

# USA RUGBY SOUTH PANTHERS



## EMERGENCY ACTION PLAN AND MEDICAL RECOMMENDATIONS

# PURPOSE



- The purpose of this document is to:
  - Provide recommendations on medical care for the USA Rugby South (USARS).
  - Provide education and guidance for coaches, staff, and players as it pertains to health and safety.
  - Specific areas covered:
    - Emergency Action Plans
    - Concussion Policy
- This document was created using the International Rugby Board (IRB) guidelines.

# USA RUGBY SOUTH PANTHERS



## SECTION ONE

### EMERGENCY ACTION PLANS

# EMERGENCY ACTION PLAN (EAP) PRACTICE FIELD

- **Equipment**

- Basic First-aid Equipment
- Incident Report and Documentation
- Personal Cell Phones

- **On-Site Support Personnel**

- **Coaching Staff**

- ⌘ Identify potential injuries to the best of their abilities and training and activate EAP as appropriate

- ⌘ Supervise follow-up of injured personnel

- **Sports Field managers (if available)**

- **Athletic Training staff**

# EMERGENCY ACTION PLAN

## HOME MATCHES

- **Equipment**

- Basic First-aid Equipment
- Incident Report and Documentation
- Personal Cell Phones

- **On-Site Support Personnel**

- **Coaching Staff**

- ⌘ Identify potential injuries to the best of their abilities and training and activate EAP as appropriate

- ⌘ Supervise follow-up of injured personnel

- **First Responder**

- ⌘ City Rescue squad will serve as match day first responders unless

# EMERGENCY ACTION PLAN FIELD MAP

- **LEVEL ONE/EMERGENCY TRAUMA**

- WellStar Kennestone Hospital

677 Church Street, Marietta, GA 30060

770-793-5000

- **LEVEL TWO/NON-EMERGENCY TRAUMA**

- Concentra Urgent Care – Marietta

220 Cobb Parkway North #400, Marietta, GA 30062

770-424-7125

# EMERGENCY ACTION PLAN CONTACT NUMBERS

- EMERGENCY/RESCUE SQUAD/POLICE/FIRE
  - DIAL 911
- SPORTS MEDICINE PHYSICIAN (Routine Evaluation)
  - Physician Name
  - Physician Address
  - Physician Phone Number
  - Physician Office Hours

# USA RUGBY SOUTH PANTHERS



## SECTION TWO

### CONCUSSION POLICY



# USARS CONCUSSION POLICY



- USARS will adhere to concussion guidelines as outlined by the International Rugby Board.
- DEFINITION:
  - “Concussion is a complex process caused by trauma that transmits force to the brain either directly or indirectly and results in temporary impairment of brain function. Its development and resolution are rapid and spontaneous. A player can sustain a concussion without losing consciousness. Concussion is associated with a graded set of clinical signs and symptoms that resolve sequentially. Concussion reflects a functional rather than structural injury and standard neuro-imaging is typically normal.

# CONCUSSION POLICY

## IDENTIFICATION AND REMOVAL FROM PLAY



- Any player SUSPECTED of having a concussion must be removed from play/practice immediately.
- Coaches, officials, players, and medical personnel share responsibility for the identifying suspected concussions and ensuring players are removed safely from play/practice.
- Any player suspected of having a concussion is not permitted to return to play or practice on the same day.
- Signs and symptoms of concussions are listed in Table 1.



# CONCUSSION POLICY: **TABLE 1:** SIGNS

The common signs and symptoms indicating that a player may have a concussion are listed in

Table 1. If a

INDICATOR	EVIDENCE
SYMPTOMS	Headache, Dizziness, "Feeling in a fog"
PHYSICAL SIGNS	Loss of consciousness, vacant expression, vomiting, inappropriate playing behavior, unsteady on legs, slowed reactions
BEHAVIORAL CHANGES	Inappropriate emotions, irritability, feeling of nervous or anxious
COGNITIVE IMPAIRMENT	Slow reaction times, confusion/disorientation, poor attention and concentration, loss of memory for events up to and/or after the concussion
SLEEP DISTURBANCE	Drowsiness

# CONCUSSION POLICY EVALUATION

- Players suspected of having a concussion can be evaluated using the Standardized Concussion Assessment Tool (SCAT2).
- When possible, players should complete a baseline SCAT2 prior to the beginning of the season to be used as a comparison tool.
- The SCAT2 Evaluation can be performed by coaches, fellow players, or medical personnel.
- A pocket SCAT2 (abbreviated form) may be found at:
  - <http://www.irbplayerwelfare.com/?document=8>
  - An iPhone app for a full SCAT2 is also available.

# CONCUSSION POLICY

## POCKET SCAT2

### Pocket SCAT2



FIFA®



Concussion should be suspected in the presence of **any one or more** of the following: symptoms (such as headache), or physical signs (such as unsteadiness), or impaired brain function (e.g. confusion) or abnormal behaviour.

#### 1. Symptoms

Presence of any of the following signs & symptoms may suggest a concussion.

- Loss of consciousness
- Seizure or convulsion
- Amnesia
- Headache
- "Pressure in head"
- Neck Pain
- Nausea or vomiting
- Dizziness
- Blurred vision
- Balance problems
- Sensitivity to light
- Sensitivity to noise
- Feeling slowed down
- Feeling like "in a fog"
- "Don't feel right"
- Difficulty concentrating
- Difficulty remembering
- Fatigue or low energy
- Confusion
- Drowsiness
- More emotional
- Irritability
- Sadness
- Nervous or anxious

#### 2. Memory function

Failure to answer all questions correctly may suggest a concussion.

*"At what venue are we at today?"*

*"Which half is it now?"*

*"Who scored last in this game?"*

*"What team did you play last week / game?"*

*"Did your team win the last game?"*

#### 3. Balance testing

##### Instructions for tandem stance

*"Now stand heel-to-toe with your **non-dominant** foot in back. Your weight should be evenly distributed across both feet. You should try to maintain stability for 20 seconds with your hands on your hips and your eyes closed. I will be counting the number of times you move out of this position. If you stumble out of this position, open your eyes and return to the start position and continue balancing. I will start timing when you are set and have closed your eyes."*

Observe the athlete for 20 seconds. If they make more than 5 errors (such as lift their hands off their hips; open their eyes; lift their forefoot or heel; step, stumble, or fall; or remain out of the start position for more than 5 seconds) then this may suggest a concussion.

**Any athlete with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY, urgently assessed medically, should not be left alone and should not drive a motor vehicle.**

# CONCUSSION POLICY

## RETURN TO PLAY

- Players suspected of having a concussion will follow the IRB Graduated Return To Play protocol (GRTP) before being cleared for matches.
- Physician clearance is required:
  - Prior to advancing to Stage 2 of the GRTP: Clearance ensures players are safe to initiate the protocol.
  - At the completion of the GRTP and before returning to match competition.
- USARS Medical staff will utilize the SCAT2 when making return to play decisions.

# GRADUATED RETURN TO PLAY PROTOCOL

TABLE 1

REHABILITATION STAGE	FUNCTIONAL EXERCISE AT EACH STAGE OF REHAB	OBJECTIVE AT EACH STAGE
1. No activity, Minimum of 24 hours following the injury where managed by a medical practitioner; otherwise minimum 14 days following the injury	Complete physical and cognitive rest without symptoms	Recovery
2. (Progression to Stage 2 requires Physician clearance) Light aerobic exercise during 24 hour period	Walking, swimming, or stationary cycling keeping exercise intensity <70% max predicted heart rate. NO Resistance training. Symptom free during full 24 hour period	Increase Heart Rate
3. Sport specific exercise during 24 hour period	Running drills. No head impact activities. Symptom free during full 24 hour period.	Add Movement
4. Non-Contact training drills during 24 hour period	Progression to more complex training drills; Ex: passing drills. May start progressive resistance training. Symptom free during full 24 hour period	Exercise, Coordination, and Cognitive Load
5. Full Contact Practice	Following medical clearance; participate in normal training activities.	Restore confidence and assess functional skills by coaching staff
6. After 24 hours, Return to Play	Player Rehabilitated	Recovered

# USARS CONCUSSION CARE DIAGRAM

