Oxford Rugby Football Club First Aid Policy and Procedures

Season 2026 - 28

Updated August 2026 by John Brodley Chair Oxford RFC Ltd

Review Date: August 2028

Oxford RFC Ltd Mini and Junior
First Aid Coordinator David Hayter
Senior Coordinator Ethan Richie

Oxford RFC will provide sufficiently qualified first aid personnel with the appropriate resources to enable first aid to be administered at every training session and game as instructed by the Rugby Football Union.

Reporting Accidents

It is the Oxford RFC policy that all accidents which conform to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR 95) are reported on the accident record book(in the club safe) and on the appropriate RFU form.

The Oxford RFC accident book is managed by John Brodley and is kept in the club safe. An accident book entry will also be completed for every accident involving personal injury.

First Aid Equipment Guidelines

It is essential that first aid equipment is checked frequently therefore ensuring sufficient quantities and all items are usable.

Always replenish the contents of the first aid box and kit as soon as possible after use. Items should not be used after the expiry date shown on packets.
All items of first aid equipment should be requested from ORFC First Aid coordinator David Hayter and Ethan Richie.

On Site First Aid Facilities

ORFC has a dedicated physio room by changing room 1.

Defibrillator

The club now owns a defibrillator which is accessible by the main club house door.

Each Mini and Junior team is given a first aid box which is made from suitable material designed to protect the contents from damp and dust.

Guidelines for Standard First Aid Equipment Box:

- Guidance Card
- Assorted Adhesive Dressings (Plasters) x 20
- Sterile Eye pads (No. 16) x 2
- Medium Sterile Wound Dressings (No. 8) x 6
- Large Sterile Wound Dressings (No. 9) x 2
- Short Life Triangular Bandages x 4
- Disposable Gloves (Pair) x 3
- Antiseptic wipes x 6
- Emergency Foil Blanket x 1
- Disposable Resuscitation Aid x 1

It is preferable for the "home side" to have ice or ice packs available although individual club members may want to keep "cool packs" with them. Ice packs can be obtained from behind the bar.

Under no circumstances should prescription drugs be administered by first aiders or kept in the first aid box. Boxes should be clearly labeled and easily accessible. Emergency first aid should only be given by appropriately trained persons. A list of all qualified first aiders should be made clearly available.

1. **Game Preparation & Guidelines in the event of an injury**

I. Before training or a game, telephone access (mobile) and emergency vehicle access must be affirmed. The bar duty person should be the first point of contact in the club bar if emergency services are needed. Emergency vehicle access will also be checked by the club as part of match day risk assessment protocol. For minis and Juniors, ensure parent contact details and medical notes for team are with team leader or first aider

II. Play should be stopped as soon as an injury is recognised.

III. Players should be assessed by either the referee or a coach. An "on field" melee of spectators should be discouraged.

IV. Talking to the player will immediately determine responsiveness and the degree of discomfort/pain.

V. Any LOC (loss of consciousness)/ unresponsiveness requires a 999 call for ambulance and Basic First Aid to ensure airway patency and breathing. The player must not be moved.

VI. Excessive pain, limb or joint deformity, asymmetry, excessive swelling requires ambulance referral to hospital. Transfer to hospital by car should only be considered in minor finger and forearm injuries.

VII. No injury resulting in bleeding can remain in play.

Bleeding wounds and grazes should be washed when bleeding with water (or saline if available).

Alcohol wipes should not be used. (First aid advice should be sought in case wound merits suturing). Wounds should then have a simple dressing applied. Regulations regarding return of "blood injuries" to the field of play exist and should be applied in junior and senior sides.

Common sense must prevail in assessing an injured player. "Excessive pain" alone is sufficient to merit referral to a doctor or A&E.
If in doubt, call for help.

VII. Excessive reliance on a "water splash" should be discouraged. Players' kit (especially children) should not be soaked. Hypothermia is a problem in the injured rugby player.

An injured player will cool rapidly and shivering only serves to increase pain. Space blankets, ordinary blankets and spectators' clothes should be used to keep the player warm.
The player's own kit (tracksuit etc) is usually inadequate and impossible to put back on the injured player
Simple beanies or any hat will slow down the rate at which an injured player will cool.

VIII. The injured player's possessions should be secured and in the case of injury in junior players, contact should be made with parents/guardians.

In the event of an ambulance transfer a copy of RFU medical form (including consent) should go with player

Concussion Guidelines

Oxford RFC is committed to providing the best care possible in relation to concussion.

ORFC expects that all coaches have read the RFU Headcase programme guidelines and provide all coaches and first aiders with the Headcase pitch-side guidelines. All coaches and first aiders are expected to have completed the online Headcase course and to be familiar with the Headcase concussion overview, shown below;

https://keepyourbootson.co.uk/rugbysafe-toolkit/community-rugby-first-aid-provision-and-information/

Age Grade Concussion advice form the RFU can be found at:

https://keepyourbootson.co.uk/rugbysafe-toolkit/headcase/

Return to play guidelines

RFU Return to play guidelines can be found

https://keepyourbootson.co.uk/wp-content/uploads/2019/04/U19-Concussion-Management-Guidelines-2018.pd