RUGBY FOOTBALL UNION (RFU)

MINIMUM MEDICAL STANDARDS (ADVISORY)

FOR NATIONAL LEAGUE 1 & 2 CLUBS

Date of Revision	Changes Made	Approved By
Sep 26	All sections updated	Dr Dan Henning

National League Rugby

CONTENTS

Section 1 – Introduction

1.1 These standards are to encourage consistent and appropriate medical facilities and services at all National League 1 and 2 games. These minimum standards are in addition to the requirements of RFU Regulation 9.

1.2 These Criteria will be reviewed by the NLR Executive ahead of each season.

1.3 Whilst these standards are advisory, RFU Regulation 9 states that “An HCP (Health Care Professional) with an RFU PHICIS qualification must be in attendance for Levels 3 and 4 adult male teams matches and contact training.” This has been a requirement in RFU Regulations for some time. Whilst it is acknowledged that a degree of investment will be required to meet these standards, it is hoped that clubs will aspire to achieve these standards for the welfare of their players. NLR reserves the right to make these standards mandatory in future years.

1.4 It is the responsibility of the home team to ensure that at least one appropriately qualified (a minimum of PHICIS Level 2 or equivalent) and equipped HCP is in attendance for each match. A match cannot be played unless this requirement is complied with.

1.5 It is the responsibility of the Club Chair to advise all relevant medical personnel of the existence of these Criteria and to communicate them to these people, including details of any non-compliance and the need for remedial or follow up action.

1.6 Any queries regarding these standards should be addressed to the NLR Medical Lead in the first instance.

Section 2 – Definitions

2.1 The definitions referred to in this document are defined below:

Club
All Rugby Football Clubs which play in National Leagues 1 and 2.

Head of Medical Services (HoMS)
Each club must have a nominated club Head of Medical Services (HoMS) reporting to the Club Chair, who is the accountable person. The HoMS will be the responsible person for implementing and maintaining medical standards within the Club.

Criteria
The standards and requirements which Clubs must attain, and which are described in this document.

Match Day Medic
The nominated medical personnel at each Club which are assigned to provide clinical care to players on a match day.

National League Rugby (NLR)
The body to which the RFU has delegated powers to administer National Leagues 1 and 2.

Principal Home Ground
The ground at which the Club will play most of its 1st XV home games.

Rugby Football Union
The National Governing Body responsible for Rugby Union in England and whose registered office is at Rugby House, Twickenham Stadium, 200 Whitton Road, Twickenham TW2 7BA.

Rugby Training Session
Any training session that involves high impact contact between players, including but not limited to, lineout sessions, scrummaging sessions, defence sessions etc.

Section 3 – The Audit Process

3.1 This Section describes the audit process and timing for assessing the Minimum Medical Standards described in this document for NLR clubs.

i) Each club must complete a self-audit by the date stated in the accompanying email. Any deficiencies should be brought to the attention of the Club Chair.

ii) The NLR Executive and any relevant RFU representatives will consider these audits and provide feedback to the Clubs and consider overall compliance across all Clubs.

iii) The NLR Executive in conjunction with appropriate RFU personnel will review the operation of the standards and agree any changes.

iv) Clubs which are unable to comply with the standards may be permitted additional time to achieve compliance upon submission of a plan that leads to full compliance. Advice should be sought from the medical lead in the first instance.

Section 4 – Minimum Medical Standards

No.	Description
1	Each Club must provide a dedicated medical treatment room for players at its principal home ground. The minimum physical requirements for a medical treatment room are: • Ready access from pitch-side; • Access available to both teams; • Access for a stretcher from the pitch and to an external exit accessible by ambulance at all times; • Corridors and doors to be a minimum of 1.2m wide, to allow passage of stretcher and stretcher-bearers; **OR** in exceptional circumstances where it is not possible to achieve a door width of 1.2m, a minimum door width of 0.8m is acceptable if an ambulance cot is provided pitch side to allow the movement of injured or ill players with an extrication team member at either end of the ambulance cot. There must be step-free access for the ambulance cot from the pitch to the medical room and equally, step-free access to the ambulance from either the pitch side or to the medical room. • Floors to be non-slip, impervious and washable; • Wall linings and worktops to be easily cleaned, to complywith hygiene and infection prevention and control requirements; • A sink with hot and cold running water; • Direct or nearby access to a WC; • Adequate lighting and heating; • Defined method of communication with the emergency services.
2	The minimum equipment requirements of the players' medical treatment room at the Principal Home Ground are: • Drinking water and disposable cups; • Soap and paper towels; • At least one examination couch with waterproof protection, clean pillows and blankets or towels; • At least one lockable cabinet for medicines and adequate storage facilities for other equipment such as oxygen; • Adequate arrangements for the safe and proper disposal of clinical waste and sharps; The room must be cleaned regularly within the provisions of the Health and Safety at Work Act. NHS standards of cleanliness should be aspired to.
3	Immediately before, during and after the game, there must be clear ambulance access onto the pitch and to the medical room.

No.	Description
4	Each Club must have the following equipment present and in full working order on all match days and at all rugby training sessions involving contact. The list of essential equipment is as follows: • Split long board ("Scoop" or equivalent) with head immobiliser and appropriately trained personnel to extricate an injured player in accordance with PHICIS standards; • Cervical Semi-Rigid Collar(s) - 2 adjustable collars or an assortment of collars to fit every player within the Club (extrication collar). Soft neck collars are not suitable; • Splints (for immobilisation of the upper and lower limb fractures). May be box, SAM or vacuum; • Airways: selection of oropharyngeal, nasopharyngeal and supraglottic airways (assorted and relevant sizes of each type); • Pocket mask with one-way valve (one per medical bag); • Bag valve mask; • Magill forceps; • Tongue depressors; • Oxygen cylinder – to include variable flow rate device and reservoir bag mask, in purpose-made and marked bag; • Defibrillator for dedicated pitchside use – either an AED or manual if appropriately trained personnel are present at every match; • Portable suction; • Penlight torch; • Stethoscope and sphygmomanometer (automated or manual), calibrated; • Sterile dressings; • Wound irrigation fluid; • Medical gloves (non-latex); • Triangular bandages. For those clubs which have a doctor in attendance, the following equipment is also desirable: • Nebuliser mask and tubing; • Emergency Cricothyrotomy Device/Kit and needle Cricothyroidotomy equipment; • Suture Kits and Equipment – must be disposable sets or sterilised to NHS standards; • 2 x 1000ml crystalloid fluid (not 5% dextrose); • IV cannulae (appropriately sized); • IV giving sets; • Entonox or Penthrox.

5	Where a suitably qualified Doctor is in attendance it is desirable for an emergency drug box containing the following items to available at all match days and at the venue for all senior Rugby Training Sessions involving contact: • Epinephrine 1mg 1:10,000 pre-filled syringes x 4 • Epinephrine 500mcg 1:1000 pre-filled syringes x2 • Amiodarone 300mg pre-filled syringe or ampoule x 2 • Water for injection 10ml ampoules x 5 • At least two different IV antibiotics (one appropriate for penicillin allergic patients) • Paracetamol (IV and Oral) • Ibuprofen • Lidocaine / Lidocaine with epinephrine • Salbutamol inhaler x1 with spacer device • Salbutamol 5mg nebules x 4 • Ipratropium bromide 500mcg nebules x 2 • Chlorphenamine, cetirizine or other non-sedating antihistamine • Prednisolone 5mg tablets – 2 boxes of 28 • Green/blue/orange needles x2 of each • 1ml, 2ml, 5ml, 10ml syringes. If they are held, **all** drugs must be **in date** at all times. An inventory of all drugs and their expiry dates must be kept and signed on a regular basis (minimum monthly) by the HoMS. Only appropriately trained medical professionals should use this equipment.
6	**Medicines Management** If Medicines are being used then the Club must have a medicine management policy which complies with national legislation ensuring that medicines are handled according to the requirements of the Medicines Act 1968, the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 2001, and the Health & Social Care Act 2008.
7	**Head of Medical Services** Each club must have a nominated HoMS reporting to the Club Chair. The HoMS will be responsible for implementing and maintaining medical standards within the club. This person may be a doctor, physiotherapist, graduate sports rehabilitation specialist, paramedic, graduate sports therapist, sports massage therapist, osteopath, chiropractor or nurse who is registered with their appropriate professional body and who holds appropriate professional indemnity for their role. Each Club must notify the NLR Medical Lead of the name and contact details of their HoMS.

8	**Match Day & Contact Training Medical Staff** At every home and away game, each team should have at least one suitably qualified health care professional (See Section 9 for definition of suitably qualified) to look after its players and staff. A match cannot be played without a suitably qualified HCP in attendance and the emergency trauma equipment available pitch-side for them to use. The home team Match Day Medic must ensure that all medical facilities and emergency trauma equipment are available on match day. They are also responsible for the pre-match medical briefing with away team medics. A minimum of 1 suitably qualified practitioner should be present at all contact training sessions.
9	**Immediate Care Qualifications** To be suitably qualified to attend to players on the field of play and at Rugby Training Sessions, practitioners must be able to demonstrate that they have a current PHICIS qualification (Level 2 or above) or an equivalent Royal College of Surgeons of Edinburgh-endorsed sports-specific immediate care course certificate. For the avoidance of doubt: a) the season for PHICIS certification purposes starts on 1 August and runs until 31 July the following year. b) Successful completion of a PHICIS Level 2 course provides cover for 2 years from the date of the course. c) For clarity on equivalent courses with cross recognition please visit the Faculty of Pre-Hospital care website https://fphc.rcsed.ac.uk/media/2987/cross-recognition-of-emergency-care-courses-in-sportjul18.pdf The PHICIS Level 3 course is recommended for doctors who are attached to National 1 and 2 Clubs, but there is no formal requirement for doctors to have this qualification over the level 2 minimum standard.
10	**Emergency Action Plan** Each Club must have an Emergency Action Plan which is shared with visiting teams prior to their arrival. As a minimum it should contain: - Key medical contacts in the home club; - Details regarding local healthcare facilities (hospitals, urgent treatment centres); - Details regarding ambulance access; - Details regarding equipment held and its location; - Outline medical protocols for significant trauma, cardiac arrest and medical emergencies.