

WHAT CONSTITUTES A BLOOD INJURY

Blood injury (1 August 2013)

With reference to the following:

1. From the World Rugby Education Module: Medical Protocols for Match Day Medical Staff
2. World Rugby Regulation 15
3. Law 3

How are blood injuries defined by World Rugby and which blood injuries are allowed to be managed with a temporary substitution?

The American Medical Society for Sports Medicine (AMSSM) and the American Academy of Sports Medicine (AASM) in their joint position statement regarding "Blood Borne Pathogens in Sport" differentiated between uncontrolled active bleeding and minor cuts or abrasions. Under World Rugby Regulations 15 (activated 1 August 2013), a blood injury that can access a temporary substitution for up to 15 minutes is defined as an injury with "uncontrolled active bleeding".

How should "uncontrolled active bleeding" be managed?

Participants with uncontrolled active bleeding should be removed from the field of play if the bleeding cannot be stopped within 60 seconds or as soon as is practical. A temporary substitution is allowed for up to 15 minutes to allow medical staff to control the bleeding, cleanse the wound and cover the wound.

How are abrasions and other wounds managed?

Minor cuts or abrasions commonly occur during sports and these types of wounds do not require interruption of play or removal of the participant from competition. Minor cuts and abrasions that do not have active bleeding should be cleansed and covered during scheduled breaks in play.

Who is responsible for deciding whether a blood injury requires a temporary substitution?

As of August 1 2013, Regulation 15 confirms that the MDD has the ultimate authority to decide if a temporary substitution is required for a blood injury. If there is no MDD, then the referee is the decision maker.

How should contaminated clothing be managed?

Garments soiled by blood contamination should ideally be removed. Where the area covered is less than 5 cm², the area may be cleaned with a diluted bleach solution. If the result is unsatisfactory, the MDD or referee may insist that the offending garment be replaced prior to returning to the field.

The MDD, through the 4th official, has the authority to request the removal of contaminated clothing from a player on the field, at the next break in play. MDDs are encouraged to make such requests when garment contamination is clearly visible.

What is a diluted bleach solution?

A spray container with 15 ml of standard dishwashing detergent and 32 ml of standard household bleach in 250 ml of water.

How is this solution applied?

Minor contamination of clothing and equipment must be sprayed and thoroughly soaked with the solution immediately as the player leaves the field. The decontamination solution should be in contact with the blood spill for between one and five minutes. Prior to return to the field, the area should be thoroughly rinsed off with water.

What else should we know about this diluted bleach solution?

Household bleach deteriorates with time, so do not use bleach which has passed its expiry date.

Whilst 0.5% concentration of bleach is not considered hazardous, care must be taken to avoid contact with eyes or wounds and prolonged contact with the skin. Thorough rinsing with water will further reduce any risk.

0.5% concentration of bleach has minimal effect on the colour of a rugby jersey.

What is best practice with respect to gloves and on field management?

It is recommended that medical staff use gloves on both hands when dealing with blood. From a practical viewpoint, it is legitimate to wear one glove and carry another which can be donned when needed.

The MDD does have the authority to remind Team Doctors that best practice with respect to gloves should be applied.

What other issues have been identified that are NOT considered best practice?

"Community" ice bags should not be used to stem the flow of blood. Towels should not be reused to control bleeding.

The MDD does have the authority to remind Team Doctors regarding best practice for "community" ice bags and towel usage.

Can local anaesthetic be used to suture wounds?

Yes, local anaesthetic is allowed and recommended when suturing superficial lacerations.

World Rugby Regulation 15

15.2 Replacements and Substitutes in Matches in which a National Representative Team is playing

(c) If a Player sustains a bleeding or open wound ("blood injury") the Player must leave the playing area. The Match doctor shall determine whether a player has a blood injury that requires the Player to leave the field for treatment. If so the Player shall remain off the field until such time as the bleeding has been controlled, the wound covered or dressed and in the opinion of the Match doctor the Player is able to resume playing provided it is within the time period prescribed within Law 3. For the avoidance of doubt a player that has left the playing area with a blood injury shall not be entitled to resume playing if he does not return to the playing area within the time prescribed in Law 3.

Law 3

Temporary replacement - blood injury

25. When a player has a blood injury, that player leaves the field of play and may be temporarily replaced. The injured player returns to play as soon as the bleeding has been controlled and/or covered. If the player is not available to return to the field of play within 15 minutes (actual time) of leaving the playing area, the replacement becomes permanent.

26. In international matches, the match-day doctor decides whether an injury is a blood injury necessitating a temporary replacement.