ANNUAL SAFEGUARDING CONFERENCE

2024

RUGBY FOOTBALL LEAGUE

Introduction to the day

Kerry Simmons
Safeguarding Manager

AGENDA
RFL SAFEGUARDING CONFERENCE 2024

VENUE: **Totally Wicked Stadium, 1873 Lounge, St Helens**

DATE: Sunday 21st January 2024

TIMINGS: Registration 9.30am start 10am until 3.30pm

TIMINGS	AGENDA ITEM	WHO
9.30am	Registration and Coffee	All
10.00am	Introduction to the day	Kerry Simmons **RFL Safeguarding Manager**
10.05am	Initial Welcome	Robert Hicks **Director of Operations and Legal**
10.15am	Reflect on 2023 and what's to come	Tony Sutton **Chief Executive Officer**
10.30am	Match Official Head Camera Scheme	Liam Moore **Legal and Compliance Officer/ FT MO**
11.00am	BREAK	**ALL**
11.15am	Concussion	Laura Fairbank **Head of Medical** Dr Gemma Philips **RFL Deputy Chief Medical Officer**
12.15pm	**LUNCH - ALL**	
1.00pm	Welcome back and introduction to the afternoon	Kerry Simmons **RFL Safeguarding Manager**
1.05pm	Unacceptable Language and Behaviour Workshop – Part 1	Liz Ward **External Provider**
2.00pm	BREAK	**ALL**
2.15pm	Unacceptable Language and Behaviour Workshop – Part 2	Liz Ward **External Provider**
3.00pm	Case Process and TSO's	Gavin Wild **Compliance Manager**
3.30pm	Evaluation and Close	**All**

INITIAL WELCOME

Robert Hicks

Director of Operations and Legal

RUGBY FOOTBALL LEAGUE

Reflection on 2023 and what's to come

Tony Sutton
Chief Executive Officer

Match Official Head Camera Scheme UPDATE

Liam Moore
Legal and Compliance Case Manager
Full Time Match Official

HEAD CAMERA SCHEME

Background:

- **Successful NCL Head Cam Trial in 2022**
- **200 Head Cams purchased for the Community Game**
- **Aim to reduce Match Official abuse and improve Touchline/participant behaviour**
- **First NGB to introduce Head Cams for Match Officials with other sports now following our lead**

HEAD CAMERA SCHEME UPDATE

How are we doing?

	End of Year 2021	End of Year 2022	End of Year 2023	Difference
Reduction in Match Official abuse	200	200	108	46%
Improved behaviour of touchlines in the Community Game/ Improved behaviour of coaches and players	1010	817	590	28%

How are we doing?

- **In 2023 End of Season Feedback back 90% of Match Officials agreed Head Cams had improved "Player and coach behaviour"**

- **Head Cam footage is used at disciplinary hearings as well as often crucial evidence in Safeguarding cases**

- **Albeit a significant investment the Community Game is already seeing the positive impact of Head Cams across the sport**

BREAK

15 MINUTES

Concussion

RICHARD YATES
Head of Legal
DR GEMMA PHILLIPS
Interim Chief Medical Officer

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1895

CONSULTATION

- **BRAIN HEALTH SUB-COMMITTEE, CLINICAL ADVISORY GROUP, LAWS COMMITTEE**
  - Clubs
  - Experts
  - Players, coaches & volunteers from across the game
- **COUNCIL**
  - Every meeting in 2023
  - Community Board
  - Youth & Junior Forum
  - Summaries and & reports
- **HEAD COACHES & PLAYERS**
  - 3 meetings with coaches
  - Players at last meeting
  - GMB Union

CEO'S AND OTHER STAKEHOLDERS

- Two CEO Meetings
- Heads of Youth
- Two Open Webinars

RUGBY FOOTBALL LEAGUE

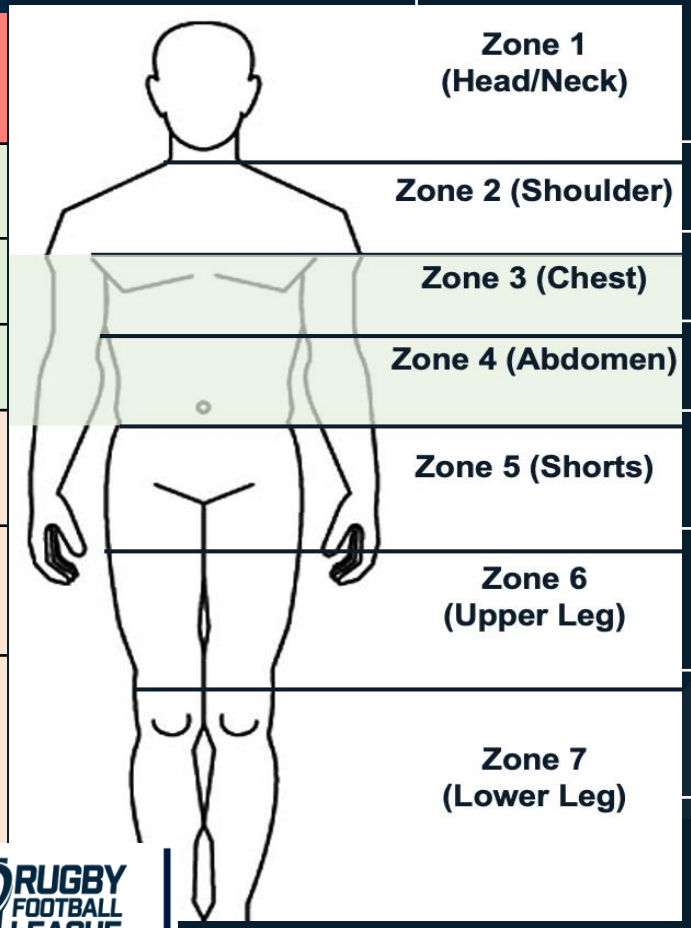
REASONS TO CHANGE

- **PLAYER WELFARE**
  - Right thing to do
  - Players always want to play
  - Medical/Scientific change – Academia
  - Government pressure
- **INSURANCE**
  - 2022 Renewal
  - Premium increase
  - Underwriters message is to keep adapting to the science
- **LEGAL CLAIMS**
  - Protection from future claim
  - Waiver – likely not enforceable in UK Law
  - Other similar sports
- **MEDICAL ALTERNATIVE**
  - Cost
  - Fund

RUGBY FOOTBALL LEAGUE

FINDINGS FROM ACADEMY LAW TRIAL (Video Analysis Data);

CONCUSSIONS PER 1000 EVENTS*	Tackle Height	Stage: Pre	Stage: Intervention	Stage: Post
1.2	Zone 1 (Head/Neck)	34* (30-38)	**23 (20-27)**	43* (37-49)
0.2	Zone 2 (Shoulder)	315* (299-232)	**128 (119-137)**	341* (317-366)
0.2	Zone 3 (Chest)	246* (232-260)	**285 (270-301)**	252* 8233-272)
0.2	Zone 4 (Abdomen)	99* (92-107)	**128 (119-137)**	80* (71-89)
0.5	Zone 5 (Shorts)	62* (57-68)	**114 (106-122)**	83* (74-93)
0.5	Zone 6 (Upper Leg)	28* (24-31)	**51 (47-57)**	24* (20-29)
0.4	Zone 7 (Lower Leg)	11* (9-13)	**16 (14-19)**	14 (11-18)



LESS tackles in Zones 1 & 2 during the intervention

MORE tackles in Zones 3 & 4 during the intervention

MORE tackles in Zones 5 & 6 during the intervention in

LEEDS BECKETT UNIVERSITY

RUGBY FOOTBALL LEAGUE

Data presented per 1000 tackles (95% CI)
***Significantly different to the intervention**

RISKS

RISKS TO PARTICIPANTS

- **Concussions are brain injuries** and all concussions are serious.
- Failure to manage this process correctly can lead to players suffering prolonged symptoms, which may mean a player **struggles to return to normal** activities including work and/or school. Mismanagement can be fatal.
- Playing on with symptoms of concussion, or returning before full recovery can make s**ymptoms worse**, **delay recovery** and put players at **risk of future concussions**. Even lead to more serious brain injury and lead to **Second Impact Syndrome** (serious brain swelling) which can result in death.
- **Long term issue**s may be more likely if a concussion is not managed appropriately or safely. These effects may only become apparent in later life such as, potentially significant memory problems and mood disturbances.

Maintaining good brain health is important for all aspects of life in the short and long term.

RISKS TO THE SPORT

- Concussion is a big issue in all sports – particularly contact and collision sports.
- Concussion is consistently the most reported injury in Rugby League
- More research and evidence than ever before – which must be followed, but it's ever evolving
- International Concussion in Sport Group 2022 – Recommends a focus on **prevention**
- There is ongoing research into the links between concussions and neurodegenerative brain conditions such as Chronic Traumatic Encephalopathy (CTE)
- Responsibility and duty of care – **sanctioning is part of our role to be responsible**

2022 COMMUNITY SURVEY

Here are the headline findings from the Survey, which sought the views of Players, Parents and Coaches in the community game:

- 43% of players aged over 18 years stated they did not report concussion-related symptoms during the 2020 and 2021 seasons. The two most common reasons for underreporting concussion in players over 18 years were
  - 'didn't want to be ruled out of a match' (25%) and;
  - 'didn't want to let down team' (22%).
  - a lack of awareness (despite the symptoms(s), didn't think the symptoms were significant; 16%)

- 53% of parents and 40% of players over 18 years were concerned about the potential long-term implications from concussion.
- Players over 18 years who reported to have received external coaching pressures around a concussion, were more likely to have underreported a concussion at the time of survey completion.
- Correct symptoms of concussion were identified on average 54% (over 18 years) and 65% (under 18 years/parents) of occasions.

PROTOCOLS, SIGNS AND SYMPTOMS

Protocols

- RFL adopts and supports the Sports & Recreational Alliance (SRA) – Grassroots Concussion in Sport Framework which the RFU and FA support also.
- If a player is suspected of having a concussion they must be removed from the field immediately and stay off the field.
- **IF IN DOUBT – SIT THEM OUT!**
- Sports are permitted to make amends to the framework as they see fit for their individual needs
- First Aiders play a key role in delivering a safer sport for all participants – for both teams. Alongside Coaches and Match Officials
- You do not need to diagnose a concussion, just act on suspicion.
- Just because a player has no head contact doesn't mean he/she isn't concussed.
- There is **NO HIA** in the Community Game
- Can use CRT6 tool

Protocol changes 2024 season

- GRTP amended to read easier
- Protocol promotes Club to enforce GRTP based on observations of signs and symptoms vs. 111
- Match Officials to enforce removal of players
- Clearer mandate on who manages what for players also registered at a Professional Club
- Recommend players see specialist when 2 concussions occur in 12-month period

Community Game - Roles

•Applies to Coaches and First Aiders

•Ensure all qualifications are valid and in date - any education and CPD is complete.

•Be aware of the signs of symptoms of concussion and **<u>if in doubt – sit them out!</u>**

- Be cautious in approach to suspected concussion - Welfare over competition, **always**
- Listen to those around you and obtain as much information as possible on the circumstances
- Safely remove the individual from the field of play and ensure that they do not return to play in that game even if they say that their symptoms have resolved
- Observe the player or assign a responsible adult to monitor the individual once the player is removed
- If player is under 18 years old, contact parent/guardian to inform them of the possible concussion.
- Arrange for the player to get home safely
- Arrange for a responsible adult to supervise the player over the next 24-48 hours
- Ensure any relevant injury report form is completed and stored by the club/school/organisation
- Follow a graduated return to activity (education/work) and sport programme with an emphasis on initial relative rest and returning to education/work before returning to training for sport.

SIGNS

What you might see…

- Loss of consciousness or responsiveness - only 1 in 10
- Lying motionless on ground
- Slow to get up
- Unprotected fall to ground
- Unsteady on feet/balance problems or falling over/incoordination
- Dazed, blank or vacant look, slow to respond to questions
- Confused / not aware of plays or events
- An impact seizure / convulsion /Tonic posturing - lying rigid/motionless due muscle spasm
- More emotional/irritable than normal for that person
- Vomiting
- Grabbing/clutching of head

SYMPTOMS

What players might say…

- Disoriented (not aware of their surroundings e.g. opponent, period, score)
- Headache
- Dizziness/feeling off-balance
- Mental clouding, confusion or feeling slowed down
- Drowsiness/feeling like ‘in a fog’/ difficulty concentrating
- Visual problems
- Nausea
- Fatigue
- ‘Pressure in head’
- Sensitivity to light or sound
- More emotional
- Don’t feel right
- Concerns expressed by parent, official, spectators about a player

CRT6 – What is it?

And what it is not!

- Can be used by those with no clinical training
- Pocket recognition tool
- Encourages recognise and remove
- Is **NOT** a **diagnostic** tool and is **NOT** a form of **HIA!**
- Supports early recognition and removal of players
- Advise each FA to print off a copy, laminate and keep pitch side.

CRT6 Concussion Recognition Tool

To Help Identify Concussion in Children, Adolescents and Adults

1: Visible Clues of Suspected Concussion

Visible clues that suggest concussion include:

- Loss of consciousness or responsiveness
- Lying motionless on the playing surface
- Falling unprotected to the playing surface
- Disorientation or confusion, staring or limited responsiveness, or an inability to respond appropriately to questions
- Dazed, blank, or vacant look
- Seizure, fits, or convulsions
- Slow to get up after a direct or indirect hit to the head
- Unsteady on feet / balance problems or falling over / poor coordination / wobbly
- Facial injury

2: Symptoms of Suspected Concussion

Physical Symptoms
Headache
"Pressure in head"
Balance problems
Nausea or vomiting
Drowsiness
Dizziness
Blurred vision
More sensitive to light
More sensitive to noise
Fatigue or low energy
"Don't feel right"
Neck Pain

Changes in Emotions
More emotional
More Irritable
Sadness
Nervous or anxious

Changes in Thinking
Difficulty concentrating
Difficulty remembering
Feeling slowed down
Feeling like "in a fog"

Remember, symptoms may develop over minutes or hours following a head injury.

Recognise and Remove

Red Flags: CALL AN AMBULANCE

If **ANY** of the following signs are observed or complaints are reported after an impact to the head or body the athlete should be immediately removed from play/game/activity and transported for urgent medical care by a healthcare professional (HCP):

- **Neck pain or tenderness**
- **Seizure, 'fits', or convulsion**
- **Loss of vision or double vision**
- **Loss of consciousness**
- **Increased confusion or deteriorating conscious state (becoming less responsive, drowsy)**
- **Weakness or numbness/tingling in more than one arm or leg**
- **Repeated Vomiting**
- **Severe or increasing headache**
- **Increasingly restless, agitated or combative**
- **Visible deformity of the skull**

Remember

- In all cases, the basic principles of first aid should be followed: assess danger at the scene, check airway, breathing, circulation; look for reduced awareness of surroundings or slowness or difficulty answering questions.
- Do not attempt to move the athlete (other than required for airway support) unless trained to do so.
- Do not remove helmet (if present) or other equipment.
- Assume a possible spinal cord injury in all cases of head injury.
- Athletes with known physical or developmental disabilities should have a lower threshold for removal from play.

If there are no Red Flags, identification of possible concussion should proceed as follows:

Concussion should be suspected after an impact to the head or body when the athlete seems different than usual. Such changes include the presence of **any one or more** of the following: visible clues of concussion, signs and symptoms (such as headache or unsteadiness), impaired brain function (e.g. confusion), or unusual behaviour.

3: Awareness

(Modify each question appropriately for each sport and age of athlete)

Failure to answer any of these questions correctly may suggest a concussion:

"Where are we today?"

"What event were you doing?"

"Who scored last in this game?"

"What team did you play last week/game?"

"Did your team win the last game?"

Any athlete with a suspected concussion should be - IMMEDIATELY REMOVED FROM PRACTICE OR PLAY and should NOT RETURN TO ANY ACTIVITY WITH RISK OF HEAD CONTACT, FALL OR COLLISION, including SPORT ACTIVITY until ASSESSED MEDICALLY, even if the symptoms resolve.

Athletes with suspected concussion should **NOT**:

- Be left alone initially (at least for the first 3 hours). Worsening of symptoms should lead to immediate medical attention.
- Be sent home by themselves. They need to be with a responsible adult.
- Drink alcohol, use recreational drugs or drugs not prescribed by their HCP
- Drive a motor vehicle until cleared to do so by a healthcare professional

ACTIVITIES – PUTTING KNOWLEDGE INTO PRACTICE

WHAT SHOULD HAPPEN NEXT?

- We are watching blue and white - number 11 – who starts off in the defensive line to the ref's immediate right.
- Look out for how the player completes tackle 1 and then tackle 2
- Look out for any signs or symptoms of suspected concussion. What are they?
- What steps should happen next?

WHAT SHOULD HAPPEN NEXT?

- Time called off.
- First aider called on the field.
- First aider must ask the match official what they have seen/heard – mechanism leading to suspected concussion and also signs and symptoms.
- Ask the player what happened. Use CRT6 if required
- Remove from the field immediately
- Do not allow the player to return to the field
- Ensure the player goes home with relevant informatio
- Does not drink alcohol (age dependant)
- Does not drive (age dependant)
- Call 111 if needed to confirm concussion
- Follow the GRTP

WHAT ARE THE ISSUES HERE?

“Yes, we did have a player go down, but he was never knocked unconscious. If this had of happened, we would have taken him off straight away.

The first aider went on straight away and the player got up when our first aider was with them. I’ll ask our coach and first aider but I'm certain he wasn't unconscious.

If ever we are in doubt we will take the player off and do a HIA.

He played the rest of the game and didn’t look like he was injured and was OK for the rest of the day too.”

Statements from Community Clubs following Safeguarding referrals.

ISSUES

- **9 out of 10 players DO NOT lose consciousness when concussed.**

- **There is no HIA process in the community game**
  CRT6 can be used to assist following a player having an impact to the head. They cannot be used to DIAGNOSE concussion- this is for a medical professional (like 111 or GP). Sit them out for the whole of the game/training. No return.

- **A player who has a fast resolution of symptoms, says they are OK or looks OK - does not mean that they have not suffered a concussion. Follow the protocols!**

SCENARIO 1

- Player carries the ball in. They have a strong, legal tackle made on them and you see their head whiplash towards the ground and firmly hit the ground.

- The player shows no signs of concussion. What do you look for next?
- What do you do?

SCENARIO 2

- An Opposition Player clashes heads with his teammate in the tackle. Both players fall to ground and grab their heads. They take a while to get up. No one enters the field to check them or remove them. They play on.

- What do you think you should do immediately, postmatch and then following?
- What is your duty of care?

SCENARIO 3

- Your player is in a tackle and has an unprotected fall to ground. They lay motionless for a period of time, but when the coach and first aider get to them they are talking and say they are OK.

- Could this be concussion?
- Do you remove the player?

SCENARIO 4

- In the first half… you saw a player have signs of concussion and removed them from the field.

  After half time, the player says he now feels OK and can go back on. The parent says they know their kid, and they’re OK to go back on. The coach thinks it's OK to allow them back on too.

- Should they be allowed to return?
- How do you deal with the parent and coach?

GRADUATED RETURN PROTOCOL

GRTP

- Follows the SRA model rolled out in 2023
- Works across all age groups – but Give caution for younger, developing brains
- Return to sport and return to activity included as one table
- Primary concern – return to activity (normal life)
- Where player is a scholar, on academy, reserves, dual reg – Professional Club to manage
- Ensure clear communications with parents and other clubs
- **Aim remains** – individualized programme for players to recover from concussion effectively using gradual programme of activity which is inline with the Concussion in Sport Group recommendations from 2022.

RETURN TO SPORT	Day zero	Stage 1	Stage 2 nts	Stage 3	Stage 4	Stage 5	Stage 6
	Day of injury	Rest	Increase exercise	Light aerobic exercise	Non-Contact training	Contact training	Return to competition
Timeframe	Day zero	Days 1 – 2 following injury minimum	Day 3 – Day 7 Between Stages 2 – 3 - Each stage must take a minimum of 24 hours. Player cannot progress to Stage 4 before day 8.		Day 8 – 14 minimum	Day 15 – 21 minimum	Day 21 minimum (remember the day of injury is day 0)
Permitted exercise	None – recognise and remove from play	• Sleep and rest. • Gentle everyday activity (such as walking) for no more than 15 minutes at a time. • Minimise screen time	• Increase activities such as short walks • Chores at home • Moving about the house	• Light jogs • Swimming • stationary cycling or equivalent. • No rugby • No resistance training, weightlifting, jumping or hard running.	• No activity where increased risk of head impacts or head injury • Intensity of exercise and resistance training can be increased • Simple movement activities (e.g. kicking, running drills) • Limited body and head movement • Increase drills which encourage return to contact, without any contact.	• Normal training activities (including tackle shield work, wrestle etc) • Gradual increase in difficulty in opposed sessions. • Introduction to participation in drills which encourages decision making. • Check player is using good technique.	• Player can now play in matches
			Progressing too quickly through stages 3 - 5 whilst symptoms are significantly worsened by exercise may slow recovery. Although headaches are the most common symptom following concussion and may persist for several months, exercise should be limited to that which does not more than mildly exacerbate them.				
Duration	N/A	15 minute timeframe max	15 minute timeframes max	Increased from 15 mins in 15 minute segments, to 45 minutes timeframe max	Increase to max 60 minutes timeframe	Contact training should only make up max 30 mins	N/A
Objective	Rest	Rest and Recover	Increase in daily activity	Increase heart rate	Co-ordination and skills/tactics alongside increased intensity of exercise	Restore players confidence and assess functional skills by coaches	Return to play
Remember!	• There is no HIA in the Community Game • Remove the player as quickly as possible • Monitor them for signs of worsening conditions which may indicate Red Flags which require 999 • DO NOT allow them to return to play	• Call 111 and be alert to worsening symptoms • A person with suspected concussion shouldn't be left alone in the first 24 hours. • Don't drive or drink alcohol	• If this Stage is commenced and symptoms get worse, rest and only resume once they have subsided, ideally until the following day.	• Stage 3 can only commence once symptoms are no more than mild and are not getting worse. • If this Stage is commenced and symptoms get worse, rest and only resume once they have subsided.	• If symptoms more than mildly increase, or new symptoms appear, cease activity and rest briefly until they subside • Resume at a reduced level of exercise intensity until able to tolerate it without more than mild symptoms occurring.	• Player must be symptom free for 14 days prior to progressing to this stage • If resumption of contact training results in concussive symptoms the player must be removed from training.	• This stage can only be reached where there are NO SYMPTOMS PRESENT AT REST in the last 14 days recovery. • The player must be symptom free during contact training at stage 5.

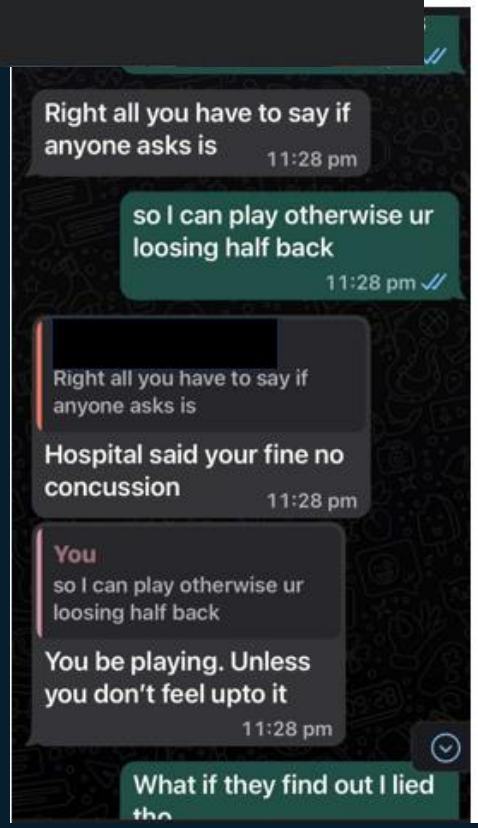
ANY PLAYER WHO EXPERIENCES SYMPTOMS BEYOND 28 DAYS MUST SEE A GP WHO MAY REFER TO A SPECIALIST. THEY MUST REMAIN OUT OF SPORT.

GRTP – return to activity

RETURN TO ACTIVITY	Day zero	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5
	Rest	Relative Rest Period	Return to normal daily activities outside of school or work.	Increasing tolerance for thinking activities	Return to study and work	Return to full academic or work-related activity
Permitted activity	• Rest	• Any mental activity should be limited to 15 minutes maximum at a time • Screentime to be kept to an absolute minimum	• Increase in mental activity such as reading. • Introduce school and work activity at home gradually • Limit screen time • Activity can be increased gradually provided it does not more than mildly increase symptoms	• Once normal level of daily activities can be tolerated then explore adding in some home-based school or work-related activity, such as homework, longer periods of reading or paperwork in 20 to 30-minute blocks with a brief rest after each block. • Discuss with school or employer about returning part-time, breaks, doing limited hours etc each week from home	• May need to consider a part-time return to school or reduced activities in the workplace (e.g. half-days, breaks, avoiding hard physical work, avoiding complicated study).	Return to full activity and catch up on any missed work.

SANCTIONS

This boy of mine got a cut to his head today during his rugby game. He was so emotional because he didn't want to let his teammates or coaches down. Poor boy was just saying I'm fine let me back on the entire time. So we assed the situation, strapped him up and back on he went. Four and a half hours and 7 stitches later, he was still smiling. Not a single flinch or moan from him the entire time 💪👊



DUTY OF CARE

- Failure to act, ignorance to regulation and/or incorrect process may result in compliance action.
- Safeguarding referrals – PSO/TSO. Classed as neglect.
- Referral to discipline panels
- Stand down of players and stand down of First Aiders.
- Education available and mandated – may form part of a sanction or recommendation issued.
- **Abuse of MO's will not be tolerated and will be treated as above**

LUNCH

45 MINUTES

WELCOME BACK

KERRY SIMMONS

RFL SAFEGUARDING MANAGER

Unacceptable Language and Behaviour Workshop – Part 1

Liz Ward

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BREAK

15 MINUTES

Unacceptable Language and Behaviour Workshop – Part 2

Liz Ward

CASE PROCESS AND TSO'S

GAVIN WILD
RFL COMPLIANCE MANAGER

TEMPORARY SUSPENSION ORDERS (TSOs)

- What are they?
- What do they mean?
- What can I do?

Definition of TSO

"Temporary Suspension Orders will be made by the SCMG who shall have the power to order that the individual be suspended from playing in (or attending) Matches and all or any other Rugby League activity or any venue where Rugby League activity takes place for such period and on such terms and conditions as it thinks fit on a case by case basis. The subject of a TSO will be informed in writing."

CASE MANAGEMENT PROCESS AND GUIDANCE

- Victim to make initial complaint to the RFL detailing who the accused is.
- Within 2 working days that this allegation is received, RFL to send email and guidance note to victim and notify the Club Welfare Officer.
- RFL will on the same day, then send email and guidance note to the accused and notify the Club Welfare Officer.
- Where applicable the RFL will dispatch an Independent Investigator to cases and notify the relevant League.
- Deadline for providing information from both parties will be 21 days.

CASE MANAGEMENT PROCESS AND GUIDANCE continued

- Upon receipt of the information, the RFL Safeguarding Case Management Group will determine the next course of action.

- Where the matter is to be referred to an Operational Rules Tribunal; the charge letter and the case file are to be sent together. The case file is to contain only the information provided by the parties involved.

- The charge letter will contain the date of the Tribunal as these will be listed in advance for the season. The Tribunal date must be at least 14 days after the charge letter and case file have been sent.

ANY QUESTIONS?

Please scan the QR code to complete the Conference Evaluation Form

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THANK YOU

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