

MEDICAL EMERGENCY ACTION PLAN



Medical Emergency Action Plan

Issue draft

The information in this plan should be shared with all coaches volunteers as well as all visiting teams.

Formal issue

Club/School/College/ University Name:	Hornets RFC
MEAP for: (e.g. Adult matches, age grade matches days etc.)	Men's Senior Games
Address & Postcode:	Hutton moor road Weston super mare North Somerset BS22 8LY
Sat Nav Postcode / Additional location details for Emergency Services:	BS22 8LY
MEAP Lead (main contact):	Jordana Davarian-Cross, club Physiotherapist. Anthony Albertini, Club Osteopath.
RugbySafe Lead / First Aid Coordinator (if different from above):	Clare Wilkins rugby safe Lead Jordie Davarian-Cross

Circulation of this plan

First Aiders, Coaches, Referee's, Safeguarding Manager, Visiting Teams.

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Age Group/ Team First Aiders	
TEAM	Men's Senior teams
	Jordana Davarian-Cross / Anthony Albertini
Ambulance Access Point	
Pitch Side	Marked Bays in the car park to enable pitch side access
First Aid Room	AGP pitch side 1 st aid Room (container provisions to be completed 2023/2024) Main medical room, far right side of the club house by changing rooms.
Club House	Main front doors / side entrance to left and right of building
First Aid Equipment Location	
First Aid Kit	Pitch side / first aid room / pitch side medical room / behind the bar / main kitchen/ under the post container.
Defibrillator (AED)	Behind the bar visual to all. (AED will also be in the new 1 st aid room container 2023 /2024) Hutton moor leisure centre will have one that can be used for emergencies that may occur on Pitch 3 and Pitch 4 (behind Hutton moor leisure centre)
Stretcher, use by trained Individuals only	Medical room
Other Equipment	Medical room (neck braces)

Location of Local Hospitals/Services	
Accident & Emergency	Weston General Hospital, (8am-10pm) Grange Road, Uphill, Weston super mare, North Somerset BS23 4TQ Southmead Hospital, (24/7) Southmead Rd, Bristol, BS10 5NB
Minor Injuries	Clevedon Minor Injuries Unit (8am -8.30pm) Old street, Clevedon BS21 6BS
Pharmacy	Asda Pharmacy (9am-9.30pm) Phillips road, Winterstoke road, Weston super mare, North Somerset, BS23 3 UZ

MEAP Chain of Command & Procedures

Pitch side leads: Jordana Davarian-Cross and Anthony Albertini

Pitch side assistants: Jon Richardson (Director of rugby), Jack Gadd (Head coach), Paul Sheppard (Coach), Mark Millman (Coach), Alec Chase (Player / Coach), Jake Caufield (Player / Coach), Zoe Loveridge (First aider), Ryan Hedges (Player), Harrison Lyon (Player), Kieran Lovern (Player), Jon Roberts (Player), Declan Dorrington (Player), Hayden Tuttiett (player), Jordan Humphries (Player), Terry Leahy (Player)

Roles and responsibilities

Pitch side leads are responsible for the medical management of emergency situations and delegation of roles within emergency situations. The expectation is for the pitch side leads to introduce themselves to officials and medical staff of the opposing team prior to the match and alert them to the location of emergency equipment and relevant procedures. Pitch side leads will make sure they have a fully charged mobile phone on their persons at all times.

Due to the varying cover of pitch side assistant's specific roles will be delegated as appropriate at the time. Pitch side assistant's roles will include:

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- Bystander and crowd control
- To meet and guide emergency vehicle and personnel.
- Travelling with injured player if required
- Contacting players next of kin
- Assisting in extrication and handling of injured player under the guidance of pitch side leads

MEAP Procedure

Pitch side trauma protocol:

-Assess the immediate environment for danger to self, player's and assistants. Request the referee to the situation and immediately cease play. Pitch side leads to alert pitch side assistants of severity of situation, via radio.

-Attend injured player, pitch side lead should complete a structured ABCDE assessment and commence spinal stabilisation, if indicated. Spinal stabilisation may be delegated to pitch side assistants, if appropriate. The pitch side lead should apply an airway adjunct if required.

-Nominated pitch side assistants will be delegated to retrieve emergency kit, AED, cervical collar and extrication stretcher from dugout.

-Nominated pitch side assistant will be tasked to call emergency services, under guidance of pitch side lead. (Jon Richardson or Jack Gadd)

-15L Fio2 via a non-rebreather mask will be applied to injured player and vital signs will be checked and recorded. This information will be passed onto the emergency services via nominated pitch side assistant.

-Nominated pitch side assistants should ensure a clear path identified for emergency services, meet and guide emergency vehicles from the road.

-Nominated pitch side assistants should ensure appropriate crowd control measures in place, aiming to maintain calm management of bystanders and dignity of the injured player.

-At appropriate time either pitch side leads or pitch side assistants (Jon Richardson or Jack Gadd) to contact players NOK to inform them of injury and current plan.

-Suspected spinal injuries:

- Pitch side assistant to maintain cervical alignment whilst pitch side lead apply cervical collar.
- If safe to proceed, split scoop stretcher and cervical blocks to be placed and player to be secured under guidance of pitch side leads.
- If safe to proceed, the player should be removed from the pitch and taken to the medical room. Pitch side leads to instruct assistants in extrication using stretcher.
- Vital signs and neurological status to be monitored throughout by pitch side leads and any deterioration immediately reported to the emergency services.
- If the player needs to be moved (eg: to protect airway during vomiting) a log roll should be performed, led by pitch side lead. The pitch side lead should stabilise the cervical spine and request help from three pitch side assistants. The assistants should stand in height order with the tallest nearest the injured players shoulders. The pitch side lead will instruct on hand placement of the assistants. The roll will be performed to 90 degrees on the command

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'READY, STEADY, ROLL'. The same command will be given to return to the starting position.

- Continuous monitoring of player should be completed by pitch side lead until arrival of emergency services.

-Suspected internal, bony injury or open wound:

- Under guidance of the pitch side leads immobilisation to be applied to relevant injury.
- Neurovascular observations to be made and recorded by pitch side lead and information to be passed on to emergency services by pitch side assistant.
- Any open wound should be assessed by the pitch side lead, for haemorrhaging wounds pressure should be applied to the wound by or under the instruction of the pitchside lead.
- If it is safe to proceed, the player should be removed from the pitch and taken to the medical room and any deterioration immediately reported to the emergency services.
- Continuous monitoring of player should be completed by pitch side lead until arrival of emergency services.

-Collapse and suspected cardiac arrest:

- If there are no signs of life, pitch side lead should commence chest compressions.
- Nominated pitchside assistant to provide airway opening procedure (jaw thrust) and rescue breaths via pocket mask or (if available with collapsed player) ambu bag with 15L Fio2 entrained.
- Pitch side assistant to obtain and place AED pads on to players chest as instructed on machine.
- Chest compressions should be rotated between assistants in order to maintain quality and minimise fatigue.
- If indicated a laryngeal mask airway (lgel) should be inserted by pitch side lead and rescue breaths delivered via bag valve every 10 compressions.
- CPR should continue until the return of spontaneous circulation or the arrival of emergency services.

Other Relevant Information

Emergency service crib sheet:

For pitch side assistant, with medical information provided by pitch side lead.

- Ambulance required at Hornets RFC (**Hutton Moor Road, W-S-M, BS22 8LY**).
- Player's name, gender, approximate age.
- Consciousness level? Breathing?
- Suspected injury and status of injury (head, spine, airway obstruction, sudden collapse, worsening or stable).
- Current treatment (CPR, AED, immobilisation), medication given.
- Injury mechanism.
- Other relevant information obtained from the injured player.

NOK and medical history:

Information for all registered players shall be held in a secure remote document which can be accessed by pitch side leads, rugby safe lead, club secretary, and coaches.

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Medical emergency recording:

Emergency medical events will be recorded on the proactive app by the pitch side leads as soon as is appropriate. The event will also be reported to the RFU as outlined in their guidance. Any injuries that require an overnight stay at hospital will need to be reported using the email address below.

Sportsinjuriesadmin@rfu.com

Debrief and evaluation:

The MEAPS protocol will be shared with pitch side leads and assistants, rugby safe lead and other members of the committee.

In the event of a Medical Emergency call the Emergency Services as quickly as possible on 999/112 giving as many details as possible