

USA Rugby Safety Guidelines

USA Rugby is the National Governing Body for the sport of Rugby in the United States. The purpose of this document is to provide safety guidelines for teams and tournaments to ensure player and participant welfare in and around USA Rugby sanctioned events. Tournaments are defined as a sporting competition in which contestants pay a fee to play a series of games on a single day or weekend, to determine an overall winner.

Registration & Eligibility

1. All participants in any game, tournament or event must be actively registered with USA Rugby.
2. Teams must comply with applicable eligibility rules (www.usarugby.org/#goto/Regulations)
3. All coaches must be register and complete requirements of coach certification associated with the team they are coaching. A pending registration for any coach is not sufficient for participation.
4. Tournament organizers are responsible for submitting a list of participating teams 4 weeks prior to the event date. It is the tournament organizer's responsibility to ensure that all coaches and players are actively registered with USA Rugby on the day of the event. Please notify USA Rugby Sanctions Department of any addition or changes to participating teams after the 4-week deadline.
5. USA Rugby may request a list of match day rosters after the event date to verify compliance.
6. All games must be officiated by a registered and Level 1 Certified referee.

Field Requirements

1. Sideline Barriers from goal line to goal line will be maintained at least 5 meters from the touchline. A maximum of five team staff may stand inside the barriers. Replacement players are NOT permitted inside the barrier until requesting entry into the match.
2. Each team will assign a Field Monitor to ensure compliance with the barrier restrictions, and respectful conduct of its spectators, coaches, and participants. The Field Monitor shall wear distinctive apparel, e.g. a florescent vest.
3. All goal posts in the field of play must be padded. All field flags must be break-away.
4. Recommended playing surface should be grass or IRB Regulation 22 Certified turf. Fields should be free of debris such as glass, protrusions, divots, etc.

Medical & Safety

1. Tournaments and events must have the appropriate medical coverage for anticipated tournament size, level of play and participant numbers. Appropriate medical coverage includes, but is not limited to, a medical professional such as a doctor, paramedic or certified athletic trainer (ATC), a medical area with emergency supplies and ice, and access to an ambulance and hospital (as outlined in the Emergency Action Plan). USA Rugby recommends an on-site ambulance for any event hosting six or more teams. See Appendix A for full medical guidelines.
2. All events must include an Emergency Action Plan. See Appendix B for sample plan.
3. Please see Appendix C for lightning policy.
4. Player Welfare policies may be found at www.irbplayerwelfare.com. Please refer to the section "IRB Medical Guidelines and Documents" for more information on how to handle specific injuries.

Alcohol

1. Sale of alcohol at sanctioned events is not covered by USA Rugby insurance and liquor liability coverage shall be obtained elsewhere prior to receiving sanction approval. Local Organizing Club shall notify USA Rugby if alcohol shall be sold or distributed at the Tournament and shall be solely responsible for compliance with any and all applicable laws and shall be solely responsible for obtaining any liquor licenses and/or permits. Alcohol sales are prohibited at any youth and high school events.

Team Requirements

1. Participating teams agree to follow the IRB Code of Conduct (**see Appendix D**). It is the coach's responsibility to ensure that his/her coaches, managers, staff and players have read and understand their obligations under the code.
2. No unregistered player, coach, referee or volunteer may be permitted to play or participate at any level.

Sideline Conduct

1. Any spectator or participant entering the field in a menacing manner will be subject to sanction by the referee. This may include a complete ban on participation in any aspect of rugby. Clubs not taking steps to enforce such a ban are subject to sanction.

Referee Abandonment of Match

2. The referee will commence the match only if all safety guidelines are met, and may abandon the match if any of these guidelines are breached.
3. The referee will abandon the match if any match official (referee, touch judge or other assigned official) is threatened verbally or physically.
4. Before abandoning a match, the referee will meet with the team captains to explain why this action is being taken.
5. A team is responsible for the abandonment and will be liable for all match fees.

Appendix A

USA RUGBY GUIDELINES FOR MEDICAL ACCOMODATIONS

The following is a recommended list of accommodations for all USA Rugby sanctioned events. Event hosts are encouraged to provide additional equipment, personnel, and/or procedures in addition to those listed.

1. Medical Area*
 - a. 10 x 10 Medical Tent
 - b. Two (2) Medical/Treatment Tables (6 or 8 ft. long)
 - c. Four (4) Chairs
 - d. 12.5lbs of ice per team per day
 - e. Constant supply of water
 - f. Water and ice coolers

*Certain events may need multiple medical areas depending on the total number of participants on location.
2. Ambulance and Paramedics
 - a. An ambulance with either an EMT and Paramedic or two Paramedics must be on-site and dedicated to the venue beginning one hour before the first kick-off and a half hour after the last match.
3. Staff Available at Events
 - a. Medical Coordinator/Director
 - i. This individual is the main staff person who is responsible for coordinating the medical needs of the event.
 - b. Medical Doctor/Physician
 - i. A dedicated Medical Doctor must be on-site at the field beginning one hour before the first kick-off and half hour after the last match.
 - c. Athletic Trainers
 - i. A minimum of one dedicated Certified Athletic Trainer (ATC) per active field is required. These personnel must be on-site at the field beginning one hour before the first kick-off and a half hour after the last match.
 - ii. It should be noted that an increase in field numbers should result in an increase of Paramedics/EMTs.
4. Medical staff should have cell numbers for other staff in order to communicate with each other effectively and confidentially.
5. Adopted International Rugby Board (IRB)'s Match Medical Rules for Hand Signals for all event and medical personnel. Signals can be found here: <http://www.irbplayerwelfare.com/?documentid=2>
6. Emergency Action Plan for all match and training venues on file. See Appendix B for a sample Emergency Action Plan.
7. Injury Report Forms

These are standardized forms to be returned to USA Rugby for record keeping, research, and review.

Appendix B

EMERGENCY ACTION PLAN SAMPLE

MEDICAL DIRECTOR

First Name: _____ Last Name: _____

Mobile Phone: (____) _____

Occupation: _____

AMBULANCE PERSONNEL

Name: _____

Mobile Phone: _____

Company Name: (____) _____

Company Phone: (____) _____

CERTIFIED ATHLETIC TRAINER (ATC)

Name: _____

Mobile Phone: (____) _____

Company: _____

PREFERRED HOSPITAL

Facility Name: _____

Emergency Department Phone: (____) _____

Location: _____

Driving directions from venue:

MEDICAL PLAN

(Example) There will be one (1) ambulance at the facility from _____ (start time) to the end of all matches. There will be one EMT accompanying the ambulance with radio band contact (?). In addition, there will be (___) trainers, (___) for each field that will arrive no later than (___) in order to tape and prepare the players for the first game. Ice, water, , chairs, tables will be provided at the medical tent. Teams should provide their own supplies. Again, events found this to be excessive and not the best coverage. Trainers should be there for treatment not necessarily prevention. Taping ankles or filling ice bags is not a good use of their time/skill while matches are going on. Especially since hosts have to pay an average of \$30/hour per trainer.

In case of an injury the procedure will be:

If injury occurs during warm ups or outside of a schedule game the athlete should report to the medical tent for assistance. The first medical staff to the scene will conduct a primary (it's not an on-field assessment if the athlete is outside a schedule game. If the injury is not serious the medical staff will bring the athlete to the and conduct a secondary assessment.

If the injury is serious the tournament (recommend that the Tournament Doctor takes care of this if it is too serious or outside of the TEAM PROVIDED trainer to evaluate.)

Need to add an on-field injury system since the above is for injuries outside the playing field (i.e. warm-up). Together, the ATC and EMT will inspect the athlete and determine if the ambulance is needed for transport to the hospital. The medical director will assist in organizing hospital transport for the athlete by private vehicle (with family or friend) if an ambulance ride is declined. All major treatment of injuries will be recorded in a medical report by the medical staff that administered treatment. The medical director will collect the reports at the end of each day of competition.

If there is a dispute over the medical care of an athlete this must be brought to the attention of the medical director and the incident will be recorded in writing. Situations such as this will be dealt with on a case-by-case basis.

Emergency Action Plan needs to include a Chain of Command for determining who will make the ambulance call or return to play/concussion evaluation.

Appendix C

USA RUGBY SEVERE WEATHER AND LIGHTNING POLICY

Severe Weather & Lightning– General (Venue Specific Policies may over-ride these recommendations)

In an attempt to educate the public about dangers relating to severe weather the National Weather Service has established a multi-level awareness plan.

Level 1 – If you are planning outdoors activities, obtain the weather forecast beforehand. Know your local weather patterns.

Level 2 – If you are planning to be outdoors, identify and stay within traveling range of a proper shelter. Employ the “30-30 Rule” to know when to seek a safer location. The “30-30 Rule” states that when you see lightning, count the time until you hear thunder. If this time is 30 seconds or less, go immediately to a safer place. If you can’t see the lightning, just hearing the thunder means lightning is likely within striking range. After the storm has apparently dissipated or moved on, **wait 30 minutes** or more after hearing the last thunder before leaving the safer location.

Level 3 – When lightning strikes, go to a safer location. Do not hesitate. What is a safer location? The safest place commonly available during a lightning storm is a large, fully enclosed substantially constructed building. Substantial construction also implies the building has wiring and plumbing, which can conduct lightning current safely to ground. Once inside, stay away from corded telephones, electrical appliances, lighting fixture, microphones, electric sockets and plumbing. Inner rooms are generally preferable from a safety viewpoint.

If you can’t reach a substantial building, an enclosed vehicle with a solid metal roof and metal sides is a reasonable second choice. Close the windows, lean away from the door, put your hands in your lap and don’t touch the steering wheel, ignition, gear shifter or radio. Convertibles, cars with fiberglass or plastic shells, and open framed vehicles are not suitable lightning shelters.

Level 4 – If you cannot flee to a safer location, take action to minimize the threat of being stuck. Proceed from higher to lower elevations. Avoid wide-open areas, including sports fields. Avoid tall, isolated objects like trees, poles, and light posts. Do not consider unprotected open structures such as picnic pavilions, rain shelters and bus stops. Avoid contact with metal fences, metal bleachers, or other metal structures.

Level 5 – If circumstances or a series of bad decisions have found you outside of a shelter, far removed from a safer place when lightning is occurring, there are still measures to be taken. Put your feet together, squat down, tuck your head, and cover your ears. When the immediate threat of lightning has passed, continue heading to the safest place possible.

Level 6 – If the worst happens, there are key Lightning First Aid guidelines. First, if at all possible, call “9-1-1” immediately. Since all deaths from lightning strikes result from cardiac arrest and/or stopped breathing, begin treatment as soon as possible. CPR or mouth-to-mouth resuscitation is the recommended first aid, respectively.

The threat of injury due to a lightning strike is very prevalent. We unfortunately cannot control the weather, however can decrease the possibility of injury through education and proper precautions. By

understanding and utilizing the five levels identified in the National Weather Service plan we can be assured that our teams are safe at all USA RUGBY events.

Lightning Safety Education Resources - National Weather Service www.LightningSafety.noaa.gov National Lightning Safety Institute www.LightningSafety.com/index.html

Appendix D

RUGBY CODE OF CONDUCT

All Unions, Associations, Rugby Bodies, Clubs and Persons:

1. must ensure that the Game is played and conducted in accordance with disciplined and sporting behavior and acknowledge that it is not sufficient to rely solely upon the Match Officials to maintain those principles;
2. shall co-operate in ensuring that the spirit of the Laws of the Game are upheld and refrain from selecting players guilty of foul play;
3. shall not repeatedly breach the Laws of the Game;
4. shall accept and observe the authority and decisions of referees, touch judges, Match Officials and all other rugby disciplinary bodies, subject to Regulation 17;
5. shall not publish or cause to be published criticism of the manner in which a referee or touch judge handled a Match;
6. shall not publish or cause to be published criticism of the manner in which Council or any other rugby disciplinary body handled or resolved any dispute or disciplinary matter resulting from a breach of the Bye-Laws, Regulations, or Laws of the Game;
7. shall not engage in any conduct or any activity on or off the field that may impair public confidence in the honest and orderly conduct of a Match, tour, tournament or Series of Matches (including, but not limited to, the supply of information in relation to the Game, directly or indirectly, to bookmakers or to persons who may use such information to their advantage) or in the integrity and good character of any Person;
8. shall not commit a breach of Regulation 6 (Wagering);
9. shall promote the reputation of the Game and take all possible steps to prevent it from being brought into disrepute;
10. shall not commit an anti-doping rule violation as defined in Regulation 21;
11. shall not abuse, threaten or intimidate a referee, touch judge or other Match Official, whether on or off the field of play;
12. shall not use crude or abusive language or gestures towards referees, touch judges or other Match Officials or spectators;
13. shall not do anything which is likely to intimidate, offend, insult, humiliate or discriminate against any other Person on the ground of their religion, race, sex, sexual orientation, color or national or ethnic origin;
14. shall not do anything which adversely affects the Game of Rugby Football, the Board, any member Union or Association or any commercial partner of the Game. Each Union and Association is under an obligation to comply with and to ensure that each of its members comply with this Code of Conduct and adopt procedures to monitor compliance with and impose sanctions for breaches of the Code of Conduct by Persons under its jurisdiction.