

NILLS EMEDICINE CONSULTANT

EXEIER CHIEFS RUGBY CLUB

**FNGLAND LINDER 18'** 

### 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.

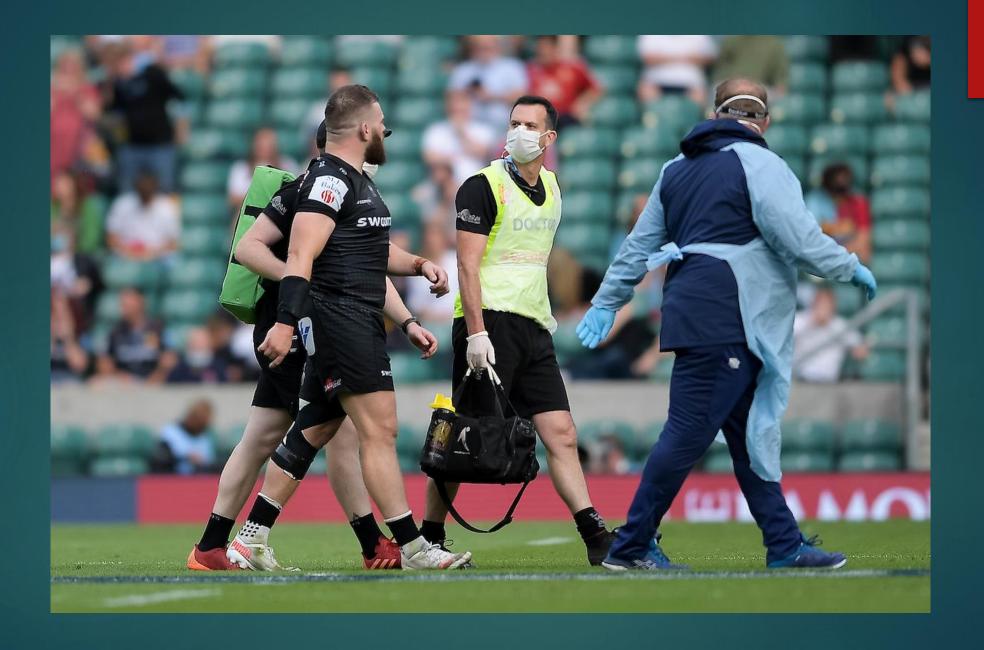
- ▶ Changing rooms remote to Med rooms.
- ► Multiple changing rooms.
  - ► Reviewing players post game
- Access to video review equipment.
- Remembering where to go in game!

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 correcty!
  - ▶ 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 heath 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.

