**HIGHLAND RUGBY FOOTBALL CLUB**

**CANAL PARK, CLUBHOUSE, INVERNESS IV3 5SS**

**Medical Emergency Action Plan**

## ROLE OF TEAM MANAGER/EMERGENCY ASSIST/ COMMUNICATION

### Team Manager

The team manager shall coordinate any emergency kit that should be brought onto the pitch if needed. They will call for an ambulance and will ensure ambulance access is clear.

### Communication with emergency call handler/family of injured player

It will be necessary to relay key information to the call handler to assist the ambulance crew in reaching the correct location. The team manager should be in charge of this. If necessary the fact that an ambulance has been called for

should be communicated to the player's family, that is the responsibility of the team manager. The team manager should be helped by the emergency assist to ensure any onward transport required by the injured player is available.

**Recording of injury on SCRUMS**

The injury should be recorded on SCRUMS.

Any equipment used in the course of treatment should be logged and brought to the attention of the Development Officer at the club.

**PRE-MATCH SAFETY BRIEF**

It is the responsibility of the team manager to forward a copy of the MEAP to the team manager of the opposing team. A copy of the MEAP shall be available on SPONDS.

Prior to the match commencing it is the responsibility of the team manager to ensure that the opposition team is aware of the MEAP.

**PRE-MATCH CHECKLIST**

The team manager shall ensure that:

- Details oi the match day [team] manager are given to the opposing team.
- A copy of the MEAP is sent to the opposing team in advance of match day.
- The names of the first aiders/emergency assists are provided to the opposing team in advance of match day
- Kit is checked and working

- Mobile phone is available at pitch side and that it is charged and has a signal
- Pre match discussion on roles and agreement on who is responsible for Team Lead in the event of an incident that triggers the use of the MEAP. For calling Emergency Services/ for communication with family/Crowd or player management/ for the Debrief if required.

**DEBRIEF**

Following an event that triggers the use of the MEAP, it will be necessary for a debrief. The purpose of the debrief is ensure that all those who were involved are supported before they depart for home, In addition it will allow an assessment of the MEAP to ensure that it covered all the issues that arose.

This should be recorded and a copy sent to the Development Officer and the Director of Rugby at Highland.

**AMBULANCE ENTRY POINT**

Whenever an ambulance is requested, someone must be allocated to collect the keys for the relevant pitch gate and attend at the ambulance entry point to direct the ambulance to their parking point.

**KEYS FOR PITCH ACCESS**

These are kept in the club office (first room on the left on the ground floor as you come in the front door to the clubhouse). They are located within a grey cabinet on the wall to the left , have a yellow key ring and are marked as pitch access keys. The team manager should familiarise themselves as to the location of the grey cabinet and the relevant keys that shall be required in the event of the triggering of the MEAP.

**AMBULANCE ACCESS DETAILS:**

**Main Pitch (3G)**

Ambulance entrance through rugby club car park. Turn left between the Club Shop and the Clubhouse . (‘***AS MARKED ON THE MAP BELOW).***

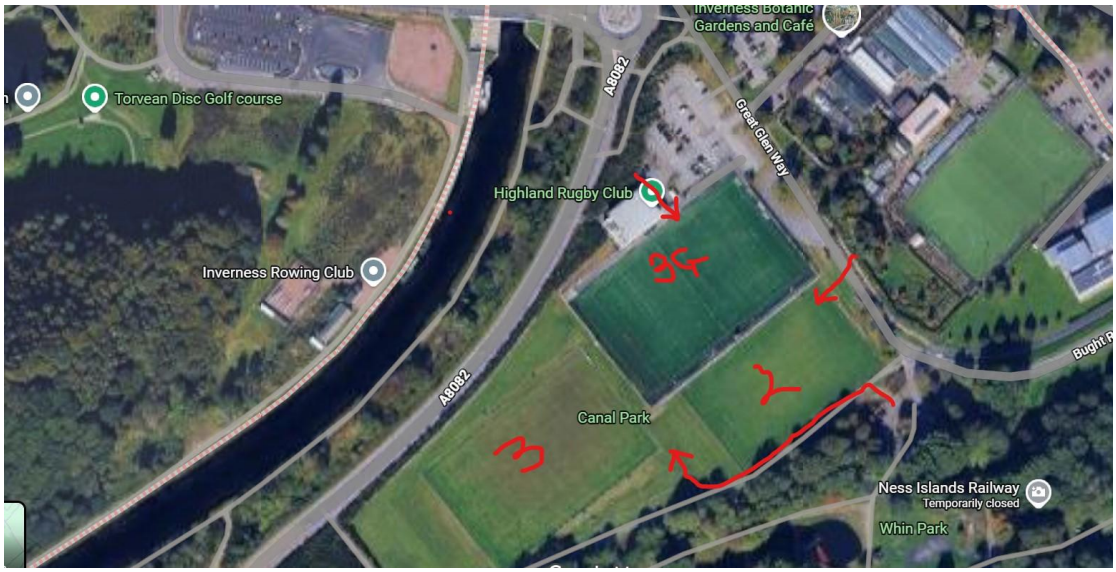
The gates will be open if the ambulance is called.

**Pitch 2**

Ambulance entrance through the gates on the pitch side, after the entrance to Whin Park (‘*A****S MARKED ON THE MAP BELOW)***

**Pitch 3 Haventus Pitch**

Entrance through Whin Park car park. Access gate to the right hand side and along cycle path to pitch (‘***AS MARKED ON THE MAP BELOW***




**Nearest Hospital Facilities**

Raigmore Hospital, Old Perth Road, Inverness, IV 2 3UJ

Telephone number: 01463 704000

For minor injuries **-** Patients with strains, sprains, suspected broken bones, wounds etc should call NHS 24 on 111 to make an appointment and if instructed to do so attend;

- Raigmore Hospital, Old Perth Road, Inverness, IV 2 3UJ
- Telephone number: 01463 704000

For major injuries and ambulances - A & E, Raigmore Hospital

The hospital is 5.6 miles from Highland Rugby Club the facilities. The route to the hospital involves using the A82 Inverness bypass.

**Equipment:**

- An Automated External Defibrillator (AED) is present on the inside wall of the corridor leading onto the 3G pitch

Available pitch-side at all 1XV 'home' matches –

- AED
- Oxygen
- Split board with head blocks and spider straps
- Box splint
- Vac splints
- Moonboot
- Poly-slings
- Vacuum mattress
- Crutches x 4 pairs
- Resus bag (large red bag)- equipment for advanced ABCDE management
- Physio bag: includes wound care equipment
- Suture kit and wound management equipment available for qualified members
- Ice machine with bags

Available pitch side at all Junior XV ‘home’ matches

- First aid bag: includes wound care equipment
- Access to AED and emergency equipment if qualified

**Internal Support Personnel**

Senior teams – home match day

- Physio and/or Scrumcaps trained Level 1 first aider pitchside.

Junior XVs – home match day

- Scrumcaps trained (Level 1) First aider.

Senior Club training nights

- Physio: Monday, Tuesday, Thursday evenings 1830-2030 in the physio room

External Support Personnel

HRFC do not contract match-day paramedic/ambulance services.

**Communication:**

Contact details for main Club contacts.

- Club Operations Manager – 07759 711226
- Club Development Officer – 07484 051293
- Club Director of Rugby - 07736042171

**Process in event of an EMERGENCY medical situation:**

The team manager shall act as the first responder, or any untrained personnel in the case of no trained person available,

- Act promptly and call immediately for professional medical help and/or call 999.
    1. Speak to the player, are they unconscious?
    2. Check **airway** - remove mouth guard if loose.
    3. Check **breathing**, are they breathing abnormally?
    4. If unconscious and breathing abnormally or in doubt about cardiac arrest, call for help/999, start basic life support. Bring the AED to the casualty.
    5. If no airway, breathing or circulation problem and suspected spinal or other serious injury **DO NOT MOVE THE PLAYER**. Wait

until a properly qualified person is able to supervise the procedure.

6. Stay with the player and continue communication.

7. Keep player warm until professional help arrives.

**HIGHLAND RFC personnel response to an injury:**

- First responder (usually Physio) attends casualty on pitch.

- SCRUMCAPS principles will be followed:

    1. ‘SAFE’ approach, communicate with the match officials and stop play if required.

    2. Initial assessment, resuscitation, re-evaluation, stabilisation, package and removal from pitch to the most appropriate environment for ongoing medical care (pitch side, medical room, 999 ambulance).

    3. Handover to ambulance crew / A&E as required.

- Other pitch side members of the coaching and management team will be called upon as necessary to assist with bring medical equipment on to the pitch and with patient evacuation from the pitch as required.

- The Team Manager (can be delegated to the Club Manager) will coordinate logistics around ambulance access to the facility and

communication with the on-site facilities management team and casualty's next of kin / designated contact person.

**Concussion:**

- See SRU concussion policy on noticeboard outside physio room

1. Recognise and Remove.

2. Appropriate immediate assessment, management and post-match advice.

3. HRFC players will have concussion/GRTP managed by team manager/head coach.

**Blood Injuries**

Bleeding players will be removed from the field if bleeding does not stop with simple on field measures or a significant open wound is present.

NB. When treating any player, gloves should be worn to protect the player and the first aider from possible transmission of blood borne diseases such as HIV and hepatitis. All blood injuries must be managed appropriately to prevent cross-contamination with blood before a player can return to the game. Any items that have been contaminated by blood must be sealed in a plastic bag and safely discarded.

**Major haemorrhage:**

SCRUMCAPS principles will be followed.

**Cardiac Arrest:**

The Automated External Defibrillator is located as above

Follow first responder basic life support principles according to level of training.

Follow the ‘Chain of Survival’ (appendix 1):

- Early recognition
- Call for help
- Early and effective basic life support (as per UK Resuscitation Council algorithm)
- Early defibrillation (with the Automated External Defibrillator) & 999 call

**Major Incident: Evacuation Plan HRFC facility**

The Main clubhouse has multiple entrances/exits and clearly signed emergency exits and assembly points.

**Follow-up Timelines**

Injury follow up by the medical team will be by phone/private messaging the following day as required. Injury and rehab clinics are on Monday,Tuesday and Thursday evenings for senior players. Junior players should make contact with A&E, Out of Hours (OOH) or own GP as required.

## Info for Visiting Teams

The full HFC Medical Emergency Action Plan will be made available to visiting teams prior to each match. This is the responsibility of the team manager.

## Appendix 1

## Cardiac Arrest Chain of Survival

Cardiac arrest occurs when the heart stops beating. Without a heartbeat, there is no blood getting to the brain and other vital organs.

The player will be unresponsive to stimulation and have no signs of life (i.e., no movement at all)

The circulation must be supported using basic life support and chest compressions in combination with attempts to restart the heart (with a defibrillator), otherwise the brain will die or become severely damaged within 5-10 minutes.


Chain of survival following cardiac arrest

### Skill - Chest compressions

- Kneel by the side of the victim.
- Place the heel of one hand in the centre of the chest (lower half of breastbone).
- Place the heel of your second hand on top of the first.

- Interlock the fingers. Make sure you press only on the breastbone, not the ribs or upper stomach.
- From a vertical position above the chest and with straight arms, press down 5-6cm.
- After each compression, relax the pressure, but maintain contact with the skin. Perform continuous compressions at a rate of roughly 2 per second.
- Compression and release should take equal amounts of time.
- PUSH HARD, PUSH FAST, DON'T STOP

**The importance of defibrillation**

Treatment with effective CPR and defibrillation can improve survival for out of hospital cardiac arrest from 8% to 60%. The defibrillator (AED) is the key step in this improvement.

Each minute's delay in failing to use the defibrillator (AED) results in a 10% decrease in the chance that it will be successful. So, wait five minutes, and that's only a 50% chance of success.
Recommendations state that defibrillation should occur within three minutes of cardiac arrest. So, the AED (in the front pocket of the blue resus bag) needs to be close to the playing area and applied to the chest of the player ASAP in a suspected cardiac arrest.