

Treating Injuries



Non-urgent care

Minor injuries

Bumps

Cuts & scrapes
Sprained joints



Seek appropriate care from First Aid, GP or Clinic at your own expense.



Players signed up to 'Return to Play' can contact them online to get guidelines on recovery and returning to play.



https://www.return2play.org.uk/

Urgent care

Serious injuries

Concussion
spinal injury
fractures



Stabilize player.

Call for an ambulance.

Ambulance will take player
to the nearest
Government Hospital.



In all cases of serious injury the Coach or Club First Aid Representative must complete the Injury Report for the HKRFU



https://www.hkrugby.com/forms/injury-report

Ambulance hotline: 999 or 112



Treating concussion



CONCUSSION SYMPTOMS

Unconscious	Sensitivity to light	
Headache	Sensitivity to noise	
Dizziness	Blurred vision	
Nausea	Loss of memory	
Feeling slowed down	Feeling confused	



REMOVE FROM THE FIELD IMMEDIATELY (decided by referee, coach or Emergency First Responder)



Mild concussion protocol

If the player's symptoms clear up mostly after a few minutes:

continue to **observe the player** and if you see any changes, go to a GP or Government Hospital. If in doubt consult your doctor.



Severe concussion protocol

If the player is:

- unconscious
 - vomiting
- pupils have asymmetrical dilation
- Walking in a drunken/abnormal gait

Call ambulance or take to hospital immediately





Recovery Stage	Child (U19s)	Adult
Rest period (minimum)	14 days	14 days
	Can progress if symptom-free Doctor review recommended	
Graduated return to play	8 days	6 days
	Medical clearance by doctor required	
Earliest return to play	23 days	21 days



Protocol for spinal injuries



SYMPTOMS

Extreme pain or pressure in the neck, head or back

Tingling or loss of sensation in the hand, fingers, feet or toes

Partial or complete loss of control over any part of the body

Urinary or bowel urgency, incontinence or retention

Abnormal band-like sensations in the thorax (pain, pressure)



ACTION:

Do not move the patient.

Stabilize the head and neck with responders forearms.

Remove mouth guards and check that breathing is not inhibited or irregular.



If the player is responsive:

- Continue to stabilize the head and neck
- Ask what sensation is felt
- Evaluate small movements of the hands and feet.

If the player is unresponsive:

- Continue to stabilize the head and neck.
- Continue to observe breathing.





Call for an ambulance