

Pitch side care during COVID-19



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Content.

- ▶ Rugby Restart
- ▶ Matches.
 - ▶ Home
 - ▶ Away
- ▶ Testing
- ▶ PPE
- ▶ Lessons from NHS

Rugby Restart



Logistics and planning. Return to training.

One way systems for arrival and departure.

Appropriate treatment areas for physio / medical assessment.

Adequate PPE and hand sanitizing stations.

sourcing this.

Matches

- ▶ Keeping current with guidance.
 - ▶ PPE
 - ▶ Interaction with players
 - ▶ Eye covering / visors.
- ▶ Pitch side role vs ICD level 2 vs 3



Matches home

- ▶ Planning for enough space to treat all presentations.
 - ▶ AGP rooms.
 - ▶ Cleaning during game.
 - ▶ Agreement about AGP what is and what isn't.

- ▶ Pre game briefing
 - ▶ More important with more spaced out medical facilities.
 - ▶ Reset the "norm"

Matches away

Planning

Staff.

How many physio and docs? What if they develop symptoms?

Change to traditional travel plans, needed to travel to all games night before.

Having correct paperwork – each ground was different as to what they wanted.

Plan for isolation of players?

2 busses

single rooms.

Match day.

- ▶ Changing rooms remote to Med rooms.
- ▶ Multiple changing rooms.
 - ▶ Reviewing players post game
- ▶ Access to video review equipment.
- ▶ Remembering where to go in game!

Last game pre lockdown



Post restart.





Players

- ▶ Communication.
 - ▶ Buy in.
 - ▶ Information.
 - ▶ Vaccines - Possibly down to their age and social media use?
- ▶ Questions.
- ▶ Mandatory sessions from PRL were great but many players were not comfortable asking questions in front of their peers.

Testing

- ▶ Understanding of different testing modality.
- ▶ Interpretation of inconclusive results.
- ▶ Who to test and who not to test post routine testing program?
- ▶ Trust to do the lateral flows correctly !
 - ▶ Interesting technique witnessed from a coach!

PPE (the big issue)

- ▶ Fit testing
 - ▶ Sourcing masks and testers.
- ▶ Extremes of weather
 - ▶ Visors in the rain!
 - ▶ Aprons in the heat and wind!
- ▶ Increased time for each clinic / treatment.

However!

- ▶ Large amount of Covid amongst players.
- ▶ Medical staff relatively less (in our club)
 - ▶ None of the docs had covid until the children brought it home recently!
 - ▶ 2/6 physios had it early.

Reputational issues

- ▶ Exposure on TV.
- ▶ Colleagues had comments about social distancing and PPE slip up.

Lessons from the NHS.



Lessons from the NHS

- ▶ There were benefits to have been working with Covid in Emergency Department before the return to sport occurred.
 - ▶ Comfortable with testing
 - ▶ Comfortable about working with covid positive (potential positive) patients.
- ▶ Alay fears of other medical staff.
 - ▶ SARS 30-60% of cases were in health care workers.
 - ▶ After initial media reports health care workers were not impacted as we thought.

Lessons from NHS 2

- ▶ Ability to speak with evidence to the players and staff.
- ▶ Comfortable with "donning and doffing" procedures.
- ▶ Understand different levels of PPE and when to use.
- ▶ Ability to predict changes in policy.

Positive outcomes from this episode.

- ▶ Hygiene improved.
- ▶ Less clutter.
- ▶ Allow a reset in all areas



Conclusions.

- ▶ Minor issues in the bigger scheme of things.
- ▶ PPE was the biggest issue for all medical staff.
- ▶ More of a focus on medical teams.

Thank You.

