

# SUSPECTED CATASTROPHIC INJURY/EVENT RESPONSE EMERGENCY ACTION PLAN

GPS Coordinates: 33°56'33.4" S; 18°57'22.4" E

## 1. EVENT/INJURY HAPPENS

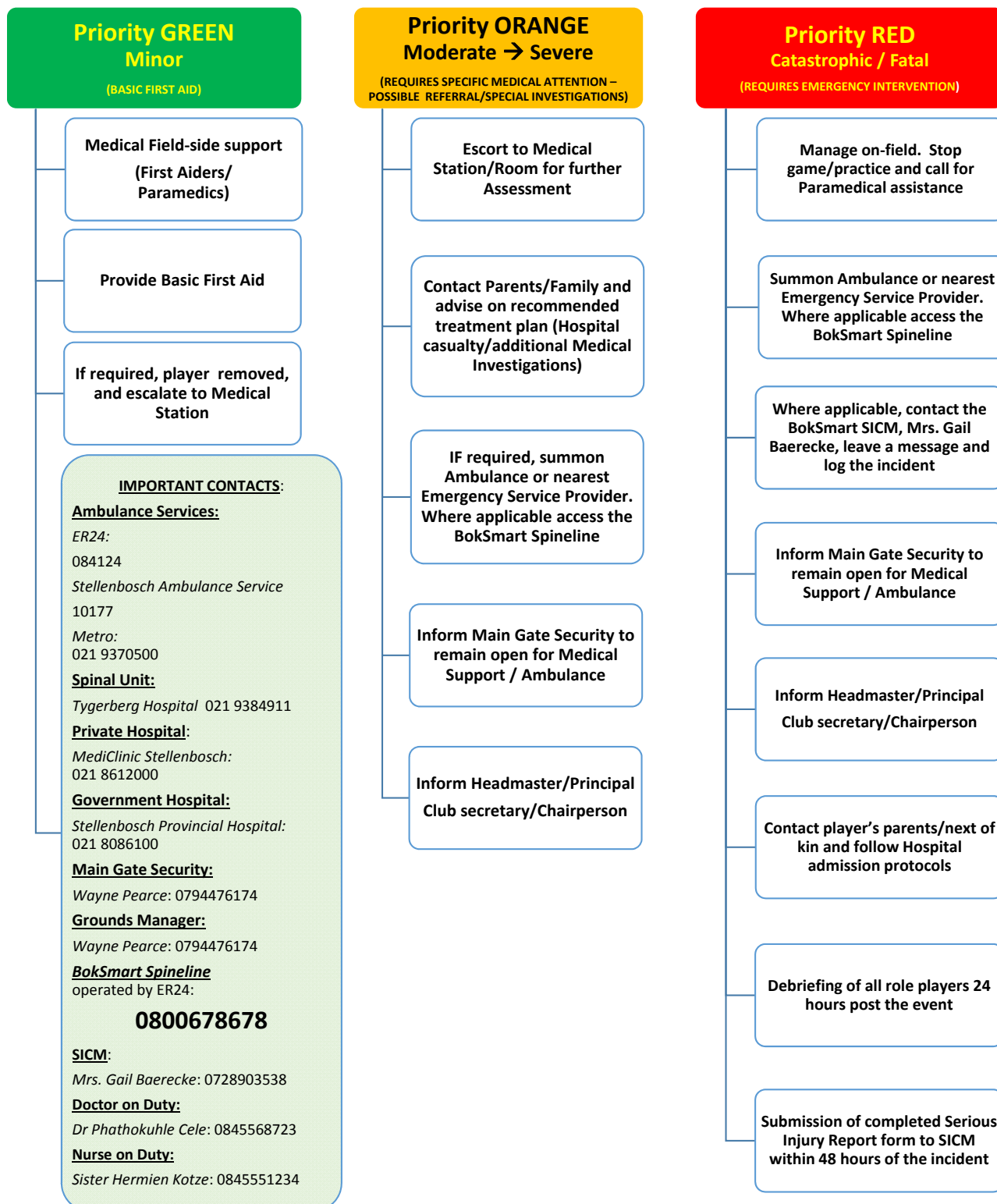
(Nearest Player/Official/Medic to stay with the player)

2. Summon nearest Coach/Referee/Medic to assist

3. Summon dedicated First Aid Team/Paramedic or Medical Support Staff

4. Call Medical Doctor/Nurse on duty / standby

5. Assess information/situation, determine severity and RESPOND ACCORDINGLY as per below



# Emergency Action Plan Logistics Framework for a Potential Catastrophic Injury:

An emergency action plan must be in place prior to a game commencing or practises taking place. This plan must be accessible, affordable, reproducible and current. This means that all personnel, equipment, emergency transport and referral partners are available at all games throughout the season and where applicable are on standby during practices. The emergency action plan should be amended prior to every fixture. Changes in personnel and their contact details should be clearly marked and their availability confirmed prior to commencement of the fixture. Where rosters of personnel are in place, ensure all relevant personnel are contacted and their availability is confirmed prior to the match or practise.

The following algorithm may be used to manage any potential catastrophic injury. This algorithm may vary from venue to venue depending on the support and facilities available in the immediate area.

However, each Emergency action plan should detail the following logistics:

1. *Layout of the facility and access to the facility*
2. *Equipment available*
3. *Internal support personnel*
4. *External support personnel*
5. *Communication required*
6. *Follow up required post catastrophic injury*

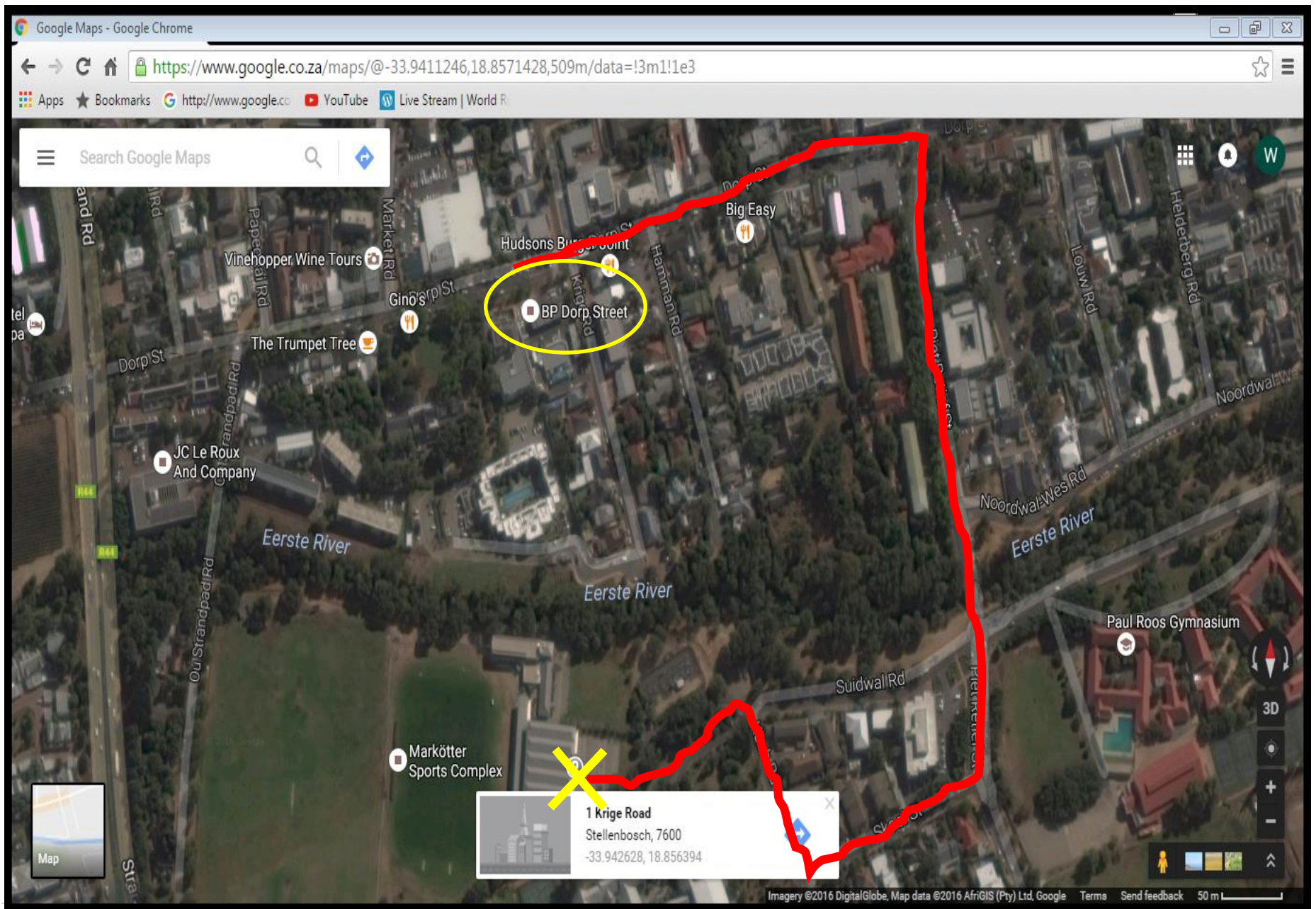
A document should be available that is easily accessible to all emergency personnel and team management involved on match day, or coaches at a practise, and should contain the following:

## 1. Layout of the facility and access to the facility:

This should include the Directions to the match or practise venue – GPS coordinates if known would be beneficial to the emergency personnel – including details regarding access and access control procedures. Facility layout including access to field and emergency vehicles should also include the position of keys and other security measures that may hinder quick access of emergency personnel.

Layout specifications	Confirmed and on file (Y/N or N/A)
GPS Coordinates	33°56'33.4"S, 18°51'22.4"E

<p><b>Written directions from a known landmark</b></p>	<p><b>Landmark = BP Dorp Street</b> (73 Dorp Street, Stellenbosch,7600).</p> <ul style="list-style-type: none"> <li>• Head east on Dorp Street toward Herte Road,</li> <li>• ~350m Turn right onto Piet Retief Street</li> <li>• Go through 1 roundabout</li> <li>• ~450 m Turn right onto Skool Street</li> <li>• ~160 m Turn right onto Koch Road</li> <li>• ~120 m into Koch Road it turns right and becomes Suidwal Road. Do NOT turn right.</li> <li>• Before Koch road turns right into Suidwal Road, there is an exit turning left into the Sports Grounds. Take this</li> <li>• You will pass through a security access gate and then the Indoor Hall will be in front of you with the parking lot.</li> <li>• This is where we are...</li> </ul>
<p><b>Map with directions highlighted</b></p>	<p>See Map Below</p>
<p><b>Facility layout with directions to access the field</b></p>	<p>Not applicable, as players are in the Indoor training facility, which is directly accessible from the parking lot. Map Below will suffice. Also provided below is the Indoor Hall schematic and Room allocations</p>
<p><b>Control procedures for accessing the venue and field</b></p>	<p>None, except for the Security access at the Gate entering into the facility.</p> <p>If any issues... Contact person: Wayne Pearce, Mobile Number: 0794476174</p>
<p><b>Position of keys to venue and access gates</b></p>	<p>Keys to open the gate if locked are with, Stephan Jordaan, he has the keys to the access gates and the facilities and is on site. His Office is at the back end of the Indoor Hall, Room 512 Contact number: 0795547832</p>
<p><b>Additional security measures</b></p>	<p>Security access at the Gate entering into the facility.</p> <p>If any issues... Contact person: Wayne Pearce, Mobile Number: 0794476174</p>



Toilets

Changing Room  
A

Stephan Jordaan  
Room 512

Medical Room  
Room 515

Changing Room  
B

Facility Maintenance  
Equipment Storage

Back Door Access

**INDOOR HALL**

Front Door Access

**PARKING LOT**



## 2. Equipment available:

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

Equipment	Green	Gold and Gold+	Whereabouts
Spinal Board and harness	✓	✓	Room 515 (Medical Room) behind the Indoor hall
Cervical collars and head blocks	✓	✓	Room 515 (Medical Room) behind the Indoor hall
BLS equipment	✗	✓	N/A
BokSmart Concussion Guide	✓	✓	With Coach at Indoor Hall, additional copies in Room 515
SCAT tool	✓*	✓	Room 515 (Medical Room) behind the Indoor hall
First Aid bag	✓*	✓	Room 515 (Medical Room) behind the Indoor hall
ALS Equipment	✗	✓	N/A
Golf cart	✗	✓	N/A
<b>* = where indicated, in certain underprivileged or disadvantaged communities, this cannot be seen as a requirement</b>			

## 3. Internal support personnel:

Host club/school/union personnel should have clearly defined roles and responsibilities delineated in the emergency action plan.

School/Club/Union personnel	Confirmed Y/N/NA	Name & Contact number
School Headmaster/Principal	Y	<b>Henry Moll</b> Mobile Number: 0835546789
School Master in Charge of Sport	Y	<b>Stephan Jordaan</b> Mobile Number: 0795547832
Grounds caretaker/Facilities Manager	Y	<b>Wayne Pearce</b> Mobile Number: 0794476174
Club Chairperson	N/A	N/A
Club Secretary	N/A	N/A
Match Secretary	N/A	N/A
Tournament Manager	N/A	N/A

<b>Club/School/Union employed Doctor, Nurse or other Medical support staff</b>	<b>Y</b>	<b>Sister Hermien Kotze (Mobile number: 0845551234)</b>  <b>Andrew Court</b> First Aid Level 2, Expiry date: 31 December 2018 <b>(Mobile number: 0762235417)</b>
<b>Medical Doctor on standby for Club/School/Union during practices</b>	<b>Y</b>	<b>Dr Phathokuhle Cele (Mobile number: 0845568723)</b>

#### 4. External support personnel:

The medical personnel required at a rugby game or practise will vary depending on the level of competition. However, the higher the level of training of medical support personnel together with more personnel being available on match day is desirable.

<b>Medical Personnel</b>	<b>Green</b>	<b>Gold</b>	<b>Gold+</b>	<b>Confirmed Y/N</b>	<b>Name &amp; Contact number</b>
<b>Match Doctor</b>	✗	✗	✓	N/A	N/A
<b>Venue Doctor</b>	✗	✓	✓	N/A	N/A
<b>Specialist services on site</b>	✗	✗	✓	N/A	N/A
<b>Specialist services on standby</b>	✗	✓	✓	N/A	N/A
<b>Nursing sister</b>	✗	✗	✓	N/A	N/A
<b>Medical liaison</b>	✗	✗	✓	N/A	N/A
<b>ALS paramedics</b>	✗	✗	✓	N/A	N/A
<b>ILS paramedics</b>	✗	✓	✓	N/A	N/A
<b>BAA</b>	✗	✓	✓	N/A	N/A
<b>Trained First Aider</b>	✓	✗	✗	N/A	N/A
<b>Ambulance and staff on site</b>	✗	✓	✓	N/A	N/A
<b>Ambulance and staff on standby</b>	✓	✗	✗	Y	<b>ER24</b> 084124 <b>BokSmart SpineLine</b> 0800678678
<b>Air staff (on standby)</b>	✗	✓	✓	N/A	N/A

### 5. Communication required:

Clear communication is the key to effective management of an injured player. Communication w.r.t. the role of each member of the medical team as well as communication between the internal; external and emergency unit / BokSmart SpineLine 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.

LOCAL HOSPITALS/ EMS PROVIDERS	Name	Physical Address	Telephone Number	Distance from Venue
Nearest Accessible Private Hospitals	MediClinic Stellenbosch	Address: Saffraan Ave & Rokewood Rd, Stellenbosch, 7613	Phone: 021 8612000	1.5 km
Nearest Accessible Government Hospitals	Stellenbosch Provincial Hospital	Address: Merriman Ave, Stellenbosch, 7600	Phone: 021 8086100	3.3 km
Nearest Spinal Unit Accessible	Tygerberg Hospital	Address: Francie Van Zijl Dr, Tygerberg Hospital, Cape Town, 7505	Phone: 021 9384911	39 km
Local Private Emergency Service Providers	ER24	N/A	084 124	N/A
Local Government Emergency Service Providers	Stellenbosch Ambulance Service Metro	N/A	Phone: 10177 021 9370500	N/A
BokSmart SpineLine	ER24 (BokSmart SpineLine)	N/A	Phone: 0800678678	N/A
SICM or Serious Injury Case Manager	Mrs. Gail Baerecke	N/A	Phone: 0728903538	N/A

### 6. Follow up required post catastrophic injury:

A designated person, normally the Medical Doctor for “Gold” and “Gold+”, or the team coach or manager for “Green” categories, 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.

For more advice on this matter consult your *Safety in the Playing Environment* and *Tournament Medical and Safety Minimum Standards* documents for the additional safety measures and protocols that are compulsory for these levels of matches and tournaments.

These are available on the BokSmart Website [www.BokSmart.com](http://www.BokSmart.com) or linked Page: <https://www.springboks.rugby/general/boksmart-medical-protocol-safety-in-the-playing-environment/>.

The minimum requirements with regards to *Field Safety standards* are also available on the BokSmart website at the same link. Where the *Safety at Sports and Recreational Events Act of 2010* applies, this also needs to be addressed according to Law



CHECKLIST:

Environmental conditions	Green	Gold	Gold+	Confirmed ✓/✗
Whirling Hygrometer/ WBGT*	✓	✓	✓	✗
Lightning warning system*	✓	✓	✓	✗
Telephone access	✓	✓	✓	✓
Medical Personnel	Green	Gold	Gold+	Confirmed ✓/✗
Match Doctor	✗	✗	✓	✗
Venue Doctor	✗	✓	✓	✗
Specialist services on site	✗	✗	✓	✗
Specialist services on standby	✗	✓	✓	✓
Nursing sister	✗	✗	✓	✓
Medical liaison	✗	✗	✓	✗
ALS paramedics	✗	✗	✓	✗
ILS paramedics	✗	✓	✓	✗
BAA	✗	✓	✓	✗
Trained First aider	✓	✗	✗	✓
Ambulance and staff on site	✗	✓	✓	✗
Ambulance and staff on standby	✓	✗	✗	✓
Air staff (on standby)	✗	✓	✓	✗
Equipment	Green	Gold	Gold+	Confirmed ✓/✗
Spinal Board and harness	✓	✓	✓	✓
Cervical collars and head blocks	✓	✓	✓	✓
BLS equipment	✗	✓	✓	✗
BokSmart Concussion Guide	✓	✓	✓	✓
SCAT tool	✓*	✓	✓	✓
First Aid bag	✓*	✓	✓	✓
ALS Equipment	✗	✓	✓	✗
Golf cart	✗	✓	✓	✗
Medical Room	Green	Gold	Gold+	Confirmed ✓/✗
Medical tent/station	✓	✗	✗	✗
Emergency treatment room	✗	✓	✓	✗
Advanced care	Green	Gold	Gold+	Confirmed ✓/✗
ALS equipped ambulance on site	✗	✗	✓	✗
BLS equipped ambulance on site	✗	✓	✗	✗
Access to Emergency medical services	✓	✗	✗	✓
Trauma unit (<1hour)	✓	✓	✓	✓
Spinal unit (<4hours)	✓	✓	✓	✓
Air transport (Helicopter)	✗	✓	✓	✗

Emergency Action Plan	Designated Responsibility	Name	Contact info.	Confirmed ✓/✗
<b>Management: (Pitch Protocol)</b>	<b>Coach &amp; First Aider</b>	<b>Louis Wessels</b> World Rugby Level 2 Coach BS-0001328 BokSmart Expires: 28 October 2018  <b>Andrew Court</b> First Aid Level 2 Expiry date: 31 December 2018	<b>Mobile number:</b> 0847335641  <b>Mobile number:</b> 0762235417	✓  ✓
<b>Management: (Medical room Protocol)</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	✗
<b>Evacuation Protocol: (Field)</b>	In the case of a serious head, neck and spine injury, this will be done by the attending <b>Emergency Medical Staff</b> , but until they arrive, the coach and first aider have to manage the situation	<b>Louis Wessels</b> World Rugby Level 2 Coach BS-0001328 BokSmart Expires: 28 October 2018  <b>Andrew Court</b> First Aid Level 2 Expiry date: 31 December 2018	<b>Mobile number:</b> 0847335641  <b>Mobile number:</b> 0762235417	✓  ✓
<b>Evacuation Protocol: (Medical room, Spinal unit, General Hospital, Trauma Unit)</b>	The attending <b>Emergency Medical Staff</b> , once they have arrived on scene	<b>N/A</b>	<b>N/A</b>	✓
<b>Communication: (BokSmart SpineLine, SICM, Ambulance service, Spinal unit/hospital)</b>	<b>Coach &amp; First Aider</b>	<b>Louis Wessels</b> World Rugby Level 2 Coach BS-0001328 BokSmart Expires: 28 October 2018  <b>Andrew Court</b> First Aid Level 2 Expiry date: 31 December 2018	<b>Mobile number:</b> 0847335641  <b>Mobile number:</b> 0762235417	✓  ✓



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# Safety in the Playing Environment

## Document

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Dr Jason Suter (Sports Doctor)

# SAFETY IN THE PLAYING ENVIRONMENT

## 1. Introduction

Rugby is a contact sport that requires a fit, trained, and skilled participant to reduce the risk of catastrophic injury. In addition, the playing environment needs to be suitable and hazard-free, with the correct supporting personnel at hand to minimise injury and enhance safety.

Rugby event management, from a medical perspective, is designed to provide on-site medical care and administration to all participants in rugby matches. SARU, an affiliate of World Rugby, has provided guidelines for the minimum emergency medical requirements. This includes safety advice and medical care at the events. The minimum requirements are those necessary to ensure that the likelihood of a catastrophic event is minimised, and if such an injury occurs the player is managed appropriately. These minimum requirements will differ based on the level of competition, socio-economic conditions, and demographics. These minimum requirements are divided into two main categories depending on the type of match being played: “Green” and “Gold”.

This document also aims to give practical guidelines to coaches and referees to allow play to take place in a safe environment.

**Green** guidelines refer to the minimum requirements for the following designated rugby levels of play:

- Normal School Rugby matches
- Normal Club rugby matches
- Community rugby
- All Sevens format matches in the above-mentioned categories.

**Gold** guidelines are the minimal safety requirements for elite level events. Gold level events can be subdivided into two sub-categories – **Gold** and **Gold+**

### **Gold**

- The Carling Currie Cup tournaments (all formats and age-groups, except for the Premiership Competition)
- All other interprovincial level matches, including Amateur Interprovincial matches and tournaments
- Gold Cup
- Varsity Cup and Shield
- SARU Youth Weeks
- Schoolboy festivals
- Classic Clashes
- All Sevens’ matches or tournaments at these levels

## **Gold+**

- The Carling Currie Cup Premiership
- Vodacom United Rugby Championship (URC)
- All International Test Matches
- All International Sevens matches and tournaments

For the **Gold** standard matches, or for **Gold+** standard matches, these minimum safety requirements, in addition to the **Green** standard necessities, are more stringent.

**These requirements are the very minimum requirements that should be in place for a rugby match to take place. The minimum requirements for sanctioned competitions, tournaments and rugby festivals are however more stringent. One should however, where possible, continuously strive to improve the medical support available at matches at all levels of play to always ensure player safety.**

The home team management is responsible for the design, implementation, and presentation of an emergency action plan. At “**Green**” level events, this must be presented to the referee before the game. The referee is responsible for confirming that all requirements for a safe environment and emergency plan are in place before allowing a match to start.

To ensure the safety of players in rugby matches, the following must be assessed:

- Environmental conditions
- Personnel
- Equipment
- Medical Facilities
- Accessibility – Units for Advanced care
- Emergency Action Plan – Potential Catastrophic Injury

The assessment and acceptance of these conditions will be determined in professional events and tournaments by the level of competition, and in amateur competitions by the level of competition as well as the socio-economic and demographic circumstances.

## 2. Environmental conditions

Ensuring safe environmental conditions requires assessment of both the weather conditions as well as the playing environment

### - **Playing Environment**

The Playing Environment includes the field of play as well as the immediate surrounding area. Advertising hoardings, poles, pylons, and barriers must ideally be 5m from the touchline. If one or more of the abovementioned obstacles cannot be removed, they must be suitably covered up to provide maximum protection to the players. If areas of the playing surface comprise an asphalt / tartan track it should be suitably covered as well.

The playing surface should be grass, artificial grass (conforming to World Rugby regulation 22), sand or clay. It must be firm and free of hazards, including stones and glass. In cold environments, the surface must be free from ground ice. If there is surface water sufficient to realistically raise the risk of drowning, the game should not commence. The decision to start a game where ground water is present is at the sole discretion of the referee and common sense should prevail.

### - **Weather Conditions**

Environmental conditions	Green	Gold	Gold+
Whirling Hygrometer/ WBGT*	✓	✓	✓
Lightning warning system*	✓	✓	✓
Telephone access	✓	✓	✓
<b>* = Telephonic access to this information is also sufficient</b>			



## Hot conditions:

Research has not identified a specific temperature and / or humidity when the playing of a rugby game is not advised; however, it has been recommended that conditions are considered unsafe for athletic competition when the ambient temperature is > 30° and the Humidity is greater than 60%. This correlates with a wet bulb globe thermometer (WBGT) reading of greater than 28 degrees. As rugby is a sport where fluids are more readily available and the potential for cooling is greater, these recommendations have not been ratified for rugby union.

The heat index has been found through research to be a better measure of heat stress and relies on readings taken on a whirling hygrometer. This is both practical and reliable and it is ideally recommended that each rugby ground (for Gold and Gold+ events) where possible has access to a Whirling Hygrometer to measure the weather conditions. This Index considers air temperatures at various relative humidities. Prior studies have confirmed that if the Heat Stress Index % is below 150, the risk to players should be minimal. If the heat stress index is above 150 then the risk to competitors is high and the game should not be started unless there is full access to heat reducing measures as listed below.

- Provision of fans in the change-rooms.
- Provision of pitchside shade
- Water and towels placed in ice water must be strategically available alongside the field.
- Water breaks should be held regularly, e.g., a 1 min break at the 20 min point of each half.
- The halftime break should be increased from 10 min to 15 min.

## Lightning:

No play should start when lightning is present in the immediate vicinity. If available, a lightning warning system should be used. Telephonic communication with the SA Weather Service can provide information on the prediction of inclement weather.

***Please keep revisiting the BokSmart Website on lightning advice, as this section will be updated from time to time!***

### 3. Medical Personnel

The medical personnel required at a rugby game will vary depending on the level of competition. However, the higher the level of training of medical support personnel together with more personnel being available on match day is desirable.

Medical Personnel	Green	Gold	Gold+
Match Doctor	✗	✗	✓
Venue Doctor	✗	✓	✓
Specialist services on site	✗	✗	✓
Specialist services on standby	✗	✓	✓
Nursing sister	✗	✗	✓
Medical liaison	✗	✗	✓
ALS paramedics	✗	✗	✓
ILS paramedics	✗	✓	✓
BAA	✗	✓	✓
Trained First Aider	✓	✗	✗
Ambulance and staff on site	✗	✓	✓
Ambulance and staff on standby	✓	✗	✗
Air staff (on standby)	✗	✓	✓

#### Match Doctor:

This is ideally a Sports Medicine trained doctor or a medical doctor experienced in treating sports injuries. One of these persons is to act as the official Match Doctor where applicable. The match doctors' duties are clearly defined in World Rugby handbook for international matches and in the Participation Agreements for domestic competitions. These will be given to the relevant medical personnel via the host union.

#### Venue Doctor:

This is ideally a Sports Medicine trained doctor or a medical doctor experienced in treating sports injuries. The Venue Doctor's primary duty is to oversee all primary field side care management, manage the medical room and assist the visiting Team Physicians should their assistance be required. These include prompt management of injuries, referral to hospital and management of "blood injuries". This person should ideally be trauma trained and should manage the medical room.

The following Specialist services, if available, will benefit all players.

#### **Specialist service on-site (“Gold+”)**

- Physician
- Orthopaedic surgeon
- ALS paramedic

#### **Specialist service on standby (“Gold”)**

- Radiology Unit
- Radiologist
- Orthopaedic Surgeon
- Physician
- Sports Physician
- Neurosurgeon
- Cardiologist
- General Surgeon
- Dentist
- Maxilla Facial Surgeon
- Plastic/reconstructive Surgeon
- Emergency Services
- Pharmacist
- ENT surgeon

#### **“Gold” and “Gold+” Category Events**

The following personnel should be present to manage the player from the field to the medical room. At elite events the qualifications and training of the personnel should be as high as possible.

- Minimum of 2 paramedics (Intermediate Life Support). Gold and Gold+
- Two First Aiders or Basic Ambulance Assistant (BAA) as support to the paramedics. Gold and Gold+
- Qualified nursing sister to assist Venue Doctor in the Medical facility. Gold+
- Medical liaison officer to act as intermediate between teams and medical personnel. This is often the venue doctor. Gold+
- Nursing sister to man separate spectator medical facility. Gold+
- Fully equipped ambulance staffed by paramedics. Gold and Gold+
- If problems with traffic are foreseen, then a helicopter should be on standby. Gold and Gold+

## “Green” Category Events

The minimum personnel required for a rugby game to take place are:

- One or two persons suitably trained in Emergency Field-Side Care (a Trained First Aider, or Paramedic).

Referees/coaches who have First Aid knowledge add immense value, and all referees and coaches must be BokSmart certified as of 2011. The presence of a Sports Medicine trained doctor, or a doctor experienced in treating sports injuries will also be valuable.

## 4. Equipment - Sideline

Equipment	Green	Gold and Gold+
Spinal Board and harness	✓	✓
Cervical collars and head blocks	✓	✓
BLS equipment	✗	✓
BokSmart Concussion Guide	✓	✓
SCAT tool	✓*	✓
First Aid bag	✓*	✓
ALS Equipment	✗	✓
Golf cart	✗	✓
<b>* = where indicated, in certain underprivileged or disadvantaged communities, this cannot be seen as a requirement</b>		

The following equipment is recommended as a minimum requirement and is by no means extensive. The amount and type of equipment available should be dependent on the qualifications of the personnel available.

- Spinal board with all attachments, and spider harness
- Cervical collars & head blocks
- BokSmart Concussion Guide
- Sideline concussion assessment tool (SCAT tool)
- Golf cart - Patient transport (from the field of play to medical room) Gold+
- Basic life support (BLS): Gold and Gold+
  - Airway (nasopharyngeal-, oropharyngeal, laryngeal devices/tubes)
  - Breathing (Oxygen, face mask, ambubag)
  - Circulation (AED – automated external defibrillator)
- Advanced life support (ALS): Gold and Gold+
  - Equipment and drugs to manage advanced cardiopulmonary support
  - IV lines and fluids

- First aid bag - first aid kit which typically includes: Green\*, Gold and Gold+
  - 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)
  - antiseptic ointment / spray (e.g., Bethadine, Savlon)
  - melolin
  - triangular bandages
  - skin care pad (e.g., Second Skin)
  - ice pack
  - water bottle
  - adhesive dressings (e.g., Opsite)
  - adhesive tape
  - ice
  - suture material

\* = where indicated, in certain underprivileged or disadvantaged communities, this cannot be seen as a requirement

All the above items should be located in the technical zone.

## 5. Medical Facilities

Medical Room	Green	Gold	Gold+
Medical tent/station	✓	✗	✗
Emergency treatment room	✗	✓	✓

## Emergency treatment room:

A treatment room or station should be available at each ground, and this should be used specifically for this purpose only. It should be easily accessible from the playing field and for advanced care personnel, ambulance for transportation and or helicopter evacuation. If multiple fields are being used the medical station should be centrally situated and accessible to all fields and to emergency transport.

## A medical room (Gold and Gold+) must have the following facilities available:

- Suitable electrical lighting
- Telephone access – a telephone should be available and working. This is imperative to assess environmental conditions prior to game commencement. In the Emergency action plan for a potentially catastrophic injury a telephone is required for communication with:
  - BOKSMART SPINELINE - TOLL FREE NUMBER: **0800 678 678**;
  - Emergency personnel
  - Referral hospital
    - Government hospital (for non-medical aid patients)
    - Private hospital (for those with medical aid)
  - Family or friends as required
- Running water – hot and cold
- Visible and available EMERGENCY ACTION PLAN with contact details
- Two examination couches
- A trauma board or any other suitable stretcher.
- Medications necessary to deal with all life-threatening situations.
- Suturing equipment
- Protective clothing and equipment
- Sharps container
- Basic life support equipment:
  - Blood pressure cuff
  - Stethoscope
  - Thermometer
  - Glucometer
  - ENT set
- Advanced life support equipment (including medications and AED)
- Equipment for neurological examination e.g., penlight, reflex hammer
- Equipment for management of blood injuries and lacerations
- Splints
- Blankets/ Space blankets
- Fridge/ Freezer and ample available ice
- Medical equipment, consumables, and suitable medication to treat common musculoskeletal injuries.



## 6. Accessibility – Units for advanced care:

Appropriate emergency transport should be readily available if it is not possible to have an ambulance with advanced care on site. An ambulance at the playing venue is the ideal.

Ideally, the trauma unit and spinal unit identified in the emergency action plan must be accessible to an injured player within 4 hours for a spinal unit and in less than an hour for other trauma requiring advanced care.

Advanced care	Green	Gold	Gold+
ALS equipped ambulance on site	✗	✗	✓
BLS equipped ambulance on site	✗	✓	✗
Access to Emergency medical services	✓	✗	✗
Trauma unit (<1hour)	✓	✓	✓
Spinal unit (<4hours)	✓	✓	✓
Air transport (Helicopter)	✗	✓	✓

***Rugby organisations, rugby bodies, or groups are expected to abide by the Public Safety Act as legislated by the South African Government***

## 7. Emergency Action Plan – Potential Catastrophic Injury:

An emergency action plan must be in place prior to a game commencing. This plan must be accessible, affordable, reproducible, and current. This means that all personnel, equipment, emergency transport and referral partners are available at all games throughout the season. The emergency action plan should be amended prior to every fixture. Changes in personnel and their contact details should be clearly marked and their availability confirmed prior to commencement of the fixture. Where rosters of personnel are in place, ensure all relevant personnel are contacted and their availability confirmed prior to the match.

The following algorithm may be used to manage any potential catastrophic injury. This algorithm may vary from venue to venue depending on the support and facilities available in the immediate area.

However, each Emergency action plan should detail the following:

- *Layout of the facility and access to the facility*
- *Equipment available*
- *Internal support personnel*
- *External support personnel*
- *Communication required*
- *Follow up required post catastrophic injury*

### **Emergency Action Plan – Potential Catastrophic Injury:**

A document should be available that is 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.

#### **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 club/union personnel as well as emergency support personnel contracted for the event should have clearly defined roles and responsibilities delineated in the emergency action plan.

#### **Communications:**

Clear communication is the key to effective management of an injured player. Communication w.r.t. the role of each member of the medical team as well as communication between the internal; external and emergency unit/ BokSmart SpineLine 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.

#### **Follow up:**

A designated person, normally the Medical Doctor for “Gold” and “Gold+”, or the team coach or manager for “Green” categories, 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.

Emergency Action Plan	Designated Responsibility	Name	Contact info.	Confirmed ✓/✗
<b>Management :</b> (Pitch Protocol)	Match/Venue Dr/ Highest qualified paramedic/first aider			
<b>Management:</b> (Medical room Protocol)	Match/Venue Dr/ Highest qualified paramedic/first aider			
<b>Evacuation Protocol: (Field)</b>	Match/Venue Dr/ Highest qualified paramedic/first aider			
<b>Evacuation Protocol:</b> (Medical room, Spinal unit, General Hospital, Trauma Unit)	Match/Venue Dr/ Highest qualified paramedic/first aider			
<b>Communication: (BokSmart SpineLine, SICM, Ambulance service, Spinal unit/hospital)</b>	Match/Venue Dr/ Highest qualified paramedic/first aider			
<ul style="list-style-type: none"> <li>• In some instances, as with the “Green” standard, the officiating medical support staff personnel may need to be assisted by the Manager, Coach, teacher, or parents to fulfill some of these tasks mentioned above, e.g., assist in communication with the involved emergency medical personnel.</li> <li>• Sometimes, the most qualified support personnel might be a First Aider, who would need to fulfill any or all these roles</li> </ul>				

**Management protocol: (Pitch)**

The highest qualified medical staff takes control of coordinating and managing the injury situation on-field, including establishing correct communication signals and channels with the referees, match officials and relevant care givers.

**Management protocol: (Medical room)**

The highest qualified medical staff takes control of coordinating and managing the injury situation off the field, including establishing correct communication with emergency transport personnel and relevant care givers. This person should have access to all the relevant facility directions and layout information as stipulated.

### **Evacuation protocol: (Pitch)**

The highest qualified medical staff takes control of coordinating and managing the removal of the injured player off the field to the medical room or station with the assistance of the relevant field-side care givers. This usually would be the same person who coordinates the pitch management protocol above.

### **Evacuation protocol: (Medical room, Spinal unit/general hospital)**

The highest qualified medical staff takes control of coordinating the transport of the injured player from the medical room or station to the relevant medical facility (trauma/spinal Unit), including establishing correct communication channels with the team manager, emergency personnel and designated emergency unit care givers. This usually would be the same person who coordinates the medical room management protocol above.

### **Communication protocol: (BokSmart SpineLine, SICM and Spinal unit/emergency room)**

The highest qualified medical staff member takes control in establishing correct communication channels with the team manager, emergency personnel, designated emergency unit care givers, the BokSmart SpineLine and the BokSmart Serious Injury Case Manager (SICM) as per the BokSmart Serious Injury Protocol. This usually would be the same person who coordinates the medical room management protocol above.

For more advice on this matter consult your ***Safety in the Playing Environment*** and ***Tournament Medical and Safety Minimum Standards*** documents for the additional safety measures and protocols that are compulsory for these levels of matches and tournaments.

These are available on the BokSmart Website [www.BokSmart.com](http://www.BokSmart.com) or linked Page: <https://www.springboks.rugby/general/boksmart-medical-protocol-safety-in-the-playing-environment/>.

The minimum requirements with regards to ***Field Safety standards*** are also available on the BokSmart website at the same link.

Where the ***Safety at Sports and Recreational Events Act of 2010*** applies, this also needs to be addressed according to Law

## 8. References:

1. SARU Minimum First Aid Requirements, Dr I Jakoet, July 2007
2. Mass Participation Event Management for the Team Physician: A Consensus Statement, Team Physician Consensus Statement, American College of Sports Medicine, American Academy of Family Physicians, American Academy of Orthopedic Surgeons, American Medical Society for Sports Medicine, American Orthopedic Society for Sports Medicine, American osteopathic Academy of Sports Medicine
3. Sideline Preparedness for the team Physician: A Consensus Statement, American College of Sports Medicine
4. WORLD RUGBY Regulations International handbook
5. IRB Heat Regulations 2008
6. IRB Rugby ready document 2008: 7-9
7. Australian Rugby Union 2010 – Medical and Safety recommendations
8. IRB Rugby Ready 2008: Developing an emergency action plan
9. BokSmart - Safety in the Playing Environment, Dr P Viviers, 2008
10. BokSmart - Safety in the Playing Environment, Dr J Suter, C Readhead, Dr W Viljoen, 2010

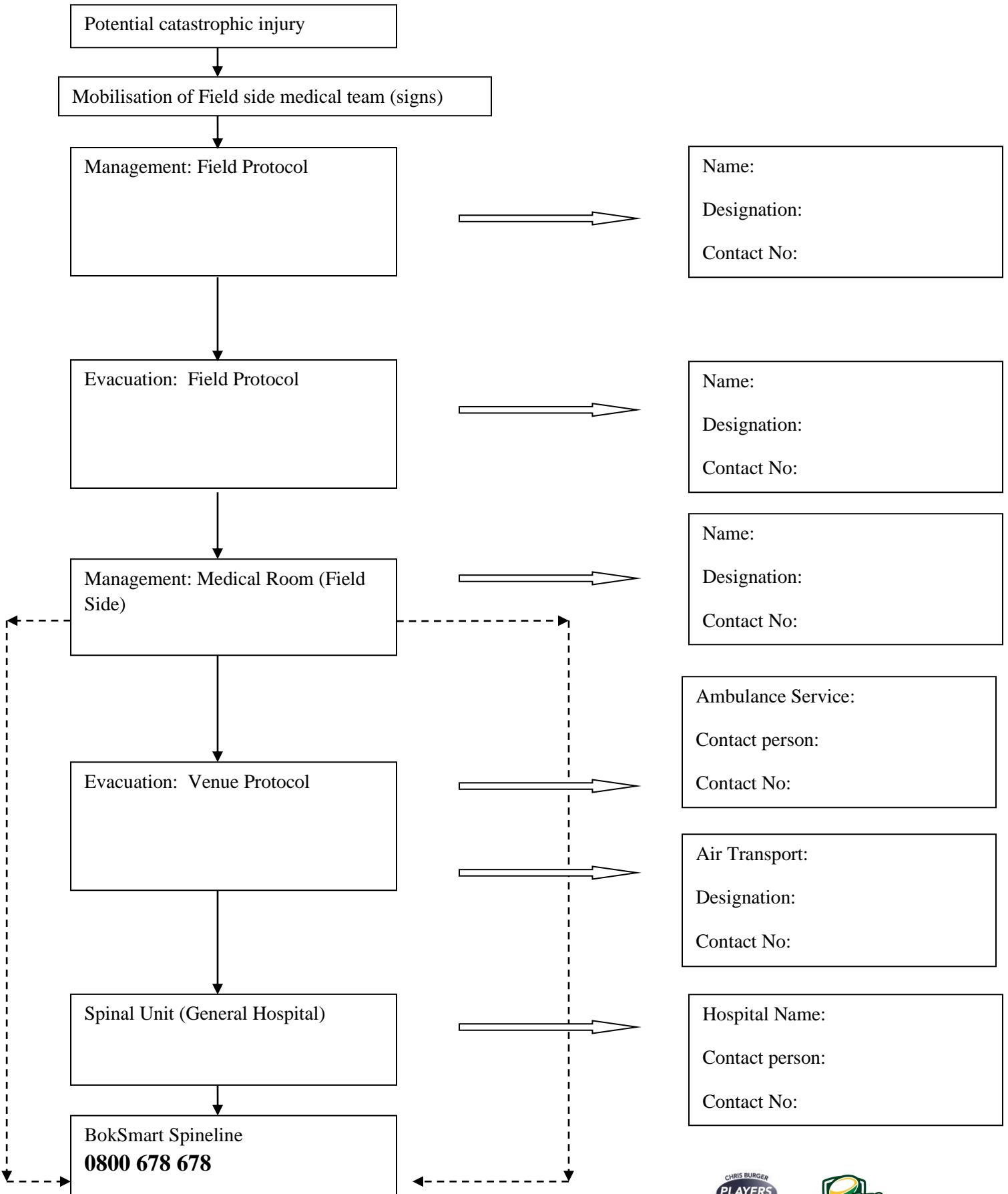
**CHECKLIST:**

<b>Environmental conditions</b>	<b>Green</b>	<b>Gold</b>	<b>Gold+</b>	<b>Confirmed ✓/✗</b>
Whirling Hygrometer/ WBGT*	✓	✓	✓	
Lightning warning system*	✓	✓	✓	
Telephone access	✓	✓	✓	
<b>Medical Personnel</b>	<b>Green</b>	<b>Gold</b>	<b>Gold+</b>	<b>Confirmed ✓/✗</b>
Match Doctor	✗	✗	✓	
Venue Doctor	✗	✓	✓	
Specialist services on site	✗	✗	✓	
Specialist services on standby	✗	✓	✓	
Nursing sister	✗	✗	✓	
Medical liaison	✗	✗	✓	
ALS paramedics	✗	✗	✓	
ILS paramedics	✗	✓	✓	
BAA	✗	✓	✓	
Trained First aider	✓	✗	✗	
Ambulance and staff on site	✗	✓	✓	
Ambulance and staff on standby	✓	✗	✗	
Air staff (on standby)	✗	✓	✓	
<b>Equipment</b>	<b>Green</b>	<b>Gold</b>	<b>Gold+</b>	<b>Confirmed ✓/✗</b>
Spinal Board and harness	✓	✓	✓	
Cervical collars and head blocks	✓	✓	✓	
BLS equipment	✗	✓	✓	
BokSmart Concussion Guide	✓	✓	✓	
SCAT tool	✓*	✓	✓	
First Aid bag	✓*	✓	✓	
ALS Equipment	✗	✓	✓	
Golf cart	✗	✓	✓	
<b>Medical Room</b>	<b>Green</b>	<b>Gold</b>	<b>Gold+</b>	<b>Confirmed ✓/✗</b>
Medical tent/station	✓	✗	✗	
Emergency treatment room	✗	✓	✓	
<b>Advanced care</b>	<b>Green</b>	<b>Gold</b>	<b>Gold+</b>	<b>Confirmed ✓/✗</b>
ALS equipped ambulance on site	✗	✗	✓	
BLS equipped ambulance on site	✗	✓	✗	
Access to Emergency medical services	✓	✗	✗	
Trauma unit (<1hour)	✓	✓	✓	
Spinal unit (<4hours)	✓	✓	✓	
Air transport (Helicopter)	✗	✓	✓	



Emergency Action Plan	Designated Responsibility	Name	Contact info.	Confirmed ✓/✗
Management: (Pitch Protocol)	Match/Venue Dr/ Highest qualified paramedic/first aider			
Management: (Medical room Protocol)	Match/Venue Dr/ Highest qualified paramedic/first aider			
Evacuation Protocol: (Field)	Match/Venue Dr/ Highest qualified paramedic/first aider			
Evacuation Protocol: (Medical room, Spinal unit, General Hospital, Trauma Unit)	Match/Venue Dr/ Highest qualified paramedic/first aider			
Communication: (BokSmart SpineLine, SICM, Ambulance service, Spinal unit/hospital)	Match/Venue Dr/ Highest qualified paramedic/first aider			

**Emergency Action Plan – Responsibility Matrix**





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## Serious Injury Protocol (SIP)

(Update 30 August 2021)

SA RUGBY via BokSmart have endorsed the appointment of a  *Serious Injury Case Manager (SICM)*, whose primary role is to assist SA RUGBY in the appropriate follow-up management of rugby-related serious and/or catastrophic injuries, and data-collection on these cases. The  *SICM* is also the direct link to the  *Chris Burger Petro Jackson Players' Fund* support system.

***A Serious and/or Catastrophic Injury is defined as any head, neck, spine, or brain injury that is life-threatening, or has the potential to be permanently debilitating and results in the emergency admission of a rugby player to a hospital or medical care centre.***

***THEREFORE, ONLY SERIOUS CONCUSSION, HEAD, NECK OR SPINE INJURIES MEETING THE FOLLOWING CRITERIA ARE TO BE REPORTED TO THE SICM:***

- i. The injury must be potentially life-threatening for the player.***
- ii. The injury must be potentially debilitating or disabling.***
- iii. The injury must result in the player being admitted to a hospital ward.***

The nearest and most suitable hospital or medical facility (*i.e., private or state hospital*) must be determined by the school or club's emergency action plan, and the player's medical aid status.

The club or school must identify and have present at the field a *Responsible Person* to take charge of managing the situation. *Responsible Person* for the purposes hereof, means, in order of seniority, a sports physician, medical doctor, emergency care personnel, physiotherapist, biokineticist, rugby medic, first aider, coach, referee, and manager.

Where an Emergency Medical Services (EMS) provider ***is not present*** at the field, the duties of the *Responsible Person* are outlined in 1 below.

Where an EMS provider ***is present*** at the field, the *Responsible Person* will oversee the duties of the EMS provider in 2 below.

In the event of a Serious and/or Catastrophic Injury during a rugby match or practice at a club or school where:

1. Emergency Medical Services ***are not present*** at the field.

The *Responsible Person* must:

- 1.1 provide on-site and appropriate medical care of the injured player, or if he/she is not qualified to do so, a suitably qualified person in attendance must do so.
- 1.2 immediately alert the 'BokSmart SpineLine' call centre on phone number **0800 678 678** which is linked to the Emergency Service provider, **ER24**.



- 1.3 ensure that an appropriate emergency response team has been dispatched to the venue via the '*BokSmart SpineLine*' process, i.e., an ambulance. Alternatively, this does not always have to be **ER24**; they might be further away and delay timely transport and access to treatment.
- 1.4 oversee the transportation of the injured player to the hospital or medical facility, if so required.
- 1.5 record and collate to the best of his/her ability the injury details, and the personal details of anyone associated with the injury, including witness reports if any are available.
- 1.6 notify the next of kin, unless in the case of a fatality, whereby he/she must contact the police, who will perform this task.
- 1.7 notify the *SICM* by completing the 'Serious Injury Report' form and e-mail or fax it within 48 hours to the *SICM* (Mrs. Gail Baerecke – Cell: 0728903538, e-mail: [manager@playersfund.org.za](mailto:manager@playersfund.org.za), fax: 021 659 5653).

## 2. Emergency Medical Services **are present** at the field.

- 2.1 The *Responsible Person*/EMS provider must provide on-site and appropriate medical care of the injured player.
- 2.2 The *Responsible Person*/EMS provider must contact the '*BokSmart SpineLine*' number immediately and log the event with **ER24**.
- 2.3 Should the Emergency Medical Service (EMS) provider not have appropriate transportation available at the venue, they must request or dispatch an appropriate emergency response team to the venue, e.g., an ambulance. This does not always have to be **ER24**; they might be further away and delay timely transport and access to treatment.
- 2.4 If so required, the player must be transported to the nearest and most suitable hospital or medical facility.

- 2.5 The *Responsible Person*/EMS provider must record and collate to the best of their abilities the injury details, and the personal details of anyone associated with the injury, including witness reports if any are available.
- 2.6 The *Responsible Person*/EMS provider must notify the next of kin, unless in the case of a fatality, whereby they must contact the police, who will perform this task.
- 2.7 The *Responsible Person*/EMS provider must notify the *SICM* of the incident by completing the 'Serious Injury Report' form and e-mail or fax it within 48 hours to the *SICM* (Mrs. Gail Baerecke – Cell: 0728903538, e-mail: manager@playersfund.org.za, fax: 021 659 5653)

### **3. *SICM* Responsibilities**

- 3.1 The *SICM*, on receipt of the 'Serious Injury Report' form as in 1.7 and 2.7, and where the case meets the *Serious and/or Catastrophic Injury* criteria defined above, must notify, and send copies thereof to:
  - 3.1.1 SA RUGBY's Senior Manager: Medical
  - 3.1.2 SA RUGBY's Senior Manager: Rugby Safety
  - 3.1.3 The CEO of the relevant Provincial Union.
- 3.2 The *SICM*, where able to, will remain in frequent contact with the hospital or medical facility to which the injured player has been transported.
- 3.3 The *SICM* will identify a singular point of contact within the club, school, or team to keep updated on the situation.
- 3.4 Depending on the severity of the injury, and as the situation requires, and where able, the *SICM* will visit the patient, to:
  - 3.4.1 Monitor and, if required and where possible, influence the level of care provided, and link the player and his/her family up to the *Chris Burger Petro Jackson Players' Fund* support system.
  - 3.4.2 Complete a follow-up questionnaire, where possible, with the player and his/her family in conjunction with the Provincial Rugby Union involved.



- 3.4.3 Submit a report to:
  - 3.4.3.1 SA RUGBY's Senior Manager: Medical
  - 3.4.3.2 SA RUGBY's Senior Manager: Rugby Safety
  - 3.4.3.3 The Chairman of the *Chris Burger Petro Jackson Players' Fund*
- 3.5 The SICM will provide the link between the relevant club, school or team, and the *Chris Burger Petro Jackson Players' Fund* and SA RUGBY.
- 3.6 The SICM will provide additional support and advice to the relevant player, family, school, or club where needed, and where able to do so.
- 3.7 Information will only be supplied to those parties, who need to be made aware of the injury, in line with POPIA compliance.

***Please note that the BokSmart Serious Injury Case Manager or SICM number is NOT an emergency helpline. The SICM number is simply there for notifying the SICM of the Serious or Catastrophic Head, Neck, or Spine injury, once it has already happened. When asked to do so, simply leave a short message and your contact details, and log the incident.***

#### **4. Provincial Union's responsibilities**

- 4.1 The CEO of the Provincial Union once made aware of the incident via the SICM as in 3.1 above or otherwise, should confirm knowledge of the injury and contact SA RUGBY's Senior Manager: Medical, and SA RUGBY's Senior Manager: Rugby Safety, in this regard.
- 4.2 Has to participate and assist with any follow-up investigation or inquiry regarding the incident.
- 4.3 Where possible arrange hospital visits for the patient, which may include Provincial team players.
- 4.4 Assist the club, school, or team in any fund-raising initiative that might arise, if applicable.

## 5. SA RUGBY's responsibilities

- 5.1 SA RUGBY's Senior Manager: Medical, once notified by the SICM, must contact:
  - a. All the relevant SA RUGBY personnel
  - b. The relevant Provincial union's CEO
  - c. SA RUGBY's GM of Corporate Affairs
- 5.2 Maintain regular contact with the SICM to be updated about the progress of the patient.
- 5.3 Ensure that copies of the relevant Serious Injury Reports and Serious Injury Follow-up Questionnaire documentation, where applicable, are received.
- 5.4 Maintain records of these serious injury reports on the SA RUGBY database.
- 5.5 Request an in-depth investigation into the incident by the Provincial Rugby Union, where relevant or applicable.



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## Serious Injury Report Form

***A serious and/or catastrophic injury is defined as any head, neck, spine, or brain injury that is life-threatening, or has the potential to be permanently debilitating and results in the emergency admission of a rugby player to a hospital or medical care centre.***

### WHAT TO DO!

- Record the details as accurately as possible regarding the player, the injury, and the relevant contact person from the school, club, or team in the spaces below
- Within **48 hours of the injury**, either Fax or Email the completed report to the Serious Injury Case Manager, **Mrs. Gail Baerecke – Cell: 0728903538, e-mail: [manager@playersfund.org.za](mailto:manager@playersfund.org.za), fax: 021 659 5653**
- The Serious Injury Case Manager will then inform SARU's Senior Manager: Medical, SARU's Senior Manager: Rugby Safety, and the relevant Provincial union

# 1. PLAYER (PRINT CLEARLY)

Forenames:

Surname:

Date of birth:  /  /     Age:

Known as (Nickname):

ID Number

Address:

Contact Number:

Next of Kin:

Contact Number:

Rugby Club/School/Team:

Playing Position:

## 2. INJURY (PRINT CLEARLY)

Date of Injury:  /  /  At Time:

Injury Occurred During: Match

Training  If "training" then during: Rugby skills training, full contact

Rugby skills training, semi-contact

Rugby skills, non-contact

Site of Injury: Head  Neck  Spine  Chest/Trunk

Other (specify)

Event Causing: Collision  Maul  Scrum

Ruck  Collapsed maul  Collapsed scrum

Tackling (behind)  Tackling (front)  Tackling (side)

Tackled (behind)  Tackled (front)  Tackled (side)

Lineout  Kicking  Running

Other(specify)

Time of Injury: Warm-up  0-20 min  21-40+ min  41-60 min  61-80+ min  Cool-down

Was the Player Wearing: Mouth Guard  Shoulder Pads  Head Guard  **Tick all Applicable**

Provide a brief description of how the injury occurred:

Did the player leave the field at any time? Yes  No

Did the player return to the field at any time? Yes  No



## 2. INJURY (PRINT CLEARLY) - CONTINUED

Who provided on-field treatment?

- Doctor   
 Physiotherapist   
 Biokineticist   
 Emergency Service Medic   
 Rugby Medic   
 First Aid   
 Coach   
 Referee   
 Team Official

Other(Specify)

Name of treatment provider:

Contact Number:

What treatment was provided if any:

How did the player leave the field? On his own  Assisted

Spinal Board  Stretcher

Ambulance  Helicopter

Other (Specify)

What hospital/medical facility was he/she taken to:

Contact Number:

Who accompanied the player:

Contact Number:

### 3. MATCH (PRINT CLEARLY)

Teams Involved In The Match:

VS:

Competition:

Provincial Union:

Level/Grade:   
(e.g.U19, Super A Club league)

Referee:

Contact Number:

Venue Address:

Field Conditions:

Weather Conditions:

Was the game suspended at any time due to the injury? Yes  No

If yes, then for how long was it suspended?  min

Did the game restart? Yes  No

Is there any video footage of the game available? Yes  No

**If yes, please retain the video footage until contacted by SA Rugby!**

#### 4. CLUB CONTACT (PRINT CLEARLY)

Forenames:

Surname:

Position at Club:

Contact Number Cell:

Contact Number Work:

Contact Number Home:

Address:

Signature: \_\_\_\_\_

Date:

#### 5. PROVINCIAL UNION BOKSMART COORDINATOR CONTACT DETAILS:

**Boland:** Linston Manuels | 0822293301 | 0218732317 | [linston@bolandrugby.com](mailto:linston@bolandrugby.com)  
**Border:** David Dobela | 0767715781 | [david@borderrugby.com](mailto:david@borderrugby.com)  
**Blue Bulls:** Hennie Janse van Vuuren | 0792216370 | 0124200709 | [henniev@bluebull.co.za](mailto:henniev@bluebull.co.za)  
**SWD Eagles:** Martin de Vos | 0734442551 | 0448730137 | [martin@swdeagles.co.za](mailto:martin@swdeagles.co.za)  
**Eastern Province:** Neville Jonas | 0739602470 | 0414088922 | [neville.jonas77@gmail.com](mailto:neville.jonas77@gmail.com)  
**Free State:** Selvyn Colby | 0845834487 | 0514071749 | [scolby@fsrugby.co.za](mailto:scolby@fsrugby.co.za)  
**Griquas:** Kat Swanepoel | 0828223770 | 0538328773 | [Refs@gwrugby.co.za](mailto:Refs@gwrugby.co.za)  
**Griffons:** Steps (Stefan) Pretorius | 0728310998 | 0573526482 | [steps@griffonsnfs.co.za](mailto:steps@griffonsnfs.co.za)  
**Leopards:** Henry Stewart | 0845876369 | 0182975304 | [stewart@leopardsrugby.co.za](mailto:stewart@leopardsrugby.co.za)  
**Lions:** Timmy Goodwin | 0828508707 | 0114022960 | [timmy@glru.co.za](mailto:timmy@glru.co.za)  
**Pumas:** Oubaas Coetzer | 0827699624 | 0136120534 | [oubaas@pumas.co.za](mailto:oubaas@pumas.co.za)  
**Sharks:** Archie Sehlako | 0844317562 | 0313088426 | [archie@thesharks.co.za](mailto:archie@thesharks.co.za)  
**Valke:** Alfred Ross | 0824573278 | 0169762112 | [aross@icon.co.za](mailto:aross@icon.co.za)  
**Western Province:** Samuel Mahlatsi | 0798843600 | 0216594502 | [smahlatsi@wprugby.co.za](mailto:smahlatsi@wprugby.co.za)





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## Serious Injury Report Follow-up Questionnaire

***A serious and/or catastrophic injury is defined as any head, neck, spine, or brain injury that is life-threatening, or has the potential to be permanently debilitating and results in the emergency admission of a rugby player to a hospital or medical care centre.***

What to do!

- In the event of a serious and/or catastrophic injury meeting the above-mentioned criteria, the following form should be completed by the injured player and/or coach in conjunction with the Serious Injury Case Manager, **Mrs. Gail Baerecke – Cell: 0728903538, e-mail: [manager@playersfund.org.za](mailto:manager@playersfund.org.za), fax: 021 659 5653**
- If for some reason this is not possible, then the questionnaire should be completed by the Serious Injury Case Manager in consultation with the coach, other players, and family who might have seen the incident
- Although it might be sensitive and emotional to recall the incident, it would benefit rugby and future rugby players if the follow-up questionnaire is completed while the incident is still fresh in everyone's minds
- This form should then be kept on record pending any inquest or investigation
- Copies should be sent to the SARU's Senior Manager: Medical and SARU's Senior Manager: Rugby Safety

### **RESEARCH**

All serious injury data collected will be recorded and stored on a SARU database. Personal details will be provided to the Chris Burger/Petro Jackson Players Fund, who may provide financial assistance and support to catastrophically injured rugby players. This information will be stored at SARU's offices for official records of these injuries. The injury data may be used for research and publication purposes to help improve the safety standards of the game of rugby in South Africa, and to potentially prevent other injuries of this nature from occurring in the future. However, in this instance, all personal information will be regarded as confidential in any ensuing research analyses and reports on the catastrophically injured players.

By ticking this box, the player agrees to the above

### **WORLD RUGBY (WR) (FORMERLY KNOWN AS 'INTERNATIONAL RUGBY BOARD' OR 'IRB')**

All data collected will be forwarded anonymously to WORLD RUGBY and stored in a secure WORLD RUGBY database of catastrophic injuries. These data may be analysed by WORLD RUGBY for audit, player welfare, research purposes in relation to the prevention, and management of Rugby-related catastrophic injuries.

By ticking this box, the player agrees to the above

### **PLAYER'S CONSENT**

I give my express, informed consent for SARU to collect and use the information requested in this form and agree that the information can be forwarded to WORLD RUGBY, and be used by both SARU and WORLD RUGBY for the purposes of monitoring and investigating the causes of catastrophic injuries sustained in Rugby Union, in accordance with the SARU Privacy Policy.

By ticking this box, the player consents to the above

### **PARENT/GUARDIAN CONSENT**

I give my express, informed consent for SARU to collect and use and submit the information requested in this form and agree that the information can be forwarded to WORLD RUGBY, and be used by both SARU and WORLD RUGBY for the purposes of monitoring and investigating the causes of catastrophic injuries sustained in Rugby Union, in accordance with the [SARU Privacy Policy](#).

By ticking this box, the parent/guardian consents to the above

*Parent/Guardian Name:*

*Parent/Guardian ID:*

*Parent/Guardian Signature:*

**SECTION A: PERSONAL DETAILS (PRINT CLEARLY)**

Surname: \_\_\_\_\_ Age of Player: \_\_\_\_\_

Forenames: \_\_\_\_\_ Known as (nickname): \_\_\_\_\_

Date that form was completed:

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Email address: \_\_\_\_\_

ID Number:

--	--	--	--	--	--	--	--	--	--	--	--	--

Passport Number:

--	--	--	--	--	--	--	--	--	--	--

Passport type (country of issue):

\_\_\_\_\_

Marital status:

\_\_\_\_\_

Playing position:

\_\_\_\_\_

SARU Registration number:

\_\_\_\_\_

Residential address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel./Cell. Number:

\_\_\_\_\_

Next of Kin:

\_\_\_\_\_

Contact number (next of kin):

\_\_\_\_\_

Name of Rugby Club/School:

\_\_\_\_\_

Provincial Union (e.g. Bulls):

\_\_\_\_\_

1. Date of Birth   /   /

2. Gender:  Male  Female

3. Player's Weight in Kilogram (kg)

a. At the time of Injury: \_\_\_\_\_kg

b. What is the player's current weight? \_\_\_\_\_kg

4. Player's Height in Cm at the time of injury (cm): \_\_\_\_\_cm

5. Country of birth: \_\_\_\_\_

6. Ethnicity:

Arabic

Asian

Black African

Black Caribbean

Pacific Islander

White

Coloured/Mixed Ancestry

Indian

Other

7. What age did the player start playing rugby? \_\_\_\_\_

8. Number of years that the player has been playing rugby: \_\_\_\_\_

9. How many seasons of rugby has the player played prior to this season: \_\_\_\_\_

10. Grade of play

a. Player's current grade of play (please select highest level of play)

School

School Provincial

School International

Club

Non-professional Provincial

Professional Provincial

International

b. Player's current playing age-group

- |  |                                 |
|--|---------------------------------|
| <input type="checkbox"/> Junior (<U13) | <input type="checkbox"/> U18    |
| <input type="checkbox"/> U13           | <input type="checkbox"/> U19    |
| <input type="checkbox"/> U14           | <input type="checkbox"/> U21    |
| <input type="checkbox"/> U15           | <input type="checkbox"/> U23    |
| <input type="checkbox"/> U16           | <input type="checkbox"/> Senior |
| <input type="checkbox"/> U17           |                                 |

c. Is the player registered at their Province?

- Yes     No

d. Is the player registered at SARU?

- Yes     No

11. Player's Usual playing position:

- |   |  |
|---|--|
| <input type="checkbox"/> 1 – Loose-head prop  | <input type="checkbox"/> 9 – Scrum/Inside half |
| <input type="checkbox"/> 2 – Hooker           | <input type="checkbox"/> 10 – Fly/Outside half |
| <input type="checkbox"/> 3 – Tight-head prop  | <input type="checkbox"/> 11 – Left Wing        |
| <input type="checkbox"/> 4 – Lock             | <input type="checkbox"/> 12 – Inside centre    |
| <input type="checkbox"/> 5 – Lock             | <input type="checkbox"/> 13 – Outside centre   |
| <input type="checkbox"/> 6 – Open-side flank  | <input type="checkbox"/> 14 – Right Wing       |
| <input type="checkbox"/> 7 – Blind-side flank | <input type="checkbox"/> 15 – Full back        |
| <input type="checkbox"/> 8 – Eighth man       |  |

12. Number of years the player has been playing in this position: \_\_\_\_\_

13. Provide any specific, relevant information about the player's background:

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**SECTION B: INJURY CIRCUMSTANCES (PRINT CLEARLY)**

14. How well did the player recall the events of the day?

- No recollection
- Vaguely remembered
- Somewhat
- Well
- Extremely well

15.

a. Date of Injury

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

b. Time that the injury occurred:

H	H	:	M	M	am / pm
---	---	---	---	---	---------

16. Did the injury occur during:

- Match
  - 15-a-side match
  - 7-a-side match
- Training activity
  - Rugby skills training, Full contact
  - Rugby skills training, Semi-contact
  - Rugby skills training, Non-contact
- Was match/training under:
  - Natural light
  - Artificial light

Other (please specify): \_\_\_\_\_

17.

a. At what stage of the season did the injury occur?

- Off-season
- Pre-season
- In-season
  - First month of the season
  - Mid-season
  - Last month of the season

b. What type of match was it?

Level of the game

- |   |  |
|---|--|
| <input type="checkbox"/> School               | <input type="checkbox"/> Non-professional Provincial |
| <input type="checkbox"/> School Provincial    | <input type="checkbox"/> Professional Provincial     |
| <input type="checkbox"/> School International | <input type="checkbox"/> International               |
| <input type="checkbox"/> Club                 |  |

Type of game

- |   |  |
|---|--|
| <input type="checkbox"/> Tournament/Competition | <input type="checkbox"/> Social match          |
| <input type="checkbox"/> Friendly match         | <input type="checkbox"/> Hostel league match   |
| <input type="checkbox"/> League match           | <input type="checkbox"/> Farm league match     |
| <input type="checkbox"/> Practice match         | <input type="checkbox"/> Informal league match |

c. Grade of opposition

- |   |  |
|---|--|
| <input type="checkbox"/> School               | <input type="checkbox"/> Non-professional Provincial |
| <input type="checkbox"/> School Provincial    | <input type="checkbox"/> Professional Provincial     |
| <input type="checkbox"/> School International | <input type="checkbox"/> International               |
| <input type="checkbox"/> Club                 |  |

d. In which period of the game did the injury occur?

- |  |  |
|--|--|
| <input type="checkbox"/> Warm-up                 | <input type="checkbox"/> 3 <sup>rd</sup> Quarter |
| <input type="checkbox"/> 1 <sup>st</sup> Quarter | <input type="checkbox"/> 4 <sup>th</sup> Quarter |
| <input type="checkbox"/> 2 <sup>nd</sup> Quarter | <input type="checkbox"/> Cool-down               |

e. Was the incident leading to the injury as a result of foul or dangerous play as defined in Law 10.4 “Dangerous Play and Misconduct”?

- Yes     No

If Yes, then answer 17f and if answered No, then complete 17g

f. Classifications of dangerous play

- |   |   |
|---|---|
| <input type="checkbox"/> Punching or striking                   | <input type="checkbox"/> Tackling an opponent whose feet are off the ground |
| <input type="checkbox"/> Stamping or trampling                  | <input type="checkbox"/> Dangerous charging                                 |
| <input type="checkbox"/> Kicking                                | <input type="checkbox"/> Scrum front row rushing opponents                  |
| <input type="checkbox"/> Tripping                               | <input type="checkbox"/> Scrum front row lifting opponents                  |
| <input type="checkbox"/> Early or late tackle                   | <input type="checkbox"/> Collapsing a scrum, ruck or maul                   |
| <input type="checkbox"/> Tackle above the line of the shoulders | <input type="checkbox"/> Tip/lifting/spear tackle                           |
| <input type="checkbox"/> Stiff-arm tackle                       | <input type="checkbox"/> Retaliation  |
| <input type="checkbox"/> Playing a player without the ball      |   |

g. Did the referee take any action?

- Yes     No

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

h. Playing position at the time of injury

- |   |  |
|---|--|
| <input type="checkbox"/> 1 – Loose-head prop  | <input type="checkbox"/> 9 – Scrum/Inside half |
| <input type="checkbox"/> 2 – Hooker           | <input type="checkbox"/> 10 – Fly/Outside half |
| <input type="checkbox"/> 3 – Tight-head prop  | <input type="checkbox"/> 11- Left Wing         |
| <input type="checkbox"/> 4 – Lock             | <input type="checkbox"/> 12 – Inside centre    |
| <input type="checkbox"/> 5 – Lock             | <input type="checkbox"/> 13 – Outside centre   |
| <input type="checkbox"/> 6 – Open-side flank  | <input type="checkbox"/> 14 – Right Wing       |
| <input type="checkbox"/> 7 – Blind-side flank | <input type="checkbox"/> 15 – Full back        |
| <input type="checkbox"/> 8 – Eighth man       |  |



i. Was the player playing in his/her usual playing position?

- Yes      No

If the player answered No, and was not playing in his/her usual position, then give the reason why?

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18. Who was officiating or leading the match / training session?

- |                                  |  |
|----------------------------------|--|
| <input type="checkbox"/> Referee | <input type="checkbox"/> Spectator                   |
| <input type="checkbox"/> Coach   | <input type="checkbox"/> Teacher                     |
| <input type="checkbox"/> No-one  | <input type="checkbox"/> Other (Please specify)_____ |
| <input type="checkbox"/> Player  |  |

19. Was a Union-appointed referee in control of the game?

- Yes      No

20.

a. Had the referee attended a SARU or WORLD RUGBY Level referee-training course?

- Yes      No

b. If Yes then give details of referee's training:

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c. Date of the most recent course attended

/   /

d. Had the referee attended a BokSmart Rugby Safety course?

- Yes      No

e. If Yes then provide the referee's BS-number: \_\_\_\_\_

f. Had the coach attended a SARU or WORLD RUGBY Level coaching course?

Yes     No

g. If Yes then give details of the coach's training:

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h. Date of the most recent course attended

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

i. Had the coach attended a BokSmart Rugby Safety course?

Yes     No

j. If Yes then provide the coach's BS-number: \_\_\_\_\_

21. Briefly describe the events that led up to the injury (if possible in the player's own words):

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### **SECTION C: INJURY EVENT (PRINT CLEARLY)**

22.

a. Did the player warm-up properly before the match or training session?

Yes     No

b. Did the player stretch before the match or training session?

Yes     No

23. Indicate the event causing the catastrophic injury (thereafter, please describe and answer the *relevant and corresponding event* section):

- Collision
- Tackle
- Scrum
- Ruck
- Maul
- Lineout

- Kicking
- Running
- Other: \_\_\_\_\_
- Unclear
- Not applicable

24.  Tackle

a. What was the injured player's role in the tackle?

- Ball carrier
  - Tackled from behind
  - Tackled from the side
  - Tackled from the front
- Support player to ball carrier
- Tackler
  - Tackling from behind
  - Tackling from the side
  - Tackling from the front
- Support player to tackler

b. What type of contact was involved?

- Arm
- Collision (no-arms, deliberate)
- Jersey
- Lift (example spear)
- Shoulder
- Smother
- Tap

c. Indicate the following specifics as best you can with regards to the tackle situation;

ROLE	TACKLE HEIGHT	TACKLE DIRECTION	TACKLER'S VELOCITY	BALL CARRIER'S STANCE	BALL CARRIER'S VELOCITY
Ball carrier	High	Front-on	Fast	Upright	Fast
Tackler	Middle	Side-on	Slow	Low position	Slow
Support player	Low	From behind	Standing still	Falling/diving	Standing still

d. Tick off all the additional specifics as best you can with regards to the tackle situation;

Number of Tacklers	Tackle Type
1	Arms wrapped around the player
2	Shoulder charge (no arms used in the tackle)
3 or more	Spear tackle/pile drive (head below shoulders)
	Head is first point of contact with the ground
	Pulled /scragged by the collar

e. Please provide any further information relevant to the tackle e.g. head was first point of contact with the ground, upper body was first contact with the post, etc.

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25.

Scrum

a. Was the scrum part of a training session or match

- Training session  
 Match

b. If during Training, then was this against a scrum machine or live opposition?

Scrum machine

How many players were going in against the machine? \_\_\_\_

Live opposition

Indicate below how many players were contesting the scrum for both packs?

Injured player's team

3

5

6

7

8

Opposition team

3

5

6

7

8

c. Which team had the put-in in the scrum?

Player's own team

Opposition team

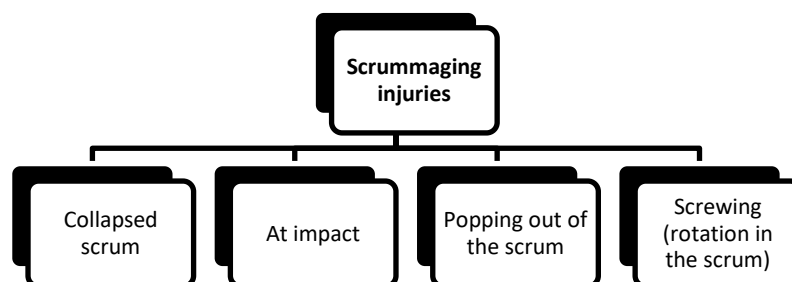
d. Did the injury involve any of the following:

Collapsed scrum

Impact on engagement

Player popping out of the scrum

Scrum wheeling/rotating



- e. Please provide any further information relevant to the scrum e.g. which player popped first, which team collapsed first, number of scrum resets, make and age of scrum machine etc.

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26.

- Ruck or  Maul

- a. What was the injured player's role in the ruck/maul?

- Ball carrier  
 Support player to ball carrier  
 Tackler  
 Support player to tackler

- b. Body position at the time of injury

- On feet  
 Off feet  
 Bridging  
 Supported

- c. During the ruck/maul did the injury occur during any of the following?

- Cleaning out  
 Cleaned out  
 Collapsed maul  
 Squeeze ball (ball pinned between legs)  
 Other (please specify)\_\_\_\_\_

- d. Please provide any further information relevant to the ruck/maul

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27.

Lineout

a. Identify how the injury occurred:

- 'Lifted player' fell during landing (no other player involved)
- 'Lifted player' fell during landing (other player(s) involved)
- 'Lifting player' injured (no other player involved)
- 'Lifting player' injured (other player(s) involved)
- Other (please specify below)

b. Please provide any further information relevant to the lineout e.g. which body part first made contact with the ground, etc.

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28. Other categories

- Non-contact training
- Collision (if accidental, then describe below)
- Kicking
- Running

a. Please provide relevant information to the activity being undertaken at the time of injury e.g. weight training, passing drills, running drills, phase play simulations etc.

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**SECTION D: IMMEDIATE POST-INJURY CARE (PRINT CLEARLY)**

29.

a. Who of the following *medical or allied health professionals* were the first to provide on-field treatment or support to the injured player during the match or training session?

- Medical Doctor
- Physiotherapist
- Biokineticist
- Emergency Service Medic (paramedic)
- First Aider
- Nurse
- None

b. When was the injured player FIRST attended to by the medical or allied health professional?

- On the pitch
- Off the pitch

30. Was the player FIRST attended to by someone OTHER than a medical or allied health professional?

- Yes                       No

a. If answered Yes, then by whom?

- BokSmart Rugby Medic
- Coach
- Referee
- Spectator
- Team official
- Other (Please specify)\_\_\_\_\_



b. What actions were taken by this person?

- Player moved on the pitch
- Player removed from the pitch
- None e.g. waited for arrival of the paramedics/doctor
- Other (Please specify)\_\_\_\_\_

31. Who managed/assisted with the removal of the player from the pitch (was in charge/helped out)?

- Medical Doctor
- Physiotherapist
- Biokineticist
- Emergency Service Medic (paramedic)
- First Aider
- Nurse
- BokSmart Rugby Medic
- Coach
- Referee
- Spectator
- Team official
- Player walked off unassisted
- Other player(s)
- Other (Please specify)\_\_\_\_\_

32. What equipment was used in the removal of the injured player from the pitch?

- a. Did they place a brace/collar over the neck?  Yes  No
- b. Was the injured player placed on a stretcher?  Yes  No
- c. Was the injured player placed on a spinal board?  Yes  No
- d. Was the injured player stabilised using a spider harness?  Yes  No
- e. Were head-blocks used to immobilise/stabilise the injured player's head and neck?  Yes  No
- f. Was Oxygen used?  Yes  No
- g. Other (Please specify)\_\_\_\_\_

33. Did the player leave the field at any time during the match before the injury and return to the field of play?

- Yes
- No

34. Was the BokSmart SpineLine number (**0800 678 678**) contacted at any given stage during the management of the injured player?

- Yes       No

If answered No, then why not?

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35. Was the player taken *immediately* to hospital?

- Yes       No

a. How long did the player have to wait before being taken to hospital?

- < 1 hour                                       3-4 hours  
 1-2 hours                                       > 4 hours  
 2-3 hours

b. If more than 4 hours passed before being taken to hospital, then please specify the reasons why?

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36. How was the injured player taken to hospital?

- Ambulance  
 Car  
 Helicopter  
 Other (Please specify) \_\_\_\_\_

37. What hospital/medical facilities was the player taken to?

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38. Was the injured player wearing any of the following at the time?

- Mouthguard
- Shoulder pads
- Headgear

**SECTION E: EXPERIENCE AND TRAINING (PRINT CLEARLY)**

39. The number of games played by the injured player this season prior to injury?

\_\_\_\_\_

40. Within the last 12 months did the injured player receive training from a qualified coach/trainer on how to safely and correctly perform the following activities?

- a. Tackling techniques  Yes  No
- b. Ball carrying techniques  Yes  No
- c. Safe techniques in contact  Yes  No
- d. Scrum techniques  Yes  No  Not relevant
- e. Scrum engagement  Yes  No  Not relevant
- f. Falling correctly in a collapsed scrum  Yes  No  Not relevant
- g. Ruck techniques  Yes  No
- h. Entering the ruck  Yes  No
- i. Maul techniques  Yes  No
- j. Entering a maul  Yes  No
- k. Lineout techniques  Yes  No  Not relevant
- l. Supporting in a lineout  Yes  No  Not relevant
- m. Supporting a jumper at kick-off  Yes  No  Not relevant

41. Did the player have a *regular coach* other than the head coach of the team in charge of his/her rugby development?

- Yes  No

If Yes, then answer 41 (a- e)

a. Had the coach attended a SARU or WORLD RUGBY Level coaching course?

- Yes  No

b. If Yes then give details of the coach's training:

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c. Date of the most recent course attended

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

d. Had the coach attended a BokSmart Rugby Safety course?

Yes       No

e. If Yes then provide the coach's BS-number: \_\_\_\_\_

42.

a. Did the player receive specific coaching for his/her position by a qualified coach?

Yes       No

b. Did the player receive specific conditioning for his/her position by a qualified trainer?

Yes       No

43. How long before the season did the player take part in pre-season strength and fitness conditioning?

- Never
- 1-2 weeks
- 3-4 weeks
- 1-2 months
- 2-3 months
- ≥ 3 months

44. How many training sessions did the player undertake each week during the pre-season training period? (Please give number of sessions or 0 if none was undertaken)

- a. Individual training sessions per week \_\_\_\_\_
- b. Team training sessions per week \_\_\_\_\_

45. On average, how many formal structured rugby training sessions did the player perform per week (at the time of injury)?

- Never
- 1
- 2
- 3
- More than 3

46. Other than the official team training sessions, what individual training did the player perform? Specify how often, the type of activity, average duration of each session, etc.

Activity	Intensity				How many times per week	Average duration (min)
	Easy	Moderate	Tough	Very hard		
_____	E	M	T	VH	_____	_____ min
_____	E	M	T	VH	_____	_____ min
_____	E	M	T	VH	_____	_____ min
_____	E	M	T	VH	_____	_____ min
_____	E	M	T	VH	_____	_____ min

47. Did the player participate in any strength/resistance/weight training at least twice per week during the season?

- Yes
- No

If YES, then for how many years has the player been performing structured strength/resistance/weight training and specify to what degree?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

48. Did the player participate in any neck strengthening exercises?

- Yes
- No

If YES, specify:

- Rarely, no more than 1 session per season
- Occasionally, less than 1 session per month
- Often, at least 1 session per month
- Regularly, at least 1 session per week

For more detail on *neck strengthening*, please complete the table below:

Activity	Intensity				How many times per week	Average duration (min)
	Easy	Moderate	Tough	Very hard		
_____	E	M	T	VH	_____	_____ min
_____	E	M	T	VH	_____	_____ min
_____	E	M	T	VH	_____	_____ min
_____	E	M	T	VH	_____	_____ min
_____	E	M	T	VH	_____	_____ min

49. Compared to the injured player's *normal* training regime, in the week preceding the injury, what was the training level?

a. Training Volume

- Lower
- The same
- Higher

b. Training Intensity

- Lower
- The same
- Higher

50. If injured in the scrum, then please answer the following:

a. How many scrum engagements did the injured player typically practice per session? \_\_\_\_\_

b. Compared to the injured player's *normal* training regime, in the week preceding the injury, what was the SCRUM SPECIFIC training level:

i. Training Volume

- Lower
- The same
- Higher

ii. Training Intensity

- Lower
- The same
- Higher

51. Did the player follow any special diet/eating plan before or during the season?

- Yes
- No

52. Did the player use any specific supplements before or during the season?

- Yes
- No

a. If YES, elaborate

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**SECTION F: PLAYING CONDITIONS (PRINT CLEARLY)**

53. What was the weather like on the day of injury? Please tick all of the appropriate answers:

- Hot
- Dry
- Light Rain
- Overcast
- Cold
- Heavy Rain
- Windy
- Other (Please specify): \_\_\_\_\_

a. Were the weather conditions on the day of the player's injury typical for the location and time of year?

- Yes
- No

b. If NO, what are the typical weather conditions for the location and time of year at which the injury occurred?

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c. What was the temperature at the time of injury? (You can get this information from the local weather service)\_\_\_\_\_

54. On what type of surface did the injury occur?

- |  |  |
|--|--|
| <input type="checkbox"/> Wood e.g. gym floor             | <input type="checkbox"/> Artificial turf – sand infill |
| <input type="checkbox"/> Tarmac or similar               | <input type="checkbox"/> Dirt or sand                  |
| <input type="checkbox"/> Concrete                        | <input type="checkbox"/> Gravel                        |
| <input type="checkbox"/> Natural grass                   | <input type="checkbox"/> Other (Please specify):_____  |
| <input type="checkbox"/> Artificial turf – rubber infill |  |

55. How hard was the field or surface?

- Soft
- Firm
- Very hard

56. How was the surface of the field?

- Slippery
- Medium grip
- Good, solid footing (hard grip)

57. What was the condition of the playing surface?

- a.  Even
  - Flat and rough
  - Flat and smooth
  
- b.  Uneven
  - Sloping and rough
  - Sloping and smooth

58. Does the player feel that the field condition contributed towards the injury?

- Yes
- No



59. If answered YES, please specify

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60. What type of footwear was the player using at the time of injury?

- None
- Trainers/tekkies
- Studded boots
- Other (Please specify): \_\_\_\_\_

61. If wearing studded boots, please tick all applicable answers below:

- Brand new
- Worn in
- Old/damaged
- Short studs
- Long studs
- Multi studs
- Six studs
- Other (Please specify): \_\_\_\_\_

62. In the player's opinion, what was the main cause of his/her injury?

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63. Does the player have any recommendations to prevent others from sustaining a similar injury?

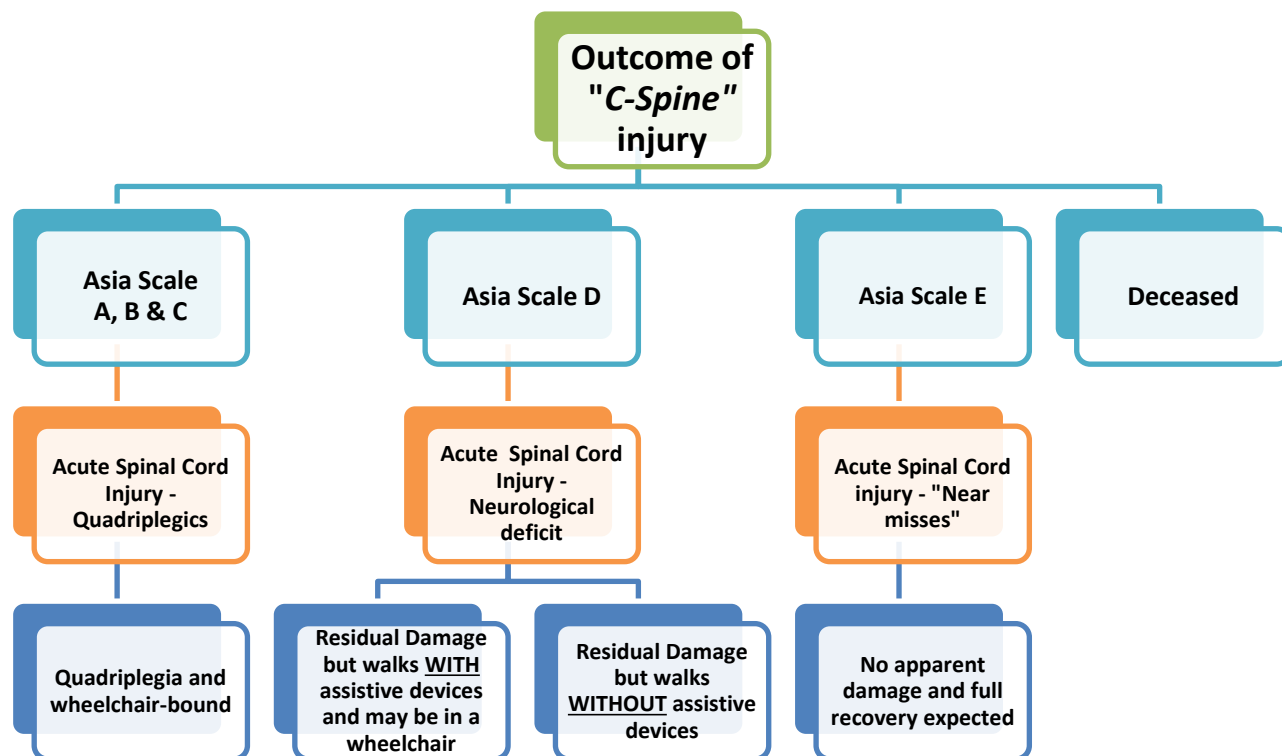
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**SECTION G: OUTCOME OF INJURY (PRINT CLEARLY)**

**Outcome of Injury Classification Matrix  
for Cervical Spinal Cord Injuries (C1-C7):**



64. What was the initial hospital-based diagnosis?

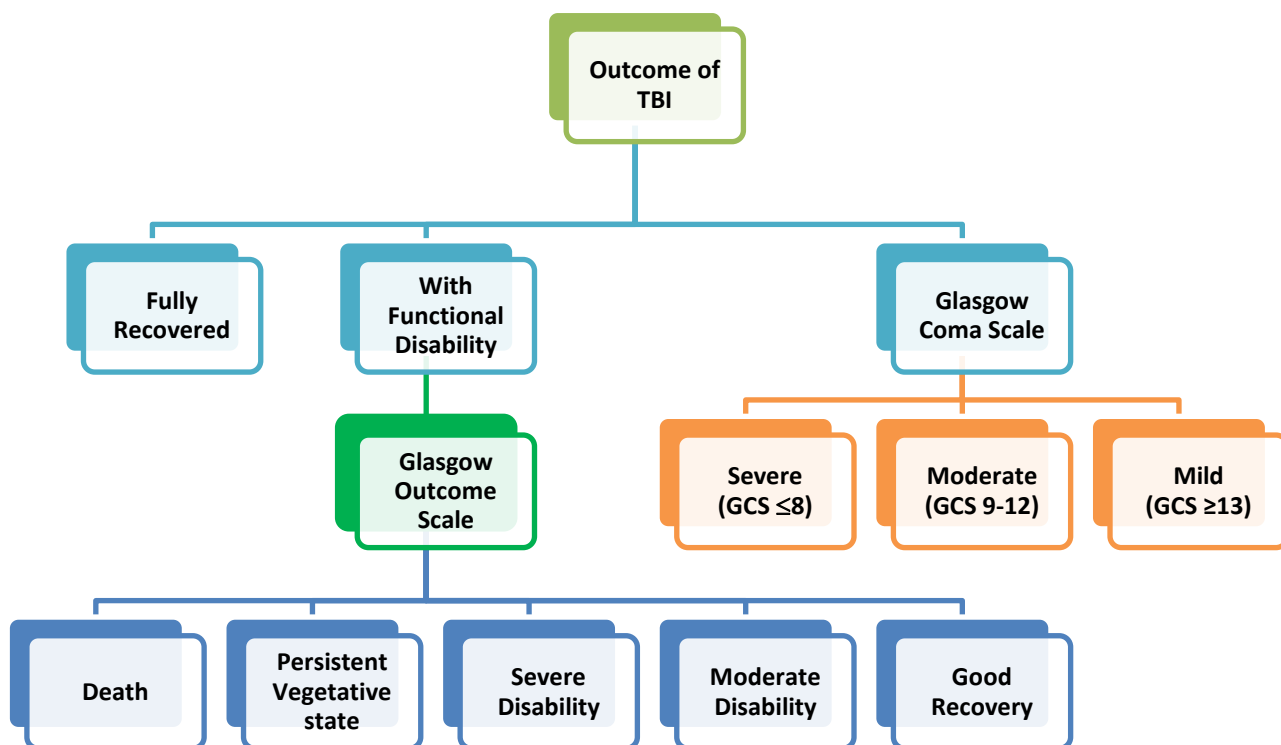
- Deceased
  - A fatal spinal cord injury
  - A fatal head injury
  - Cardiac event
  - Other e.g. stroke: \_\_\_\_\_
  
- Non-fatal Spinal Cord Injury
  - Quadriplegia and Wheelchair bound
  - Potential catastrophic injury with recovery (residual damage but walks with assistive devices and may be in a wheelchair)
  - Potential catastrophic injury with recovery (residual damage but walks without assistive devices)
  - No apparent residual damage and full recovery expected

- Head injuries (see Question 66)
  - Fully recovered
  - With disability

65. Asia Impairment Scale for Cervical Spinal Cord injured players at time of diagnosis

- A – Complete: no motor or sensory function is preserved in the sacral segments S4-S5
- B – Incomplete: sensory but not motor function is preserved below the neurological level, and includes the sacral segments S4-S5
- C – Incomplete: motor function is preserved below the neurological level, and more than half of key muscles below the neurological level have a muscle grade less than 3
- D – Incomplete: motor function is preserved below the neurological level and at least half of key muscles below the neurological level have a muscle grade of 3 or more
- E – Normal: motor and sensory function are normal

**Outcome of Injury Classification Matrix**  
**for Head or TBI Injuries**



66. Glasgow Coma Scale (GCS) for Head or Brain (TBI) injured players at time of *diagnosis*:

- Mild (GCS  $\geq$  13) – loss of consciousness and/or confusion and disorientation was shorter than 30 minutes
- Moderate (GCS 9-12) – loss of consciousness >30 minutes; physical or cognitive impairments that may or may not resolve; benefit from rehabilitation
- Severe (GCS  $\leq$  8) – Coma; unconscious state; no meaningful response; no voluntary activities

67. Glasgow Outcome Scale (GOS) for Head or Brain (TBI) injured players at *discharge*:

- Death
- Persistent Vegetative state – A vegetative state that lasts for longer than 1 month. A vegetative state consists of sleep-wake cycles, arousal but no interaction with the environment and no localised response to pain
- Severe Disability (conscious but disabled) – patient depends on others for daily support due to mental or physical disability or both
- Moderate disability (disabled but independent) – patient is independent as far as daily life is concerned. The disability found includes varying degrees of dysphasia, hemiparesis, ataxia, as well as intellectual and memory deficits and personality changes
- Good recovery – Resumption of normal activities even though there may be minor neurological or psychological deficits

## **SECTION H: PLAYER'S MEDICAL HISTORY (PRINT CLEARLY)**

68.

a. Did the player suffer from any medical conditions or illnesses that interrupted their training or match play in the week prior to the injury?

- Yes       No

b. If YES, then describe the conditions/illnesses:

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69.

a. Does the player have any long-term medical conditions or illnesses that may be relevant to the injury e.g. epilepsy, diabetes?

Yes       No

b. If YES, then describe the conditions/illnesses:

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70.

a. Does the player have a history of “stinger” (also known as burner, nerve pinch and brachial plexus injuries)?

Yes       No

b. If YES, then describe the history:

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71.

a. Had the player ever sustained a previous *neck/spinal injury* before?

Yes       No

b. If YES, then please provide details of the nature and circumstances of the previous neck/spinal injury:

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- c. Had the player ever sustained a previous SIGNIFICANT neck/spinal injury (that is requiring hospital admission or scans (MRI or CT scan), with prolonged symptoms for over 1 month, associated with arm symptoms or preventing play for more than 2 weeks):

Yes       No

- d. If YES, then please provide details of the nature and circumstances of the previous SIGNIFICANT neck/spinal injury:

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- e. Had the player fully recovered from the previous SIGNIFICANT neck/spinal injury before starting the match/training session in which the current injury was sustained?

Yes       No

- f. Did the player receive treatment for the previous neck/spinal injury?

Yes       No

- g. Briefly describe the treatment received:

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72.

- a. Had the player ever sustained a previous *head/brain/concussion* injury before?

Yes       No

- b. If YES, then please provide details of the nature and circumstances of the previous head/brain/concussion injury:

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c. Had the player ever sustained a previous SIGNIFICANT head/brain/concussion injury (with symptoms lasting more than 3 weeks or requiring hospital admission or scans (MRI or CT scan)):

Yes       No

d. If YES, then please provide details of the nature and circumstances of the previous SIGNIFICANT head/brain/concussion injury:

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e. Had the player fully recovered from the previous SIGNIFICANT head/brain/concussion injury before starting the match/training session in which the current injury was sustained?

Yes       No

f. Did the player receive treatment for the previous SIGNIFICANT head/brain/concussion injury?

Yes       No

g. Briefly describe the treatment received:

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