRB CONCUSSION REGULATION

The International Rugby Board (iRB) Regulation 10.1.1 states that players suspected of having concussion or diagnosed with concussion must go through a graduated return to play (GRTP) protocol described in the IRB Concussion Guidelines (available on [www.irbplayerwelfare.com](http://www.irbplayerwelfare.com)). The IRB Concussion Guidelines denote the highest threshold for adolescents and children, which must be strictly adhered to. If a concussion is reported to Rugby Oregon by a certified athletic trainer via Injury Report, a copy of the Injury Report must be presented to the person carrying out the medical examination of the player. Receipt of the Injury Report must be acknowledged, in written form, by the person carrying out the medical examination.