
AUSTRALIAN RUGBY UNION SAFETY DIRECTIVES for Players, Coaches, Administrators & Match Officials

The Australian Rugby Union (ARU) and the International Rugby Board (IRB) encourages Clubs and Schools to take recommended measures to ensure that the game is both safe and enjoyable to play. Following are directives and recommendations in the interest of safety.

TACKLING

Statistics indicate that the majority of serious injuries are now occurring during or consequent to the tackle, many of the serious injuries being to the tackler through hitting an opponent headfirst. The risk of injury can be reduced by teaching correct head positioning as an essential component of a safe tackle.

Serious injuries are also occurring to the ball carrier, particularly when going to ground in the tackle. The risk of injury can be reduced by teaching balance and stability techniques in contact and correct body position when falling to the ground.

Illegal and dangerous tackling should be discouraged, such as crash tackling the defenseless, tackling player's without the ball, early, late, 'stiff arm' tackling and tackling around the head and neck. Referees are to be particularly severe in dealing with offenders.

SCRUMMAGING

Scrum Engagement Sequence (For Games at all Levels)

The scrum engagement is managed in sequence by the referee to ensure that it occurs safely, squarely and in synchronization.

It is to be strictly observed and the Law requires that referees will call the scrum engagement in the sequence CROUCH, TOUCH, PAUSE and then ENGAGE, when both front rows are ready.

To begin, the front rows should assemble 'off set', which means players are lining up to the left of their immediate opponents ie. hookers are opposite the gap between opposition hooker and tight-head prop.

CROUCH

Front row players must adopt the CROUCH position before the engagement. Head and shoulders must remain above the level of the hips, with knees bent sufficiently to make a simple forward movement into engagement. Players should keep their chin up and head straight in order to maintain the normal and safe alignment of the cervical spine.

TOUCH

The TOUCH requires each prop, using their outside arm, to touch the point of their opposing props outside shoulder. This is done to standardize the distance between the two sets of forwards. The props then withdraw their arms.

PAUSE

The PAUSE then is to give players time to see that this safe alignment has been made and to sight their target area before they engage.

ENGAGE

The ENGAGE call is not a command but an indication that the front rows may come together when ready. On the ENGAGE call, the front rows should engage the opposition firmly with a short

horizontal movement and the props should draw with their outside arms to take binds. In this position, all players must be able to support their own weight and maintain body shape and pressure on the opposition scrum.

Mayday Call

The "MAYDAY" call is a safety technique put into operation when a scrum is considered by a player to be collapsing, or has collapsed, or when a player believes that he/she is in a potentially dangerous position.

It was considered necessary to have a recognised call Australia wide which would allow people to have an understanding of what actions they should take when one of the above mentioned situations occurs in a scrum.

The following is a description of the process to be followed by players, when the "MAYDAY" call is heard. Referees should be acutely aware of the process, as they may well be the person who can talk the players through the correct disengagement sequence. The injured player should not be moved after the "MAYDAY" call. All other players should follow the sequence below.

1. The player under pressure makes a loud call, "**MAYDAY**". (Other members of the scrum should repeat this call to ensure that it is heard by members of both scrums and the referee)
2. The referee should immediately blow the whistle.
3. All players should immediately stop pushing to release pressure on the front row.
4. All players in the scrum should immediately drop to their knees. This further relieves the pressure. At the same time the top half of their body is lowered to the ground.
5. The front row then land on their face. This is termed a "face plant".
6. All players are to remain in this position until the referee supervises the disassembly of the scrum.
7. The call is then made by the referee, "Who first called Mayday and are you OK"?
8. If there is no reply the referee asks the players to number off; 1, 2, 3, 4, 5 in order to determine that all players are uninjured. (Players at 6, 7 and 8 are not at risk)
9. On the referees instruction the scrum is disassembled:
10. The number 8 moves back and away.
11. The flankers release their binds and move outwards and away.
12. The locks release their binds and move outwards and away.
13. The prop forwards then release their bind on the hooker and move outwards and away.
Note. If a front row player is bound to a player who has suffered an injury, the bind with that person will be maintained until medical assistance arrives.
14. The hooker, in the centre of the scrum, will be the only remaining player.

Essential points to remember.

- At no time should any of the players turn their head to the side. Rotation and flexion increases the chance of injuries.
- All players must keep their chin and chest through and be facing straight ahead throughout the Mayday situation.
- Do not move an injured player. Leave them exactly where they are until medical assistance arrives.
- The props should release their bind on the opposition only, immediately the Mayday procedures commence.
- All other binds are maintained and the players remain in position until the scrum is disassembled on instructions from the referee.
- If no player is seriously injured, the referee will ask the player who first called "Mayday" if he is fit to continue, before the scrum is reset.

Front Row Replacement

In the event of a front row forward being ordered off, or temporarily suspended, the referee will confer with the captain of the players team to determine whether another player is suitably trained/experienced to take their position; if not the captain shall nominate one other forward to leave the playing area and the referee will permit a substitute front row forward to replace that player.

This substitution may take place immediately prior to the next scrum, or after another player has been tried in the front row. In U19 matches the replacement of players ordered off or temporarily suspended, should occur at the time of ordering off or temporary suspension.

When no other front row forwards are available due to a sequence of players ordered off or injured or both, the game will continue with non-contested scrummages defined as:

- A normal scrummage except: there is no contest for the ball, neither team is permitted to push, the team putting in must win it, and the referee must take additional care to ensure a soft engagement.

ELIMINATION OF ILLEGAL AND FOUL PLAY

Pile Up, Foul Play and Retaliation

Correct body position in Scrummage, Ruck and Maul is critical. Players should join in a safe manner, ensuring that their head and shoulders are above the hips at all times. The IRB has reiterated its position that the game can only be played by players who are on their feet. Referees are directed to be strict with players not observing this requirement.

Referees are also reminded of the recommendation relating to body position in scrummage, ruck and maul and to be particularly harsh when dealing with players who engage in foul play or engage in any form of retaliation.

Punch or Stomp Send Offs

For all competitions U19 and downwards it is mandatory for referees to send off players who punch or stomp opponents. The ARU believes this is an appropriate measure to assist in the elimination / reduction of foul play and to send a clear message to the community that Rugby is serious about countering this sort of behaviour.

Team Selection

Coaches are requested not to select players who have been found guilty of repeated illegal or foul play. Touch judges shall report incidents of foul play under Law 10.4.

Flying Wedge and Cavalry Charge

The formations generally described, as the 'flying wedge' and 'cavalry charge' are to be regarded as dangerous play and accordingly shall be penalised under Law 10.4.

Judiciary Committees

Judiciary Committees have been requested to take stern action with players found guilty of illegal or foul play.

MEDICAL REQUIREMENTS FOR PLAYER CARE

The following are the minimum recommended requirements for Unions and Clubs and it is a directive of this union that each be closely observed:

- Each Union or Club should have a medically trained person in attendance at each match.

-
- At least one stretcher is required that is suitable for the transfer of suspected spinal injuries, preferably a scoop stretcher. A set of cervical collars of varying sizes must also be available.
 - Each Union or Club should have access to a medical room, which is regularly cleaned, equipped with adequate lighting (angle poise light), running water, first aid equipment and a telephone.
 - A sign should be erected noting the emergency telephone numbers of your Union or Club doctor, ambulance and nearest hospital.
 - Each Union or Club Medical Officer should ensure that appropriate items of first aid equipment are available.
 - Your Union or Club is encouraged to provide appropriate safety instruction for match officials, coaches, administrators and first aid attendants.
 - Further details on medical requirements for player care can be found at the Australian Rugby Union website www.rugby.com.au/communityrugby

SAFETY REQUIREMENTS

Players should be selected for positions appropriate to their physical build and stature. Players should be physically fit to play Rugby when selected and those unfit should not be selected.

All players should be encouraged to regularly carry out special exercises that strengthen their neck, limbs and body. This is especially applicable to those in the scrummage who should build their neck and back muscles as well as upper body strength. Players should not be selected to play in the front row unless they have recent experience or have been coached in specialist front row play.

All players are to be in-serviced in the SmartRugby Program by their team coach. SmartRugby is designed to inform coaches and match officials of best practice techniques, to minimise the risk of injury to players, and increase the level of confidence that participants and families can gain from their association with the game. The three main areas that the SmartRugby Program focuses on are the Tackle, Scrum and Preparation for Contact. Coaching manuals are available which provide details of exercises specific to these requirements.

PREVENTING INJURY

Mouth Guard

Players should be encouraged to wear a specially made and fitted mouth guard during both matches and training sessions.

Hydration

Coaches should ensure that an adequate supply of fluid, preferably water, is consumed by players before, during and after training sessions and the match, so that appropriate levels of hydration are maintained.

MANAGEMENT OF INJURIES

General Recommendations

Prompt medical advice (usually at an emergency department, hospital or after-hours medical centre) should be obtained if:

- Unconsciousness, persistent headache, vomiting or nausea occurs after a blow to the head, or a concussion injury.
- Breathing difficulties occur after an injury to the head, neck or chest.
- Severe pains in the neck occur, particularly if radiating to the arms.
- Abdominal pains occur, particularly if associated with shoulder tip pain.

-
- Blood is present in the urine.
 - An eye injury occurs.
 - If a player collapses separate to any trauma.
 - There is any concern over a player's injury or health following training or a match.

Treatment Of Injured Players Who Are Bleeding

A player who has an open or bleeding wound must leave the playing area until such time as the bleeding is controlled and the wound is covered or dressed. Such a player may be replaced on a temporary basis but if unable to resume playing within 15 minutes the replacement becomes permanent.

Concussion

Attention is drawn to Regulation 10.1 (Concussion) of the IRB.

10.1.1 A Player who has suffered concussion shall not participate in any Match or training session for a minimum period of three weeks from the time of injury, and may then only do so when symptom free and declared fit after proper medical examination. Such declaration must be recorded in a written report prepared by the person who carried out the medical examination of the Player.

10.1.2 Subject to sub-clause 10.1.3 below, the three-week period may be reduced only if the Player is symptom free and declared fit to play after appropriate assessment by a properly qualified and recognised neurological specialist. Such declaration must be recorded in a written report prepared by the properly qualified and recognised neurological specialist who carried out the assessment of the Player.

10.1.3 In age grade rugby the three-week minimum period shall be mandatory.

"Guidelines and Procedures for the Management of Concussion" as approved by the IRB, are separately available from your controlling Union. It is the responsibility of coaches and club administrators, in conjunction with medical practitioners to ensure that these requirements are closely observed.

If referees are doubtful as to the ability of a player to continue in the game they should exercise their prerogative under Law 3.9, which requires that player to leave the field.

Management of Concussion

Concussion Guidelines are regularly reviewed. The following guidelines for the management of concussion were adopted, as guided by the IRB. Please note that it is a directive of this Union that the procedures as outlined be strictly observed.

Concussion occurs when the brain is injured following a blow to the head or face. Concussion may occur without an apparent period of unconsciousness. The signs and symptoms of concussion include any of the following:

- VOMITING
- HEADACHE
- LOSS OF MEMORY
- DOUBLE OR BLURRED VISION
- GIDDINESS OR UNSTEADINESS
- CONFUSION AND DISORIENTATION
- LOSS OF CONSCIOUSNESS

Being unaware of what happened, even for a few moments at the time of the injury is the most consistent sign that the player is or has been concussed. A player showing any of these signs or symptoms should be removed from the field and referred for medical attention. Prolonged loss of consciousness as a result of a blow to the head may be indicative of a more serious injury, so the player should be immediately referred to a hospital for further attention.

With a brief loss of consciousness, the player should be removed from the game for immediate medical assessment. Loss of consciousness for a period exceeding 4 or 5 minutes as a result of

a blow to the head may be indicative of a more serious injury so the player should be immediately referred to a hospital for further attention. All concussion episodes should be reviewed by a medical practitioner.

Emergency Vehicle Access and Emergency Contacts

Ensure that ambulance and other emergency vehicles have clear access to playing and training fields at all times. It is recommended that all clubs and schools have an updated emergency contact list available at all times (eg: Hospital, Dentist, Physiotherapist, Radiology, ARU Hotline)

SPECIFIC RECOMMENDATIONS

If a Tooth is Knocked Out

It should be replaced immediately in its socket (if dirty, wash it first with milk if available) and mould aluminum foil over the replaced tooth and its adjacent teeth. The player should then seek immediate dental advice.

If a Fracture or Dislocation is Suspected

The injured limb should be supported, ideally with a splint, while the player is lifted onto a stretcher or helped from the field. X-rays to confirm the diagnosis (or exclude injury) are essential and should be performed as soon as possible.

If the fracture is found to be compound (bony fragments protruding through the skin) the area should be covered with a clean towel while waiting for the ambulance. The player should not consume food or drink until cleared by a doctor (in case a general anesthetic is required).

If the Player is Unconscious

Always suspect an associated spinal fracture. If respiratory arrest occurs, Cardio Pulmonary Resuscitation (CPR) should be commenced. **RING THE AMBULANCE.**

Determine the manner in which it happened and determine if there is sensory or power loss. If there is no one experienced in the management of this problem the **PLAYER SHOULD NOT BE MOVED** but given emotional support while awaiting the ambulance. Ensure the player is sufficiently warm.

SERIOUS INJURY PROTOCOL (CLUBS RESPONSIBILITY)

Outlined below is the Rugby club's responsibility for managing a serious injury to a players head or neck, or fatality. For a complete copy of the Serious Injury Protocol and Report, contact your Rugby club, State/Territory Union or the ARU website at www.rugby.com.au/communityrugby

Club Responsibilities

1. Provide immediate on-field medical care and arrange suitable transportation (ie. ambulance) to the hospital for the injured player.
2. Phone SICM on the ARU Hotline **1800 036 156** in the event of a serious injury (ie. fatality or suspected spinal injury), who in turn notifies ARU nominee.
3. Phone zone/regional/governing affiliate administration.
4. Accurately record any details and persons associated with the injury.
5. Notify next of kin in the case of a serious injury to a players head or neck.
6. In the case of a fatality, the police will notify the next of kin.
7. Monitor the players, match officials, club officials for team debrief and/or personal counseling.
8. Complete the Serious Injury Report and fax or email copies to:
 - a. ARU Serious Injury Register **(02) 8005 5681** / communityrugby@rugby.com.au
 - b. Your State/Territory Union
9. Complete the ARU Sports Injury Claim Form for all insurance claims. For more information please contact GOW-GATES Insurance Brokers (1800 811 371) or visit www.rugby.com.au/communityrugby