

COMMUNITY RUGBY: PITCH-SIDE FIRST AID & IMMEDIATE CARE PROVISION GUIDELINES - TRAINING & MATCHES

2021-22 SEASON



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GENERAL INFORMATION

This document provides information on the first aid and immediate care provision guidelines (FA/IC guidelines) for all age grade and adult community rugby including clubs, Constituent Bodies, rugby activity providers including: schools, colleges and universities and rugby event organisers. The FA/IC guidelines exclude the Gallagher Premiership, Green King IPA Championship, Women's Allianz Premier 15s and BUCS Super Rugby teams, all of whom have competition specific provision FA/IC standards for immediate care and minimum medical standards.

The guidelines set out in this document are specific to the requirements for on-field / pitch-side rugby activity (training sessions and matches) only. Off-field first aid provision should be determined as part of a general risk assessment and will be appropriate to each club's requirements.

GENERAL INFORMATION

The guidelines set out in this document are the minimum FA/IC pitch-side provision guidelines required as part of **Regulation 9 (Player Safety)**.

For the avoidance of doubt, Regulation 9.3(c) is not a mandatory requirement where non-compliance will result in disciplinary action.

These FA/IC guidelines set out the recommended first aid and immediate care provision for the recognition, assessment and immediate management of potential life and limb threatening injuries during organised training and matches only.

All other medical support or provision such as therapist led prehabilitation and rehabilitation, strapping, soft tissue massage and the treatment of potential non-life and limb threatening and musculoskeletal injuries is outside the scope of this document and should be determined by the club, school, college, university and rugby activity providers based on circumstances, availability of personnel and capacity.

Any organisation and/or practitioner providing additional provision should be appropriately qualified and insured.

USEFUL INFORMATION AND LINKS

For enquiries relating to FA/IC provision and other player welfare topics please contact the **Club Support Centre**, the RFU's online hub to help clubs access guidance and support easily and quickly.

REGULATION 9.3:

ALL CLUBS AND THOSE INVOLVED IN ARRANGING ANY RUGBY ACTIVITY:

A: MUST COMPLETE A RISK ASSESSMENT AND ENSURE THAT THERE IS AN APPROPRIATE LEVEL OF IMMEDIATE CARE AND/OR FIRST AID COVER, AND EQUIPMENT PROVIDED FOR THAT RUGBY ACTIVITY AS DETERMINED BY SUCH RISK ASSESSMENT.

B: MUST HAVE ACCESS TO A TELEPHONE TO ENSURE THAT THE EMERGENCY SERVICES CAN BE CONTACTED IMMEDIATELY WHEN NEEDED AND THERE IS CLEAR VEHICULAR ACCESS FOR AN AMBULANCE OR OTHER EMERGENCY VEHICLE; AND

C: ARE STRONGLY ENCOURAGED TO COMPLY WITH THE RUGBYSAFE FIRST AID AND IMMEDIATE CARE PROVISION GUIDELINES

FIRST AID / IMMEDIATE CARE PROVISION: GUIDELINE PRINCIPLES

- > The FA/IC guidelines listed are the MINIMUM levels of cover recommended by the RFU to clubs and rugby union activity organisers, and those bodies may wish to put in place greater cover. The FA/IC guidelines have been informed by a review of the age specific injury risk, the setting and available personnel typically on-site.
- > The FA/IC guidelines are highly recommended for schools, colleges and universities, who will have their own regulations provided by local/national Government, which they must comply with if the level of provision is higher than that specified in this guide.
- > Where other competition specific minimum guidelines are in place, they must be complied with if the level of provision is higher.
- > The FA/IC guidelines listed are the recommended MINIMUM levels, the level of cover provided must be informed by a risk assessment. A risk assessment must be performed for all rugby activity.
- > Whilst the FA/IC guidelines sets out the minimum recommended first aid and immediate care provision, CBs, Clubs and all other activity organisers should also consider how best to deliver the other elements of medical care and player welfare for participants. There may be added value to having an Immediate Care Practitioner (ICP) and/or other Health Care Practitioner (HCP) who can provide both the first aid and immediate care and the other elements of medical care and player welfare, for example providing prehabilitation and rehabilitation, strapping and soft tissue massage.

FIRST AID / IMMEDIATE CARE PROVISION: CLUB AND RUGBY ACTIVITY PROVIDER ROLES AND RESPONSIBILITIES

RUGBYSAFE LEAD & FA/IC PROVISION MONITORING

Clubs should have an individual (e.g. RugbySafe Lead) or small group of individuals who is responsible for the management of first aid provision and equipment in the club.

More information including a Club Rugby Safe Lead role descriptor is available on [RugbySafe home page](#).

Clubs should ensure the RugbySafe & Player Welfare section on the RFU Game Management System (GMS) is kept up to date, including number of first aiders, qualifications and equipment.

The RugbySafe & Player Welfare section can be found in a club's GMS profile under 'Organisational Details'.

ANNUAL FIRST AID RISK ASSESSMENT

Clubs and rugby activity providers must consider the emergency first aid provision as part of a first aid specific risk assessment, this should be reviewed and updated on annual basis and as appropriate.

The risk assessment should consider any specific individual club requirements, the type of activity and number of participants, facility and pitch locations etc. to determine if any additional provision is required.



The risk assessment is particularly important for:

- > Matches or training which are simultaneously occurring on more than one site, whereby each site will require the appropriate level of cover.
- > Tournaments and festivals, where simultaneous matches are occurring on different pitches, there are large numbers of players and multiple matches and high levels of activity happening in a short period, e.g. back-to-back games in one day.
- > Age Grade Rugby Camps where there may be varying number of players across multiple age groups.

The **RFU Risk Assessment Tool** has been developed in conjunction with Howden, the RFU's brokers of Club liability insurance. **The Risk Assessment Tool** provides an online, easy to use platform for clubs, whereby pre-set questions are answered to complete and review relevant risk assessments, including a first aid specific version.

USEFUL INFORMATION AND LINKS

For more information on risk assessments visit the free **Risk Assessment tool**.

MEDICAL EMERGENCY ACTION PLAN (MEAP)

Clubs and rugby activity providers should have a Medical Emergency Action Plan (MEAP) in place to identify needs and protocols in an emergency situation.

The MEAP should include ensuring Ambulance access is available and access points are kept free of parked vehicles or other obstruction at all times.

The MEAP should be shared with all relevant individuals such as coaches and team managers.

An exemplar Medical Emergency Action Plan template is available on the **RugbySafe home page**.

FIRST AID / IMMEDIATE CARE TRAINING/QUALIFICATIONS

- > Clubs and rugby activity providers should ensure that all appointed EFAs/ICPs are appropriately qualified (see Emergency First Aid, Page 7 and Immediate Care, Page 10) and that all qualifications are kept up to date.
- > The Emergency First Aid in Rugby Union (EFARU) course is recommended as it covers specific the first aid needs in rugby.
- > Clubs and rugby activity providers should provide first aiders the opportunity to share and discuss any concerns and the practicalities of providing first aid, along with regular refresher/informal training opportunities, to help keep first aid skills up to date.
- > Clubs and rugby activity providers should ensure have a process in place to ensure that all relevant personnel including first aiders complete the online **HEADCASE concussion awareness module** on an annual basis.

USEFUL INFORMATION AND LINKS

> More information on FA/IC training including how to book an EFARU course is available on the **RugbySafe home page**.

FIRST AID / IMMEDIATE CARE EQUIPMENT

Clubs and rugby activity providers should:

- > Ensure that all first aiders are appropriately trained and qualifications are up to date. Including a DBS check for first aiders who work regularly and/or unsupervised in age grade rugby.
- > Have a plan in place to ensure all pitch-side/venue medical requirements are met, including cover for if an Emergency First Aider (EFA) has to leave the pitch-side to deal with an injury.
- > Have a match-day centrally dedicated first aid contact point that is easily recognisable and accessible e.g. first aid room or gazebo/tent.
- > Provide each EFA with a fully stocked first aid kit, as well as a separate club/central fully stocked first aid/immediate care kit.
- > Consider the need and practicalities of an allocated first aid room that is set up/used specifically for FA/IC treatment.
- > Consider the need and practicalities for any other additional equipment e.g. Automated External Defibrillator(s) (AED) and where appropriate have a process in place for the storage, usage and maintenance as appropriate.

USEFUL INFORMATION AND LINKS

For more information on FA/IC equipment, including recommended first aid kit contents visit the **RugbySafe home page**.

INJURY REPORTING

Clubs and rugby activity providers should have a process for recording incidents and injuries that require first aid attention. Every first aider should be made aware of the process/ have access to ensure all applicable incidents /injuries are recorded appropriately. The process must be GDPR compliant, with all records stored appropriately and securely.

The RFU have collaborated with Howden and Proactive to provide an affordable incident report app that provides a quick and efficient system to ensure injuries and incidents both on and off the pitch are recorded and maintained in a secure and appropriate manner. Visit the **Rugby Proactive App here**.

Clubs and rugby activity providers need to be aware of what injuries should be reported to the RFU. It is crucial that all reportable injury events are submitted to the RFU in order for the appropriate support to be put in place. Reportable injury events are defined as:

- > An injury which results in the player being admitted to a hospital (this does not include those that attend an Accident or Emergency Department and are allowed home from there).
- > Deaths which occur during or within six hours of a game finishing.
- > Clubs and schools are also required to report injuries in which artificial grass pitches or equipment such as sports goggles are involved.

The RFU Reportable Injury Event forms are available via the **RugbySafe home page**.





OTHER FIRST AID PROVIDERS

Clubs and other rugby activity providers may look to engage the services of externally trained first aiders (e.g. St John Ambulance). When using external providers, it is the clubs' or other rugby activity providers' responsibility to check and make a record that the individuals are appropriately qualified, DBS checked, trained and experienced.

CLUBS AND RUGBY ACTIVITY PROVIDERS WITH EMPLOYEES

Clubs and other rugby activity providers with employees will likely fall under the Health and Safety (First Aid) Regulations 1981 (SI 1982 No 917) and will need to refer to these for minimum qualification/training standards.

EMERGENCY FIRST AID

WHAT IS AN EMERGENCY FIRST AIDER (EFA) IN RUGBY?

An EFA is an appointed individual who has a minimum of a Level 3 First Aid Qualification.

EFAs are trained to:

- > Take charge when someone is injured or ill, including calling an ambulance if required
- > Provide emergency first aid to injured or ill persons until more expert help arrives;
- > Look after the first aid equipment, e.g. restocking the first aid box.

They should not attempt to give first aid for which they have not been trained.

Ideally the EFA should be a dedicated role, i.e., the individual is acting solely as the first aider and does not have other roles, e.g. coach.

An EFA's responsibility should end when either:

- > The EFA and player agree that the player is in a fit state to re-join the training session or match.
- > An Age Grade player is handed over to their parent(s), who are appropriately informed of injury/incident and if seeking further treatment is recommended.
- > An adult player is deemed safe to leave the club/venue, having discussed the injury/incident with the EFA and if seeking further treatment is recommended.
- > The player is handed over to the ambulance paramedic crew.

WHAT TRAINING IS REQUIRED TO BE AN EFA IN RUGBY?

The minimum qualification for an EFA involved in rugby is a Level 3 First Aid Qualification (based on the Regulated Qualifications Framework (RQF)), e.g. Emergency First Aid in Rugby Union or Emergency First Aid at Work.

The RFU's Level 3 Emergency First Aid in Rugby Union (EFARU) course is a rugby-specific first aid course. The EFARU is on the RQF, is awarded by 1st4sport Qualifications and in common with many other First Aid qualifications is valid for three years.

The EFARU course awards a qualification that is transferable to the workplace and/or other sports.

For more information on the EFARU course and how to arrange and/or book on a course please go to the **RugbySafe home page**.

Other Level 3 First Aid qualifications are recognised for EFAs covering rugby activity. If selecting an alternative Level 3 qualification, it should meet the minimum requirements:

- > Courses of this level should take a minimum of 6.5 learning hours (usually a one-day course).
- > Be recognised on the RQF and acknowledged with a certificate from the recognised awarding body.
- > The assessment criteria should be competency-based.
- > All courses should have a quality assurance process.
- > The course should cover both more common rugby injuries (such as concussion) and rare but serious injuries (such as spinal injury) in sufficient detail.

USEFUL INFORMATION AND LINKS

For more information on organising/attending other EFA courses please go to the **RugbySafe home page**.

EFA (PITCH-SIDE)

The role and responsibilities of the EFA at training and matches will depend on the circumstances. Clubs and other rugby activity providers should ensure that all appointed EFAs for each training session and match are briefed appropriately and have a clear understanding of their role and responsibilities.

The role and responsibilities of an EFA (pitch-side) should include:

1. Being pitch-side and ready to assess and manage any incidents/injuries immediately
2. Having their own allocated fully stocked appropriate pitch-side first aid kit.
3. Being familiar with the club/venue Medical Emergency Action Plan for the venue.
4. Ensuring they complete all injury/incident report forms are appropriate.

USEFUL INFORMATION AND LINKS

For more information on first aid kit contents go to the resources section on the **RugbySafe home page**.



VENUE EFA

The Venue EFA is an individual or group of individuals who have an overseeing capacity for the club/venue/event (i.e. covering the whole venue/event and he/she should not be attached to a specific team).

The role and responsibilities of the Venue EFA will depend on the circumstances. Clubs and other rugby activity providers should ensure that all appointed Venue EFAs are briefed appropriately and have a clear understanding of their role and responsibilities.

The role and responsibilities of a Venue EFA include:

1. Should be on site but doesn't need to be present pitch side. (Where multiple sites are being used, there should be a Venue EFA for each site).
2. May be responsible for the general first aid responsibilities (e.g. covering off-field / spectator provision), however on-pitch provision should always be available.
3. May need to provide cover and/or deal with an injury to avoid any delay in training/play.
4. Reviewing any player who has had to stop playing or training during that day/session and ensure all injuries are recorded and reported appropriately.
5. Should be easily contactable by radio or mobile from the pitch-side, e.g. if a pitch-side EFA requires assistance.



IMMEDIATE CARE

WHAT IS AN IMMEDIATE CARE PRACTITIONER (ICP) IN RUGBY?

Immediate Care Practitioners are Health Care Professionals (see Health Care Professional and Allied Health Care Professional Descriptors for examples of role descriptors and requirements) who have undertaken specific training to allow them to provide immediate care in the pre-hospital sports/rugby setting.

For the avoidance of doubt, hospital based Advanced Trauma Life Support (ATLS) or Advanced Life Support (ALS) courses do not meet these standards. It is the satisfactory completion of endorsed immediate care training course that determines the suitability of an individual to work in this area and not their health care practitioner training.

Practitioners/Therapists/HCPs should be able to provide evidence of registration with, or membership of, their relevant regulatory body or society to help in this process.

These individuals will have their own insurance arrangements as a requirement of their regulating body. Below the elite level of sport, such insurance will usually be provided at no additional cost to them, as long as they have the appropriate training and experience.

Clubs and other rugby activity organisers may want to consider having a formal agreement that covers specific responsibilities and provides assurance that the individual has the relevant qualifications, experience and insurance to provide provision as an ICP.

An ICP's responsibility should end when either:

- > The ICP and player agree that the player is in a fit state to re-join the training session or match.
- > An Age Grade player is handed over to their parent(s), who are appropriately informed of injury/incident and if seeking further treatment is recommended.
- > An adult player is deemed safe to leave the club/venue, having discussed the injury/incident with the ICP and if seeking further treatment is recommended.
- > The player is handed over to the ambulance paramedic crew.

WHAT TRAINING IS REQUIRED TO BE AN ICP IN RUGBY?

The RFU's Pre-Hospital Immediate Care in Sport (PHICIS) courses are rugby union specific courses that provide training for healthcare professionals and allied healthcare professionals working within sport.

Pre-Hospital Immediate Care in Sport (PHICIS) Level 2:

The PHICIS Level 2 is a one-day course, aimed at those HCPs/ Allied HCPs working in the community game (Level 3 leagues and below and CB representative rugby) and the Women's TP15s.

The accreditation for the Level 2 currently lasts for two years.

Pre-Hospital Immediate Care in Sport (PHICIS) Level 3:

The PHICIS Level 3 course is a requirement for those HCPs/ Allied HCP working within professional rugby, including the Premiership, Academies, Championship and with national teams.

Other immediate care qualifications are accepted however, the course must be endorsed by the Faculty of Pre-Hospital Care and the content must be appropriate for sport.

Other approved courses include:

- > FA - Advanced Trauma Medical Management in Football (ATMMiF)
- > RFL - Immediate Medical Management on the Field of Play (IMMFoP)
- > Scottish Rugby - Medical Cardiac & Pitch Side Skills (SCRUMCAPS)
- > BASICS Immediate Care Course

USEFUL INFORMATION AND LINKS

For more information on the role of the ICP and PHICIS courses visit [RugbySafe home page](#).

ICP ROLE AND RESPONSIBILITIES

The role and responsibilities of the ICP will depend on the circumstances, e.g. they are working regularly with a club, or they are providing provision for a one-off event.

General role and responsibilities of an ICP working with a rugby club may include:

- > Clinical management and clinical governance responsibility for immediate care provision on match days and training to the participating teams and officials.
- > Lead the pre-event medical briefing with participating team medical staff and match officials.
- > Coordination with ambulance service provider and receiving hospital to ensure the safe transfer to the appropriate hospital of players requiring assessment in accident and emergency and/or admission to hospital.
- > Ensuring that the venue medical requirements are met.

ICP (PITCH-SIDE)

Clubs and other rugby activity providers should ensure that all appointed ICPs for each training session and match are briefed appropriately and have a clear understanding of their role and responsibilities.

The role and responsibilities of an ICP (pitch-side) should include:

1. Being pitch-side and ready to assess and manage any incidents/injuries immediately.
2. Having their own allocated fully stocked Immediate Care/Trauma kit appropriate to the level of training (e.g. PHICIS Level 2).
3. Being familiar with the club/venue Medical Emergency Action Plan for the venue.
4. Ensuring they complete all injury/incident report forms are appropriate.

VENUE ICP

The Venue ICP is an individual or group of individuals who have an overseeing capacity for the club/venue/event (i.e. covering the whole venue/event and he/she should not be attached to a specific team).

Clubs and other rugby activity providers should ensure that all appointed EFAs for each training session and match are briefed appropriately and have a clear understanding of their role and responsibilities.

The role and responsibilities of a Venue EFA include:

1. Should be on site but doesn't need to be present pitch side.
2. Having an overall responsibility for the immediate care and first aid provision at the venue.
3. Coordinating the retrieval of injured players from the pitch to the designated medical room or direct to an ambulance.
4. Clinical care of all players admitted to the designated medical room.
5. May be responsible for the general first aid responsibilities (e.g. covering off-field / spectator provision).
6. May need to provide cover and/or deal with an injury to avoid any delay in training/play.
7. Reviewing any player who has had to stop playing or training during that day/session and ensure all injuries are recorded and reported appropriately.
8. Should be easily contactable by radio or mobile from the pitch-side, e.g. if a pitch-side IC/EFA requires assistance.



OTHER HEALTH CARE PROFESSIONALS

There are a number of Health Care Professional (HCP) and Allied Health Care Professional (AHCP) roles who can provide EFA/ICP cover (see Appendix 1: Health Care Professional and Allied Health Care Professional Descriptors for examples of role descriptors and requirements).

It shouldn't be presumed that being a HCP/AHCP automatically means the individual has the appropriate qualifications/training to fulfil the EFA/ICP role (see 'What is an ICP in rugby?' Page 10).

HCP/AHCPs may only provide first aid cover (along with additional support and/or treatment) based on their qualifications, experience and training. HCPs can ONLY provide ICP cover if they have attended specific ICP training (see 'What training is required to be an ICP in rugby?' Page 10).

Clubs and other rugby activity providers looking to use the services of an HCP for the role of an EFA or ICP should:

- > Check that that EFA/ICP qualifications are relevant and up-to-date.
- > Check HCP is fully licensed and registered with their applicable regulatory body or society.
- > Have a contract in place with the HCP that sets out their roles and responsibilities, expectations on equipment provision and restocking, Standard Operating Procedures etc.
- > Ensure that the HCP has appropriate insurance for the role. HCPs providing medical cover above that of an EFA may require their own insurance arrangements as a requirement of their regulating body. Below the elite level of sport, such insurance will usually be provided at no additional cost to them, as long as they have the appropriate training and experience.

FIRST AID / IMMEDIATE CARE PROVISION: GUIDELINES

AGE GRADE RUGBY – CLUBS

AGE GRADE RUGBY – CLUBS	
AGE GROUP	PROVISION
U7 – U8 (Boys & Girls) Non-contact version of the game (tag rugby)	Training & Matches: 1 EFA per age-group*
U9 – U13 Boys & U13 Girls Gradual introduction of contact/breakdown	Training: 1 EFA per age-group* Match: 1 EFA per match**
U14 – U19 Boys & U15 & U18 Girls 15 a side and other contact formats (e.g. 10s, 7s XRugby).	Training: 1 EFA per age-group* Matches: 1 EFA per team

- > The need for venue EFA(s) at training and matches should be determined in the first aid risk assessment.
- > Where required, the home club/team are responsible for providing the venue EFA(s).

* For training sessions, 1 EFA per age-group is based on a ratio of 1 first aider to approx.40 players.

- > For larger groups additional EFA(s) may be required and should be considered as part of the first aid risk assessment.
- > For smaller groups it may be appropriate for 1 EFA to cover more than one age group e.g. 1 EFA covering U7 and U8 where there is a total of 40 or less children across both age-groups. This should be considered as part of the first aid risk assessment.

** Where an EFA per match is required, the home club/team is responsible for organising/providing the EFA.



AGE GRADE RUGBY – SCHOOLS, COLLEGES AND OTHER RUGBY ACTIVITY PROVIDERS

It is highly recommended that the following FA/IC guidelines are in place for all rugby activity providers. Schools and colleges may have their own regulations provided by local/national Government, which they must comply with if it is of a higher level.

Schools and colleges with a high-performance rugby programme may want to consider what added value/additional provision is required to support the demands of players in a performance environment.

AGE GRADE RUGBY – SCHOOLS & COLLEGES	
AGE GROUP	PROVISION
<p>Curriculum: All age groups</p> <p>i.e. no matches and limited contact activities</p>	1 EFA per class/activity (for curriculum/ PE lessons it is assumed that the teacher will be appropriately first aid qualified as such additional first aid is not required).
<p>U7 - U8 (School Year 2 – 3) and Tag Rugby</p> <p>Non-contact version of the game (tag rugby)</p>	Training and Matches: 1 EFA per age-group*
<p>U9 – U13 (School Year 4 – 8) Boys & U13 Girls</p> <p>Gradual introduction of contact/ breakdown</p>	Training: 1 EFA per age-group* Match: 1 EFA per match**
<p>U14 – U19 (School Year 9 – 13) Boys & U15 & U18 Girls</p> <p>15 a side and other contact formats (e.g. 10s, 7s XRugby).</p>	Training: 1 EFA per age-group* Matches: 1 EFA per team

- > The need for venue EFA(s) at training and matches should be determined in the first aid risk assessment. Within schools/colleges this role could be covered by a nurse, appointed first aiders on site.

* Where required, the home school/college are responsible for providing the venue EFA(s).

- > For training sessions, 1 EFA per age-group is based on a ratio of 1 first aider to approx.40 players.
 - > For larger groups additional EFA(s) may be required and should be considered as part of the first aid risk assessment.
 - > For smaller groups it may be appropriate for 1 EFA to cover more than one age group e.g. 1 EFA covering U7 and U8 where there is a total of 40 or less children across both age-groups. This should be considered as part of the first aid risk assessment.

* During training sessions, the teacher/coach may also take on the role as the appointed first aider, provided they are appropriately EFA qualified. For matches it is recommended that a specifically appointed EFA is available.

** Home is responsible for organising/providing EFA for matches.

ADULT RUGBY

ADULT MEN'S RUGBY	
LEVEL	PROVISION
Level 3-4 National Leagues	Training: 1 ICP L2 per team (where a training session involves no contact and no live scrummaging an EFA is acceptable). Match: 1 ICP L2 per team
Level 5 – 9 Clubs and BUCS leagues (below Super Rugby)	Training: 1 EFA per team/training squad. Match: 1 EFA per team
Level 10 and below including 2nd XV and other lower XVs, merit leagues, non-leagues and friendlies and other contact formats (e.g. 10s, 7s XRugby)	Training: EFA available on site (a dedicated EFA for training is not required, provided there is an EFA on site and can be readily available if required). Matches: 1 EFA per team

ADULT WOMEN'S RUGBY	
LEVEL	PROVISION
Championship and National Challenge Leagues	Training: 1 EFA per team Match: 1 EFA per team
2nd XV and other lower XVs , merit leagues, non-leagues, friendlies and other contact formats (e.g. 10s, 7s XRugby).	Training: EFA available on site (a dedicated EFA for training is not required, provided there is an EFA on site and can be readily available if required). Matches: 1 EFA per team

- > The need for venue EFA(s) at training and matches should be determined in the first aid risk assessment.
- > Where required, the home club/team should provide the venue EFA(s).

CB REPRESENTATIVE RUGBY

CBs/ DPPs may want to consider what added value/additional provision is required to support the demands of players in a performance environment. See FA/IC guideline principles point 6 (Page 3).

For multiple match events a risk assessment should be undertaken to identify any potential additional requirements.

CB, DIVISIONAL AND DEVELOPING PLAYER PATHWAY (DPP) RUGBY (MEN & BOYS)	
LEVEL	PROVISION
U14 - U16 DPP/CB Festivals and stand-alone fixtures	Training: 1 EFA per age group* Stand-alone Matches: 1 EFA per team Festivals / Multiple Matches: 1 EFA per team + 1 venue ICP (L2)**
U17 - U18 Stand-alone fixtures	Training: 1 EFA per team Match: 1 EFA per team + 1 ICP (L2) per match***
Adult Stand-alone fixtures	Training: 1 ICP (L2) per team (Where a training session involves no contact and no live scrummaging an EFA is acceptable). Match: 1 ICP (L2) per team

* For training sessions, one EFA per age-group is based on a ratio of one first aider to approx.40 players.

- > For larger groups additional EFA(s) may be required and should be considered as part of the first aid risk assessment.
- > For smaller groups it may be appropriate for one EFA to cover more than one age group e.g. 1 EFA covering U7 and U8 where there is a total of 40 or less children across both age-groups. This should be considered as part of the first aid risk assessment.

** A venue ICP should be on site available whenever there are two or more matches being played at one venue. The home CB/event organiser is responsible for organising the venue/match ICP.

*** The home CB/team is responsible for organising the match ICP.

The following FA/IC guidelines for U15 & U18 girls CB Rep rugby is based on festival days including different formats of the game (15 a side, 7s and X Rugby 7s), with matches occurring across 2-3 pitches simultaneously.

For 7s and X Rugby 7s, one EFA per match is acceptable (Home CB is responsible for organising/ providing EFA for matches).

CB REPRESENTATIVE RUGBY (WOMEN & GIRLS)	
LEVEL	PROVISION
U15 Festivals and stand-alone fixtures: 15 a side, 10s, 7s and X Rugby	Training: 1 EFA per team Stand-alone Matches: 1 EFA per team Festivals/ Multiple Match Events: 1 EFA per team + 1 central ICP (L2) for the venue**
U18 Festivals and stand-alone fixtures: 15 a side, 10s, 7s and X Rugby	Training: 1 EFA per team Match (15 a side): 1 EFA per team + 1 ICP (L2) per match*** Festivals / Multiple Matches: 1 EFA per team + 1 venue ICP (L2)**
Adult Stand-alone fixtures	Training: 1 ICP (L2) per team (Where a training session involves no contact and no live scrummaging an EFA per team is acceptable). Match: 1 ICP (L2) per team

* For training sessions, one EFA per team is based on a ratio of one first aider to approx.40 players.

> For larger groups additional EFA(s) may be required and should be considered as part of the first aid risk assessment.

** A venue ICP should be on site available whenever there are two or more matches being played at one venue. The home CB/event organiser is responsible for organising the venue/match ICP.

*** The home CB/team is responsible for organising the match ICP.

TOURNAMENTS, FESTIVALS, AND MULTI-MATCH EVENTS

Where there will be multiple teams playing at the same time (e.g. festivals and tournaments) a specific first aid risk assessment should be undertaken for the event to determine the number and type of first aid personnel and medical facilities that should be provided.

The following table outlines a minimum level of medical personnel that should be in place for any type of multiple match event for specific age groups. Please note that this does not account for any medical provision for crowds and spectators at an event or festival, this medical provision should be considered separately to this guide.

Clubs and other rugby activity providers need to consider the following levels of potential additional medical cover and the added value that these roles bring to ensure appropriate on pitch provision is in place:

1. EFA	2. ICP (Physio)	3. Ambulance / Paramedic	4. Advanced ICP (Doctor)
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USEFUL INFORMATION AND LINKS

Please visit [England Rugby Insurance](#) for more information on risk assessments.



TOURNAMENTS, FESTIVALS AND MULTI-MATCH EVENTS	
LEVEL	PROVISION
U7 – U8 (Boys & Girls) Non-contact version of the game (tag rugby)	Matches: 1 EFA per age group
U9 – U13 Boys & U13 Girls Gradual introduction of contact/breakdown	Matches: 1 EFA per match
U14 – U19 Boys & U15 & U18 Girls Contact: 15 a side 10s, 7s and XRugby	Matches: 1 EFA per team
Adult (Men and Women) Contact: 15 a side 10s, 7s and XRugby	Matches: 1 EFA per team
Non-Contact Formats e.g. Touch/Tag events Including: Adult, Mixed, Age Grade	Matches: 1 EFA per 4 simultaneous matches i.e. across 2 full adjoining pitches

- > Home club/event organiser is responsible for determining and organising appropriate venue EFA provision as part of the event first aid risk assessment. E.g. events with multiple age groups festivals at one venue, may require additional venue EFA(s).



The image shows two healthcare professionals in white coats. The person on the right has 'MEDIC' printed on the back of their coat. The person on the left is looking towards the other. The entire image is overlaid with a semi-transparent red filter. The text 'HEALTHCARE PROFESSIONAL AND ALLIED HEALTHCARE PROFESSIONAL DESCRIPTORS' is centered in white, bold, uppercase letters.

HEALTHCARE PROFESSIONAL AND ALLIED HEALTHCARE PROFESSIONAL DESCRIPTORS

HEALTH CARE PROFESSIONALS	
Doctor	<p>A Doctor should be registered with the General Medical Council (GMC). The individual should have appropriate experience and training in first aid and/or pre-hospital immediate care.</p> <p>A doctor's registration status can be checked on the GMC website.</p>
Nurse	<p>A Nurse should be registered with the Nursing & Midwifery Council (NMC). The individual should have appropriate experience and training in first aid and/or pre-hospital immediate care.</p> <p>A nurse's registration status can be checked on the NMC website.</p>
ALLIED HEALTH CARE PROFESSIONALS	
Osteopath	<p>An osteopath should be registered with the General Osteopathy Council as an Osteopath. The individual should have appropriate experience and training in first aid and/or pre-hospital immediate care.</p> <p>For more information visit the General Osteopathy Council website.</p>
Paramedic	<p>A paramedic should be registered with the Health & Care Professions Council (HCPC) as a State Registered Paramedic. The individual should have appropriate experience and training in first aid and/or pre-hospital immediate care. If working outside the NHS they will require their own indemnity insurance.</p> <p>Registration status can be checked on the HCPC website.</p>
Physiotherapist	<p>A physiotherapist should be registered with the Health & Care Professions Council (HCPC) as a physiotherapist. The individual should have appropriate experience and training in first aid and/or pre-hospital immediate care.</p> <p>Registration status can be checked on the HCPC website. More information on physiotherapists is available on the Chartered Society of Physiotherapy website.</p>

OTHER HEALTH CARE PROFESSIONALS

<p>Chiropractor</p>	<p>A chiropractor should be registered with the General Chiropractic Council (GCC) as a chiropractor. The individual should have appropriate experience and training in first aid and/or pre-hospital immediate care.</p> <p>For more information visit the GCC UK website.</p>
<p>Sports Massage Therapist</p>	<p>A Sports Massage Therapist should be qualified to Level 4 or above and be registered as a full member of a recognised association listed by the GCMT (previously General Council of the Massage Therapies now renamed Council of Soft Tissue Therapies). The individual should have appropriate experience and training in first aid and/or pre-hospital immediate care.</p> <p>For more information visit the GCMT website.</p>
<p>Sports Rehabilitators</p>	<p>A sports rehabilitator should be registered as a full member with British Association of Sport Rehabilitators (BASRaT). The individual should have appropriate experience and training in first aid and/or immediate care.</p> <p>For more information visit the BASRAT website.</p>
<p>Sports Therapist</p>	<p>A sports therapist should be qualified to Level 5 or above and be registered as a full member of a one recognised associations (see below). The individual should have appropriate experience and training in first aid and/or pre-hospital immediate care.</p> <ul style="list-style-type: none"> > Society of Sports Therapists (SST) > Sports Therapy Association (STA) > Sports Therapy Organisation (STO) <p>For more information visit the appropriate website: Society of Sports Therapists Sports Therapy Association Sports Therapy Organisation</p>



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