



Participant Medical and Safety measures at SARU Tournaments

Medical and Safety Minimum Standards Document of 2014

The following document provides information on the stipulated minimum medical requirements that have to be in place to ensure a safe tournament, and to minimise the medical, legal and reputational risk to SARU, the hosting Union and the player's representative Union. This document is also in keeping with the ***SAFETY AT SPORTS AND RECREATIONAL EVENTS ACT, 2010 (ACT NO. 2 OF 2010)*** where reference is made to "***participant medical measures***".

A player may only participate in a SARU tournament if the relevant consent forms and documentation enclosed in the 'Schedule I - Under Aged Player Consent Form' section have been completed, and submitted to the LOC at Team registration, prior to commencement of the tournament.

The Local Organising Committee (LOC) is ultimately responsible and accountable to ensure that all criteria regarding personnel and infrastructure are met according to the standards specified in this document.

The document will address the following key areas, and provide guidance on what is required:

1. Medical Infrastructure and Medical Support Staff
2. Establishing and managing a safe playing environment
3. Access to specialised medical care and facilities
4. ***Safety at Sports and Recreational Events Act, 2010 (Act No. 2 of 2010)***
5. Anti-doping processes
6. General Medical Matters

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1. MEDICAL INFRASTRUCTURE AND MEDICAL SUPPORT STAFF

- The minimum rugby safety guidelines, stipulated in the “BokSmart 2010 – Safety in the Playing Environment” document is attached to this correspondence. It is also available electronically at the following link:
<http://www.sarugby.co.za/boksmart/pdf/BokSmart%202010-Safety%20in%20the%20Playing%20Environment.pdf>
See Appendix 1

The following Medical Infrastructure needs to be in place at the match venues for the duration of all SARU tournaments:

- A medical treatment room or medical station (referred to as “medical room” from this point on) should be available at each ground and this room should not be used for *any* other purpose concurrently (i.e. it may not also be a storeroom or change-room at any time)
 - The medical room should be easily accessible from the playing field for all participants, medical personnel and equipment, ambulance for transportation and/or helicopter evacuation.
 - Accessibility needs to be considered for injured players with compromised mobility (for e.g. player on a trauma board or with an injured foot)
- If multiple fields are being used, the medical room should be easily accessible to all of these fields and to emergency transport
- A medical room must have the following facilities available:
 - *Suitable electrical lighting*
 - *Telephone access - A fixed line telephone should be available and working; if a fixed line is not available, the Tournament medical staff and Medical Liaison Officer (MLO) should have access to mobile communication*
 - *This is imperative to assess environmental conditions prior to game commencement*
 - *In the participant Emergency Action Plan for a potentially catastrophic injury a telephone is required for communication with :*
 - *BOKSMART SPINELINE - TOLL FREE NUMBER: 0800-678678;*
 - *Emergency Personnel*
 - *Emergency Services*
 - *Referral hospital*
 - *Family or friends as required*
 - *Running water - hot and cold*
 - *Visible and available PARTICIPANT EMERGENCY ACTION PLAN with contact details*
 - *Two examination couches*
 - *Spinal Immobilisation Equipment*
 - *Trauma Board*
 - *Head Blocks*
 - *Cervical Collar*
 - *Spider Harness*

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- Medications
 - Pain relief
 - Suture
 - Respiratory / cardiac emergencies
 - Anti-convulsants
 - Resuscitation drugs
- Suturing equipment
- Protective clothing and equipment
- Sharps container
- Diagnostic equipment:
 - Blood pressure cuff
 - Stethoscope
 - Thermometer
 - Glucometer
 - ENT set
- Life support equipment, including medications and AED –(this should be supplied by the Emergency Medical Service Provider)
- Equipment for neurological examination e.g. penlight, reflex hammer
- Equipment for management of blood injuries and lacerations
- Splints (including traction splint)
- Blankets/ Space blankets
- Fridge/ Freezer and ample available ice
- Medical equipment, consumables and suitable medication to treat common musculoskeletal injuries

The following Medical Personnel and Medical Support Staff are responsible for the management of the players only and are required to be in place for the duration of all SARU tournaments:

- Tournament Doctor
 - *This is a Sports Physician or General Practitioner experienced in treating sports injuries – preferably experienced in rugby*
 - *Based on SARU’s on-going annual Tournament Injury Surveillance Research Project findings, where more than one (1) match is being played at the same time during the tournament and the injury incidence data from these tournaments have shown that there are one (1) or more time loss injuries recorded per match, then an additional Medical Doctor is required on site to assist the Tournament Doctor. This is currently only applicable to the u16 Grant Khomo Week and u18 Academy Week Tournaments.*
 - *In circumstances where any of the SARU Youth week tournaments, on any particular day(s) regardless of the previous point, is played at two or more venues then an additional medical doctor is required on site at each venue.*
 - *The Tournament Doctor’s duties are to oversee all primary field-side care management, manage the medical room, referral of sick or injured players to the appropriate medical facility, and to ensure that the minimum field-side personnel and emergency medical equipment are available on match days*

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- *The Tournament Doctor must also be on standby after hours for any medical related queries and/or emergencies*
- *If a player has been removed from the field due to injury, the Tournament Doctor is the sole decision maker when clearing or not clearing an injured player for return to the playing field during the tournament.*
- ***Regardless of external medical opinion***, the Tournament Doctor will, in consultation with the relevant specialist or Team Doctor involved, make the final decision about the injured player
- *The Tournament Doctor is responsible for notifying the identified and approved local Government and Private Medical facilities and hospitals of the upcoming tournament, and the dates, to place these facilities on standby*
- *The Tournament Doctor is also responsible to obtain the on-duty call lists for all the specialists at these approved facilities for the duration of the tournament. The following specialists and specialist services need to be on standby:*
 - *A fully equipped and functional Trauma Unit at an easily accessible Hospital (both Private and Government Hospitals have to be catered for, as not every player will have Medical Aid)*
 - *A fully equipped and functional Radiology Unit*
 - *Radiologist*
 - *Orthopaedic Surgeon(s)*
 - *Physician*
 - *Sports Physician(preferable)*
 - *Neurosurgeon*
 - *Neurologist*
 - *Cardiologist*
 - *General Surgeon*
 - *Ophthalmologist*
 - *Dentist*
 - *Maxillofacial Surgeon*
 - *Plastic and Reconstructive Surgeon*
 - *ENT Surgeon*
 - *Emergency Services*
 - *Pharmacist*
 - *Pharmacy*
- *All Medical Records should be maintained on file for a period of at least five (5) years*
- *By signing the ‘**Schedule I - Under Aged Player Consent Form**’ the player and their parents and/or legal guardian where applicable provide informed consent to access all relevant information and agree to release all injury or illness data obtained during the tournament to SARU, which may or may not be used for research purposes*
 - *All analysed, researched or published information, will remain anonymous, and will be treated and handled with the utmost confidentiality*
 - *Medico-legally, this medical information will be kept on record at SARU for a minimum of five (5) years*

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- *Prior to commencement of the tournament, the Tournament Doctor together with the head ALS paramedic for the tournament, where available, shall meet with all appropriately declared Team Medical Support staff, to brief them all on the correct processes and management procedures for any potentially serious or catastrophic head, neck or spine injury that might occur*
- Nursing sister
 - *A qualified and experienced nursing sister should be available in the medical room at the tournament venue on all match days to assist the Tournament Doctor*
- Emergency Medical Personnel and Equipment
 - *Four (4) Basic Life Support (BLS) medics per field*
 - *One (1) Advanced Life Support Practitioner (ALS) per field (unless 2 fields are next to each other)*
 - *One Ambulance equipped to Intermediate Life Support level with One (1) ILS and One (1) BLS practitioner as ambulance crew per venue*
 - *One Ambulance (and crew as mentioned above) on stand-by to replace the field-side ambulance in the event that it is required to leave the venue with a patient*
 - *Emergency medical flight staff on standby*
 - *Emergency Medical Services on standby for any after hour, training or other emergencies*
 - *All medical personnel to be currently registered with the Health Professions Council of Southern Africa (HPCSA) – Professional Board for Emergency Care Practitioners (PBECP)*
 - *Ambulance crew identified as driver of the vehicle (normally the BLS) has to be in the possession of a valid Public Drivers Permit (PDP)*
- Medical Liaison Officer (MLO)
 - *The Local Organising Committee (LOC) has to appoint a Medical Liaison Officer or MLO with local knowledge of the venue and surrounding environment*
 - *The MLO is responsible for assisting the Tournament Doctor and Nursing Sister for any emergencies and administrative issues that need to be addressed*
 - *If a fixed line is not available in the Medical Room, the Tournament medical staff and Medical Liaison Officer (MLO) should have access to mobile communication*

All Medical Staff working at the tournament have to complete the following on-line IRB modules:

- Concussion Management
- Match Day Medical Staff

To access these online modules the applicable medical staff must go to the following link <http://irbplayerwelfare.com/>, and complete the registration process to receive an IRB Passport. Once they are registered they will be able to complete the required modules.

Medical staff at the tournaments must have their “*certificates of proof of completion*” of each module with them when working at the tournament.

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2. ESTABLISHING AND MANAGING A SAFE PLAYING ENVIRONMENT

2.1 Staffing and monitoring of the playing environment:

- The LOC are responsible for appointing a *Medical Safety Control Officer (MSCO)*, whose primary job is to ensure that the minimum medical safety requirements and documentation for the relevant tournament, as stipulated in this section below, have been met
- The **MSCO** is responsible for performing the following:
 - *Ensuring, prior to the commencement of the tournament, that all referees, assistant referees, coaches, and assistant coaches participating in the tournament have provided documented proof of their BokSmart Certification status. This should be kept on file and be readily available at the tournament at all times for any queries:*
 - *A certified photo- or scanned copy of their BokSmart Licence Card, which indicates their Active status, Certification date, and Expiry date must be provided*
 - *Should the BokSmart Licence Card be unavailable for some reason, a certified copy of the Identity Document, together with the written and officially confirmed BokSmart Certification Code/Number, Certification date and Expiry date of the individual must be provided*
 - *No coach or referee may participate in the tournament if they have not been BokSmart certified or have not provided documented proof of their active certification status as per the above and as per the SARU Regulations on BokSmart Rugby Safety Workshops:*
<http://images.supersport.com/SARU%20Regulations%20on%20BokSmart%20Rugby%20Safety%20Workshops%20Amended%20June%202011.pdf>
See Appendix 2
 - *Ensuring that **all players participating** in the tournament abide by the SARU School Age-Banding Regulations:*
<http://images.supersport.com/SARU%20Schools%20Rugby%20Age-Banding%20Regulations%20accepted%206%20December%202012.pdf>
See Appendix 3

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- Any participating players who require Age-banding exemption, need to provide Certified copies of their official documentation
 - Copies of this signed off documentation needs to be provided via the Team Managers to the MSCO before commencement of the tournament
 - Should this documentation, where applicable, not be available, the player will not be allowed to participate in the tournament, until such time as the official copies are received and have been controlled for accuracy by the MSCO
- Ensuring, prior to the commencement of the tournament, that all consent forms and documentation enclosed in the 'Schedule I - Under Aged Player Consent Form' have been submitted by all Teams at Team registration,
 - The MSCO and another member of the local LOC must review all the required documents. Any form that has not been completed and signed appropriately must be handed back to the Team Manager to address the relevant issue
 - Until such time as the required documents are properly completed, the relevant player(s) **may not participate** in the tournament
- Prior to commencement of the tournament, and during Team registration, the MSCO needs to collect all hard copy declarations and documented proof of Medical and First Aid qualifications, for any dedicated and registered medical Doctors, Physiotherapists or Biokineticists, with current and active First Aid qualifications, travelling with the Teams. This process needs to be documented to ensure that it has been implemented.
- Ensuring that the playing enclosure(s) for all match day venues at the tournament meet the IRB stipulations as indicated in this document:
 - The playing enclosure shall be monitored every day before commencement of matches, and regularly during the day to ensure continued compliance to the safety standards as stipulated in the Field Safety Standards Document
<http://images.supersport.com/Field%20safety%20standards%202013.pdf>
 See Appendix 4
 - A record should be kept to indicate the times at which the control checks were performed, and this should be dated and signed by the MSCO
 - Any changes that are made to conform to the expected safety standards for the playing enclosure should be documented on the relevant control check sheet (this includes any branding, equipment, advertising hoardings, poles, pylons, barriers and padded protection)
- Performing pre-match control checks of all coaches and medical staff of both participating teams
 - Control and check that the coaches are the said coaches nominated in the match programmes, and that their details correspond to their provided BokSmart Certification documentation
 - Control and check that only qualified medical personnel as per the IRB Technical Zone protocol (i.e. a registered medical Doctor, and

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Physiotherapist with a current and active First Aid qualification), have been allocated the “Medical” identification bib.

- *Biokineticists may not receive or wear the “Medical” identification bib.*
- *Only these qualified medical personnel (i.e. a registered medical Doctor, and Physiotherapist with a current and active First Aid qualification), who have been allocated the “Medical” identification bib may, according to the IRB Technical Zone protocol, roam the touchlines and move outside of the IRB Technical Zone*
- *All Biokineticists, Conditioning staff or substitute players, who are water carriers must wear the “Water” identification bibs*
- *These waters carriers, including the Biokineticist or Conditioning staff, are not allowed to roam the touchlines, and are confined to the IRB Technical Zone at all times as per the IRB Technical Zone Protocol, except for when water breaks or stoppages in play, allow them to move onto the field in accordance with the Law.*
- *The MSCO must inform and reinforce to the head coach and management of both participating teams that only qualified medical personnel (stipulated in previous bullet points) may roam the touchlines during matches, as stipulated by the IRB Technical Zone protocol*
- *To cross-check that all minimum required emergency side-line equipment and independent side-line emergency medical service personnel are appropriately stationed, and visible before kick-off and during the match:*

EQUIPMENT

- *First aid bag*
 - *First aid kit which typically includes: - scissors (blunt ended)- surgical gloves - gauze swabs - nasal pack - towel - compression bandages (5cm, 7.5cm, 10cm) - sterile gauze bandage - adhesive skin closures, (e.g. Band Aid) - elastic adhesive bandages (2.5cm, 5cm) - petroleum jelly - tincture of benzoin - irrigation solution (sterile eyewash) – eyewash bottle, antiseptic ointment / spray (e.g. Betadine, Savlon) - Melolin - triangular bandages - skin care pad (e.g. Second Skin) - ice pack - water bottle - adhesive dressings (e.g. Opsite) - adhesive tape - ice*
- *Field-side Equipment*
 - *Immobilisation Equipment: Spinal Board, Spider Harness, Cervical Collars & Head Blocks*
 - *Splint Set*
 - *Minimum 2 BLS Jump Bags*
 - *Oxygen*
 - *Suction Unit*
 - *AED*

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- Blanket

PERSONNEL

- Required number of Basic Life Support (BLS) medics:
 - Current HPCSA PBECP Registration
 - Appropriate Personal Protection Equipment (PPE)
 - Gloves (new pair per patient)
 - Eye protection
 - Appropriate dress
 - If driving ambulance conveying patient, they require a PDP
- Required number of Advanced Life Support (ALS) paramedics along with appropriate Advanced Life Support Equipment and Drugs
 - ALS Jump Bag
 - Airway management
 - ALS Drug Bag (stocked as per protocol)
 - Pain management drugs
 - Cardiac drugs
 - Respiratory drugs
 - Diabetic drugs
 - Sedation drugs
 - Anti-convulsants
 - Muscle relaxants
 - Rhythm Stabilising drugs
 - Resuscitation drugs

- Electric Suction Unit
- Cardiac Monitor & Defibrillator

AMBULANCE

- Registered Ambulance
- Full set of spinal equipment (to swop out with field)
- Equipped to ILS standards
 - Bandages & Dressings
 - Intravenous therapy
 - ILS Drug bag
 - Asthma
 - Dextrose
 - Oxygen
 - Suction Unit
 - Cardiac monitor & Defibrillator

2.2 The playing enclosure:

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- It has to be made poignantly clear that all venues have to meet the IRB minimum field safety requirements, and this includes, but is not limited to, the following:
 - *The Playing Enclosure is comprised of the standard field (“playing area”) and a surrounding space of not less than 5 metres (“perimeter area”) around it, where practicable*
 - *All structures and equipment including, but not limited to, advertising hoardings, poles, pylons, barriers and scrum-machines being at least 5 meters away from the touchlines and dead ball lines, where practicable*
 - *If one or more of the abovementioned obstacles cannot be removed, they must be suitably covered to provide maximum protection to the players*
 - *If areas of the playing surface are comprised of an asphalt/tartan track, it should be suitably covered*
 - *The playing surface should be:*
 - *Grass, artificial grass (conforming to IRB regulation 22), sand or clay*
 - *Be firm and free of hazards including stones and glass*
 - *Free from ground ice in cold environments*
 - *Free of water of a level that is sufficient to realistically raise the risk of drowning. The decision to start a game where ground water is present is at the sole discretion of the referee and common sense should prevail*
- The LOC has primary responsibility to ensure that the selected match venues meet the IRB stipulated requirements.
- For further information refer to the SARU Field Safety Standards Document: <http://images.supersport.com/Field%20safety%20standards%202013.pdf>
- See Appendix 4

2.3 Emergency Action Plan for the participants at SARU Tournaments – Participants EAP:

- The appointed Tournament Doctor will be responsible for coordinating and compiling a complete participant Emergency Action Plan (EAP) for the tournament, as stipulated in the “*BokSmart 2010 – Safety in the Playing Environment*” document
 - *This participant EAP should be completed and submitted in electronic format to SARU’s Medical Manager, at least one (1) month prior to the tournament commencing, for final approval*
 - *Once approved, three (3) hard copies should be made: one for the Chairman of the LOC and one for the Tournament Doctor, and one for display in the Medical Room for the duration of the tournament, should it be required*
 - *Both parties should keep the filed documentation on record for at least five (5) years post the event*
 - *In line with best practice, all involved parties should be briefed on the participant EAP, at least one week before the tournament commences*

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- *A final debrief should also be performed with the relevant parties at the tournament*
 - *A copy of the Participant EAP will be provided to the event coordinator to be part of the Tournament event EAP*
- The provided Participant EAP document should be easily accessible to all emergency personnel and team management involved on match day, and should contain the following:

Facility Details:

- This should include the Directions to the match venue - GPS coordinates, if known, would be beneficial to the emergency personnel - including details regarding access and access control procedures, gates, egress routes, ramps, location of medical rooms, ambulance parking area for emergencies being evacuated from medical rooms

Facility layout including access to field and emergency vehicles:

- This should also include the position of keys and other security measures that may hinder quick access of emergency personnel

Emergency Equipment:

- A detailed list should be readily available and visible, detailing all equipment and emergency medication available. Its whereabouts should also be clearly defined

Personnel:

- Both host school, club or union personnel as well as emergency support personnel contracted for the event should have clearly defined roles and responsibilities delineated in the participant emergency action plan

Communications:

- Clear communication is the key to effective management of an injured player. Communication with regards to the role of each member of the medical team as well as communication between the internal; external and emergency unit personnel is imperative to ensure not only the optimal care of the player, but also to ensure the players management and family are fully informed as to his situation

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Follow up:

- A designated person, in this case the Tournament Doctor, should be nominated to ensure all parties are kept informed as to the condition of the injured player until that time he is returned to the safekeeping of his nearest kin or designated team management member, whichever may be applicable at the time

2.4 On-field Medical protocols

- The Medical management of an injured player at the tournament shall be the primary responsibility of the tournament Medical personnel, namely the Tournament Doctor and Emergency Medical Service personnel i.e. paramedical staff
- All on-field injuries, which require medical attention and possible removal from the field of play, are to be dealt with by the contracted tournament medical support personnel
- The Tournament Doctor has the sole authority to remove any player(s) at any time from the field of play with a blood injury, suspected concussion and/or suspected head, neck or spine injury
- Teams, who have a dedicated and *registered* medical Doctor, or a Physiotherapist or Biokineticist *with a current and active First Aid qualification*, travelling with them, need to declare this information to the tournament LOC and the MSCO prior to the commencement of the tournament, and provide documented proof of their Medical and First Aid qualification for record purposes.
- *Only a registered medical Doctor, or a Physiotherapist with a current and active First Aid qualification and who have been verified by the Host Union LOC/MSCO may roam the touchlines according to the IRB Technical Zone protocols, and assist with injured players during a match.*
- These declared medical personnel, as specified in the previous bullet point, will be identified by their allocated “Medical” identification bib on match days
 - Only a declared *and* appropriately qualified and attired (i.e. wearing a “Medical” bib) medical Doctor, or Physiotherapist may *assist* the Tournament Doctor and paramedical staff in the on-field medical management of an injured player
 - A Biokineticist, who is wearing the water bib and who has a current and active First Aid qualification, which has been verified by the tournament LOC/MSCO, can enter the field of play from the IRB Technical Zone in accordance with Law, and can assist the dedicated medical staff upon their request only, in the management of these injured players
 - Only the declared and approved medical personnel as stipulated above may wear the dedicated “Medical” bib and may roam the touchlines
- In the event of a player suffering a potentially serious concussion, head, neck or cervical spine injury, and the team only having a *Physiotherapist with a current and active First Aid qualification* in support, the Emergency Service Personnel together with the

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Tournament Doctor shall take complete charge of managing the injured player's situation

- In these instances, the team "Medical" personnel as specified above may only assist in the on-field management of such player
- However, where the team has a qualified and registered Medical Doctor in support, the Doctor may manage the situation accordingly with the contracted Emergency Service Personnel in assistance

At no time, may any coaches, or assistant coaches or team managers enter the field of play to assist and/or remove any injured player from the field. Failure to comply with this directive will lead to an immediate disciplinary hearing and potential removal from the tournament. Any interference with the medical staff and their management processes will not be tolerated.

2.5 Off-field Medical protocols

- The off-field Medical management of any injured player, who has been removed from the field of play due to injury or as an injury substitution, or who has a suspected concussion, head, neck or spine injury shall ultimately be the responsibility of the Tournament Doctor, regardless of a dedicated and registered medical Doctor, or a Physiotherapist or Biokineticist with a current and active First Aid qualification, travelling with a team.
- These injured players must be reported to the Tournament Doctor *immediately*, once the player has been removed from the field
- Team Managers need to ensure that there are to be no exceptions to this rule and it is *not* the responsibility of the Tournament Doctor to track down any injured players, regardless of the severity of the injury.
- All medical attention injuries that require a player to be clinically assessed or removed from the field of play, or at any time after a match, have to be reported to and independently assessed by the Tournament Doctor, even if the player has been assessed and managed by a team's Medical Doctor
- With regards to specific medical clearance required for return to play during the tournament, the Tournament Doctor has to sign off on all cases, to ensure that the tournament and IRB medical protocols have been followed.
 - This is especially relevant to suspected concussions or those concussions that have been diagnosed, and need to be medically assessed and managed according to the IRB Return-to-play Concussion protocols

3. ACCESS TO SPECIALISED MEDICAL CARE AND FACILITIES

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- Based on previous SARU tournament experiences, it is vital that at all injured players requiring specialised medical care have expedited access to both Government and Private Medical Facilities that are fully capacitated, fully functional and fully equipped to deal with all the expectations illustrated above
- One cannot afford to have broken diagnostic equipment, specialists that are too far away from the facility if they are required, and technicians who are not on-site or readily available
- This becomes even more important in the case of a severe or potentially catastrophic rugby injury incurred at a SARU tournament
- It is imperative that both the Private and Government facilities both meet these expectations, as many of the players who participate at the SARU tournaments do not have Medical Aid, and one cannot afford not being able to cater appropriately for these individuals
- It is the responsibility of the tournament LOC/MSCO and Tournament Doctor to physically inspect the proposed Medical Facilities at least 2 months before commencement of the tournament and to confirm and document this in writing for record purposes. It should furthermore be specified exactly how far from the tournament venues both Government and Private facilities are located. The hospital inspections and locations in respect to the tournament need to be recorded and documented by the LOC/MSCO and Tournament Doctor. The minimum medical requirements for specialist medical care and medical facilities, include, but are not limited to the following:
 - *A fully equipped and functional Trauma Unit*
 - *A fully equipped and functional Radiology Unit*
 - *X-ray*
 - *MRI*
 - *CT-Scan*
 - *Radiologist*
 - *Orthopaedic Surgeon(s)*
 - *Physician*
 - *Neurosurgeon*
 - *Neurologist*
 - *Cardiologist*
 - *General Surgeon*
 - *Ophthalmologist*
 - *Dentist*
 - *Maxillofacial Surgeon*
 - *Plastic and Reconstructive Surgeon*
 - *ENT Surgeon*
 - *Emergency Services*
 - *Pharmacist*
 - *Pharmacy*

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4. SAFETY AT SPORTS AND RECREATIONAL EVENTS ACT, 2010 (ACT NO. 2 OF 2010)

- The LOC is responsible to ensure that the tournament complies completely with the **SAFETY AT SPORTS AND RECREATIONAL EVENTS ACT, 2010 (ACT NO. 2 OF 2010)** requirements regarding event safety
 - This SARU document does not address the complete needs and requirements of the Act, as the Act addresses a range of issues in addition to Medical-related issues, such as spectator safety.
 - Medical issues are but a small part of the Act, and this document only addresses the **participant related** medical measures and protocols that should be in place
- For more information on the Act visit the following Link:
<http://www.gov.za/documents/index.php?term=safety&dfrom=&dto=&yr=0&tps%5B%5D=1&subs%5B%5D=0>

5. ANTI-DOPING PROCESSES

- Drug testing, for prohibited substances and methods, will be conducted at all SARU tournaments, but especially at the U18 Craven Week and SA Club Championship tournaments
- The testing will be performed independently from SARU by the South African Institute for Drug-free Sport (SAIDS).
- All players nominated to participate in a SARU tournament, are required to complete and sign the consent forms and comply with the **Schedule I - Under Aged Player Consent Form'** for SARU tournaments as stipulated in the SARU Tournament Participation Agreement.
 - **No exceptions will be made**
- Where players are younger than the statutory adult age of eighteen (18) years old, the players' parent(s) or legal guardian(s), not the team coach, have to complete and sign a Consent Form which permits SAIDS to perform the anti-doping tests. This form is enclosed in the 'Medical and Anti-doping agreement',
- Failure to comply with this procedure, involves immediate exclusion from the tournament
- The '**Schedule I - Under Aged Player Consent Form'** document can be found in the SARU Tournament Participation Agreement or it can be accessed at the following link:
<http://images.supersport.com/content/Under%20Aged%20Player%20Consent%20Form%202014.pdf>

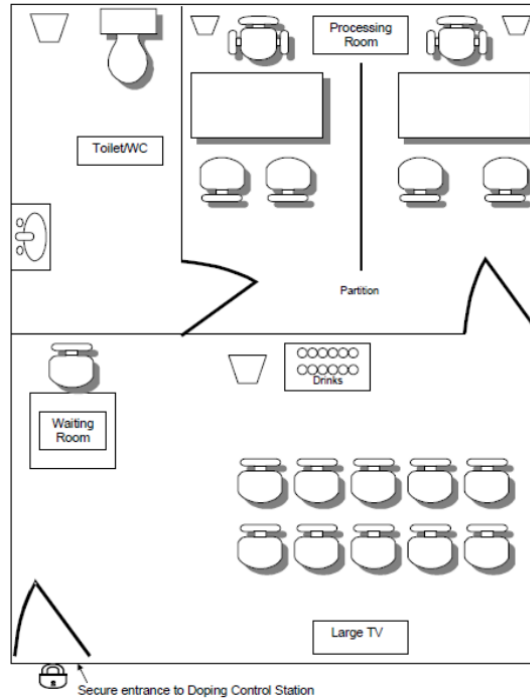
A dedicated time-slot at all SARU tournaments will be provided for an education session on Drugs in Sport, which will be presented by SARU and SAIDS. Depending on the particular tournament, this format may vary.

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Testing Facility layout

- The following diagram, as supplied by the IRB, provides guidance on the layout of an ideal Doping Room to ensure that Doping tests are performed effectively and legally.



- The following minimum requirements need to be in place to ensure an acceptable Doping Room setup:
 - The chosen room must have a door that can be locked
 - Only the Doping Control Officer may have access to this room for the duration of the tournament
 - When not in use, the room must be locked at all times
 - The room must be divided into two (2) distinct 'rooms':
 - Waiting room
 - Processing room
 - Where the nominated Doping Room does not have two distinct rooms, the room has to be divided into two separate compartments by means of a room divider, screen or equivalent
 - Chairs need to be provided for players to sit on in the waiting room
 - A table and a minimum of three (3) chairs must be provided for in each processing room
 - A bin must be available in each processing room and the waiting area
 - Sealed water must be made available in the waiting area; the hosting LOC are responsible for supplying the water
 - Ideally a toilet should be available in the Doping Room

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- In the event that a toilet is not available in the Doping Room, the toilet must be in close proximity to the Doping Room
- If a public toilet facility is to be used, the Doping Control Officer and player are to be given preference in the case of a test being performed

6. GENERAL MEDICAL MATTERS:

6.1 Blood

- Blood injuries will be managed by the contracted tournament medical personnel according to the IRB Laws.
- The relevant Law can be accessed via the following links:
<http://www.irblaws.com/index.php?&language=EN>

IRB on-line “Match Day Medical Staff” module: <http://irbplayerwelfare.com/>

6.2 Concussion

- Players who suffer a suspected concussion will be managed according to the international best practice principles as outlined in the SARU and IRB Concussion Regulations and protocols. Concussion documents can be accessed via the following link:
<http://boksmart.sarugby.co.za/content/concussion>
- The SARU Concussion Regulations can also be accessed via the following link:
<http://boksmart.sarugby.co.za/content/boksmart-legislation>
- The IRB Concussion Regulation and Concussion management can also be accessed via the following links:
 - Concussion Regulations:
http://www.irb.com/imgml/IRB/irbhandbook/IRB_Handbook_Online_EN/index.html
 - Concussion Management: <http://irbplayerwelfare.com/>

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6.3 Mouth guards

- It is advisable for all players to wear a mouth guard when practising and when participating in matches at all SARU tournaments

6.4 Costs

- All injuries sustained at the tournament, and which can be managed at the match venue, will be dealt with by the contracted Medical Staff, at no cost to the injured player, their parent(s)/legal guardian(s) and/or the Union that the player represents
- Prior to the tournament it is advisable that all players, their parent(s) or legal guardian(s), whichever may be applicable, confirm with the Union or Club that they represent, what exactly the Union or Club's policy is regarding payments for additional medical management of injuries and illnesses sustained during the tournament that might be required
- SARU does not provide medical insurance for any player that sustains an illness or injury at these tournaments, and will not cover any medical costs other than those dealt with by the contracted Medical Staff at the tournament venue
- An injured player will be stabilised and assessed at the match venue to the best of the abilities of the contracted Medical Staff at no cost to the injured player, their parent(s)/legal guardian(s) and/or the Union that the player represents
- If the player requires additional referral or specialist medical intervention, based on judgement by the contracted Medical Staff of the tournament, the costs of ambulance transportation, admission to hospital, and the additional assessment or intervention costs, will be for the account of the injured player, their parent(s)/legal guardian(s) and/or the Union that the player represents
- After hour medical services are for the account of the injured/ill player, their parent(s)/legal guardian(s) and/or the Union that the player represents
- Players *with Medical Aid*, who require hospitalisation, will be transported and admitted to the nearest and most appropriate Private Medical facility or hospital
 - Any costs over and above those covered by the players Medical Aid plan, are for the account of the injured/ill player, their parent(s)/legal guardian(s) and/or the Union that the player represents
- Players *without Medical Aid*, who require hospitalisation, will be transported and admitted to the nearest and most appropriate Government or Private Medical facility or hospital, depending on their individual preference and circumstance
 - All costs incurred, are for the account of the injured/ill player, their parent(s)/legal guardian(s) and/or the Union that the player represents

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6.5 Administration

- Team Managers must be in the possession of a copy of the Medical Aid membership card for all players that are on a Medical Aid plan, and relevant contact details of the players' parent(s) or legal guardian(s)
- For players who do not have a Medical Aid plan, the Team Manager must ensure that they have relevant contact details of the players' parent(s) or legal guardian(s) for admission purposes to either the relevant Government or Private medical facility or hospital, depending on their individual preferences and circumstances
- The Team Manager must at all times have in his possession, a copy of all players' signed Schedule I - Under Aged Player Consent Form
 - These documents are enclosed in the '**Schedule I - Under Aged Player Consent Form**'

6.6 Player welfare

- The Team Manager of any player that presents with illness or injury, and can no longer participate in training sessions and/or match play, should notify the Tournament Doctor of the player's status (if the player has not already been reported or assessed by the Tournament Doctor). The Tournament Doctor must be allowed to clinically assess him further if so required
- The Team Manager should cater for all ill or injured players that remain off-site at the Team accommodation venues during match or training days
 - This includes, but is not limited to, the following:
 - Arrange meals for the players
 - Frequently check in on the players to monitor their status
 - Make sure that there is a responsible adult who looks after the said players while off-site
- All teams must provide their own strapping, and basic medical consumables such as plasters, bandages, antiseptic solutions, cotton wool etc.

6.7 Services

- A Tournament Doctor, Nursing Sister and Emergency Medical Staff will be available at all matches played at SARU Tournaments
- All Teams are responsible to strap their own players; the Tournament Doctor and assistants are not to be used for this service
- At the U18 Craven Week tournament, an additional physiotherapy service will potentially be made available to all participating teams

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- This service is dependent on the availability of final year Physiotherapy students, the venue infrastructure, and the availability of a qualified physiotherapist that is willing to oversee this service
- For the Physiotherapy service at the U18 Craven Week tournament, the LOC must cater to provide a Physio tent or room with adequate space and ventilation to accommodate at least five (5) Physiotherapy beds, a work table, sufficient ice, and space for one (1) qualified and four (4) student Physiotherapists to work in should this service be made available

6.8 Catering and access to facilities

- The hosting LOC will provide all the contracted Medical Staff and Emergency Medical Staff with “All access” accreditation for the tournament
- The hosting LOC will provide all the contracted Medical Staff and Emergency Medical Staff with meals and drinks for the duration tournament
- The hosting LOC will provide all the contracted Medical Staff and Emergency Medical Staff with dedicated parking on-site for the duration tournament

6.9 SARU’s BokSmart Annual Rugby Injury Surveillance Project

- SARU is committed to ensuring the safety, health and well-being of rugby’s greatest assets, which are the players
- To do this effectively, SARU has committed itself to monitor injury patterns and trends at all official SARU flagship tournaments
- With this in mind, the Tournament Doctor has to record ALL medical attention injuries on the standardised injury data-capture sheet or App (where applicable) according to the precise definitions described in the IRB consensus statement.
- This data contributes to an on-going longitudinal research project investigating the safety, health and well-being of rugby players.
- SARU will provide a dedicated BokSmart Researcher who will assist the Tournament Doctor in capturing all medical attention injury data, and will also perform telephonic follow-ups with the injured players

SARU MEDICAL MANAGER: CLINT READHEAD

Email: Clintr@sarugby.co.za; Mobile: +27(0)716044641; Office: +27(0)21 928 7111

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