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# MAKING RUGBY SAFER

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## **FORWARD**

In our continuing effort to help make rugby a safer sport, Rugby Virginia has prepared “*Making Rugby Safer*”. This document is an attempt to best reflect the current needs of the sport by providing important suggestions and recommendations, as well as established policies by USA Rugby and the International Rugby Board, in an attempt to make rugby safer for all involved.

The recommendations contained herein, can be used by others, as a basis to meet the specific needs of their rugby community. The information included in this document can be found on-line in the “Safety/Risk Management” section on the Rugby Virginia website at [www.rugbyvirginia.com](http://www.rugbyvirginia.com) .

## **DISCLOSURE**

Medical coverage by a certified athletic trainer (ATC), emergency medical technician (EMT) and an on-site ambulance is of course preferable and desired, but not guaranteed at any match or practice. All players and parents must recognize that rugby is a recreational sport, and thus usually not funded by a school or municipality, etc. Accordingly, players (and in the case of players under age 21, parents too) must be aware in advance that it is NOT always possible to have ATCs, EMTs or other qualified medical personnel on site for every match.

## **BEING PREPARED**

Rugby is a strenuous physical contact game incorporating running, handling, kicking, contact and risks. Responsibility for being prepared to play is shared among the administrators, coaches, referees, and most important, the participant. The key to being medically prepared for rugby is to have the proper medical support at both practices and matches. In addition, an emergency plan should be established to handle any and all potential injuries.

It is recommended that every team implement a risk management program utilizing a team physician and a certified athletic trainer as a way to make rugby safer. The objective of the rugby team physician is to provide care for the male and female rugby player.

For all matches, someone must be appointed as the team ‘medical’ person. This person, preferable an ATC or medical doctor, shall provide first response to an injured player in need of assistance, whether this person is on or off the field and whether or not the match is still in progress.

Players should provide to club president or coach, verification of medical insurance (such as insurance card) and a medical information form, such as the one provided with this document. They should be trained in rugby contact techniques and skills.

They must be enrolled in the USA Rugby CIPP program (national dues) prior to their first match in any given calendar year.

For players who are under the age of 18, the coach needs to have along with their medical information form and a copy of their medical insurance card, a

'PERMISSION TO TREAT' form signed by the parent - especially for away matches and team tours.

Some hospitals in some states will not touch a minor patient without a signed authorization - which can take hours to obtain. So keep these documents readily available at all matches.

## **MEDICAL PREPAREDNESS**

In this age of preventative medicine, each rugby player should understand the need to stay fit in order to insure maximum physical performance while avoiding unnecessary injury. Although paramount to play, proper training alone cannot preclude all rugby injuries. Sports Medicine physiologists agree that most injuries are best avoided by keeping fit, by performing an adequate warm-up and by all-around safe play. When the unavoidable injury does occur, however, the seasoned athlete recognizes the need for quick on-site treatment in order to minimize the extent of the immediate trauma and its possible long-term effects. Both below and in the "Resources for Safer Rugby" Section, you will find a wealth of information on how to best prepare for safer rugby as a player, coach and team.

As stated in the "Disclosure" Section, having an ATC, EMT, etc. on the sidelines during a match is preferable; however, this may not always be possible. The minimum standard of care, as discussed under "Emergency Medical Planning" is access to a nearby telephone and knowledge of applicable emergency protocols (i.e. phone number to call, school policy, etc.).

## **CERTIFIED ATHLETIC TRAINER**

It is highly recommended that every team should have a certified athletic trainer (ATC) on the sideline for every match.

One of the duties of the ATC is to properly evaluate head injuries and make a determination if the player suffered any form of concussion. The ATC is professionally trained for proper assessment of head injuries. An ATC is trained to recognize, evaluate and provide care for injuries. The ATC provides immediate first aid care.

However, all follow-up care must be under the direction of a medical doctor. An ATC also provides skills in injury prevention by properly preparing an injured player for a match, such as by support for a sprained finger or ankle, etc.

## **PLAYER MEDICAL INFORMATION FORM**

A "Medical/Surgical Care/Emergency Treatment and Personal Medical Information Form" is available through the Rugby Virginia online registration system. It is recommended that all players for your club complete this form in full. This form provides important information to medical personnel and clubs for both player treatment and emergency contact notification. The club should maintain a set of these forms and keep them available field-side for all matches. The player should also keep a copy of the completed form with him or her whenever they play a match for another club or are involved in representative (all-star) play.

## **EMERGENCY MEDICAL PLANNING**

Whenever an organization is planning to host a tournament, an emergency action plan (EAP) should be established. A sample EAP is provided as an attachment to this paper which would be prepared by the event's head medical professional, such as an ATC. The National Athletic Trainers' Association (NATA) has prepared a position statement entitled "Emergency Planning in Athletics" which is available at:

If possible, an ambulance with EMTs should be on-site to handle emergency situations that normally require hospitalization. At all times during a match, a nearby telephone (such as a cell phone or public phone adjacent to the field) shall be readily available to call for an ambulance if one is not right there. This is also necessary in case the on-site ambulance has left to transport a player to the hospital or answer a call. The home team should be aware of any protocols required by its school if the match is played at their facilities, as well as the specific phone number to be called for emergency medical services, when needed. If an on-site ambulance service is not provided, it is recommended that the area ambulance service(s) that would normally respond to a call to your field, be advised of your match or tournament and be provided with clear directions to your field location. Whenever a player is transported to a hospital, be sure that a club officer knows what hospital they are being taken to and that someone from the club goes with them and brings a copy of their Medical Information Form and "Permission to Treat" form for an underage player along their belongings (change of clothes, IDs including medical card, etc.).

## **AREA MEDICAL SERVICES**

Each home club should know where the nearest hospital to their field is located and if possible, have written directions available for use by visiting teams.

## **MEDICAL (FIRST AID) KIT**

Insuring access to a properly equipped medical (first aid) kit during play is as essential as a correct personal kit to the knowledgeable rugby player.

## **PLAYER'S DRESS**

All players must comply with the Kit Requirements found in both the Laws of the Game. Furthermore, all players should wear a plastic protective mouthguard, to minimize the risk of concussion and damage to the player's teeth. In addition, prior to play all wounds on the arms or legs should be covered and any scabs on the neck and/or face should either be covered or coated with vaseline to decrease the risk of reopening. Players should wear proper boots and studs, as allowed by the Laws of the Game.

## **HYDRATION**

In order to prevent the higher injury rates associated with dehydration, players are encouraged to drink fluids at a normal intake level starting about 24 hours before the match, as well as just prior to kickoff and during the match. Drinking water during the match is acceptable to referees as long as it does not interfere with or delay play from resuming unless required by the player. Teams are encouraged to designate non-playing individuals to keep fluids readily available and bring them out to players as needed. When a match is played in hot and humid conditions, it is recommended that the clubs ask the referee to have general water breaks during each half (such as the midpoint - 20 minutes) to keep players hydrated. Be sure to maintain proper hydration after the match as well.

## **FIELD PREPARATION**

In accordance with Law 1 of the Laws of the Game, all fields must be properly lined and suitably marked, have suitable sideline barriers (spectator ropes), be padded (at a minimum of 2-inches thick and 5-feet high) goalposts and be free from potentially dangerous holes and foreign objects. It is recommended that a club's coach or officer do this before all practices or matches. If any of these requirements are not met, the referee may not allow the match to take place under his or her control.

## **FITNESS AND NUTRITION**

The fitter and healthier a player is, the less likely that player is to get injured. Obviously, in a sport like rugby, there are contact injuries that happen to all regardless of fitness level. However, other injuries, such as sprains and strains are less likely to occur if a player is stronger and fitter from a good training program.

The importance of good nutrition for top performance in any sport cannot be over stressed and is often overlooked. This is especially true for an extremely demanding sport such as rugby. In the "Resources for Safer Rugby" Section, you will find an abundant amount of information sources on fitness and nutrition.

## **INJURIES TO PLAYERS**

Players must take responsibility for their own well-being by recognizing that they have been injured and let medical professionals help them. They should never pretend not to be injured when they are. Coaches are encouraged to emphasize the importance of self-responsibility to their players. Teammates and friends must not put pressure on an injured player to participate in a match until that player knows he is ready to do so and if applicable, has received medical clearance to do so.

## HEADGEAR

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[http://www.uidaho.edu/clubs/womens\\_rugby/RugbyRoot/rugby/Safety/headgear.html](http://www.uidaho.edu/clubs/womens_rugby/RugbyRoot/rugby/Safety/headgear.html)

The wearing of headgear by rugby players has become more prevalent in recent years. New Zealand's Otago and All Black Josh Kronfeld has been one of the more prominent players adopting the wearing of headgear.

The wearing of headgear tends to generate much debate in some quarters, because historically it was banned altogether. It is important to understand the safety aspects involved before making a decision to wear it, or before trying to stop another player wearing it.

There is no evidence (scientific, epidemiological, or clinical) to suggest the wearing of headgear will protect the head from concussion or the neck from injury. Similarly, the shock-attenuating properties of currently-available headgear cannot provide complete protection from the range of impact forces that can be generated in contact sports.

What headgear will do, though, is to protect the head from lacerations and abrasions. Its effectiveness in this respect is proven. Thus if your neurosurgeon tells you that you need to wear headgear to protect you after a recent concussion then you need a new neurosurgeon. If you need protection against concussion then you shouldn't be playing, even with headgear. It's as simple as that. On the other hand, if you wish to wear headgear to protect yourself against cuts and abrasions then we, at least, encourage you to do so.

The IRFB's 1996 changes to law 4 on players' dress reflect these concerns by permitting headgear without padding. However, some countries take a more liberal attitude and acknowledge that since a small amount of padding does not pose any danger to other players then it should be permitted. Hence they have domestic variations allowing some padding in headgear.

## HEAD INJURIES

It is very important to recognize when a player is suspected of having a head injury that s/he is removed from the playing field (if conscious) for evaluation. To properly evaluate this and assess the damage, if any, qualified medical personnel should be present whenever full contact play is involved. Fortunately, the majority of concussions are not severe and resolve themselves if recognized and managed appropriately.

'The Concussion in Sports Public Education Campaign' in 1997 published the following: "The pressure to win can cause an athlete -- amateur or professional -- to forsake personal safety. Too often, coaches, owners, fans and family expect, and sometimes demand, that an injured player "tough it out" and play through the pain, perpetuating the notion that an athlete who sits out to nurse wounds is weak, selfish and unwilling to sacrifice for the team. This attitude may be fine for superficial bumps and bruises, but it is not appropriate when brain injury is involved.

Concussion -- the most common form of brain damage -- has become one of the most serious health problems facing both amateur and professional athletes.

Tragically, concussion is often overlooked and misdiagnosed by athletes, athletic trainers, coaches and physicians in the sports arena.

Expressions like “getting dinged” and “having your bell rung” downplay the severity of Grade 1 concussions. **There is no such thing as a minor concussion.** An athlete who suffers a Grade 1 concussion should not be told to just “shake it off”; close monitoring of the player is a requirement. Even more important, those supervising the athletes need to recognize the potentially life-threatening damage that can be inflicted when a second concussion is incurred before the athlete has recovered completely from the first concussion.

Refer to the CDC concussion kit in the Rugby Virginia folder for all information.

#### Features of Concussion Frequently Observed

1. Vacant stare (befuddled facial expression)
2. Delayed verbal and motor responses (slow to answer questions or follow instruction)
3. Confusion and inability to focus attention (easily distracted and unable to follow through with normal activities)
4. Disorientation (walking in the wrong direction; unaware of time; date and place)
5. Slurred or incoherent speech (making disjointed or incomprehensible statements)
6. Gross observable lack of coordination (stumbling, inability to walk a straight line)
7. Emotions out of proportion to circumstances (distraught, crying for no apparent reason)
8. Memory deficits (exhibited by the athlete repeatedly asking the same question that already has been answered, or inability to memorize and recall 3 of 3 words or 3 of 3 objects in 5 minutes)
9. Any period of loss of consciousness (paralytic coma, unresponsive)

Remember: when approaching any unconscious person, always assume a spinal or neck injury. Use proper log rolling techniques and immobilization of the head and neck should be used by qualified medically personnel. Bottom line to remember is that rugby is only a game, if there is any question of the player’s fitness to play or if there was any loss of consciousness, s/he should not be allowed to continue.

## **INJURY REPORTING PROCEDURE**

In Rugby Virginia, all head and spinal/neck-related injuries are to be reported using the “Injury Reporting Form” found in the Annex, first by the ATC (if present) or by the Head Coach within 24 hours to Rugby Virginia either by email or by fax at 703-282-0449.

It is a strict directive from Rugby Virginia and USA Rugby, as found in the “*USA Rugby Guidelines on the Application of Law*”, consistent with instruction from the International Rugby Board (IRB), that a player having suffered a definite concussion should not participate in any match or training session for a period of at least three weeks from the time of the injury, and then only subject to being cleared by a proper neurological examination.

The primary responsibility for conforming to this directive must belong with the individual with the concussion. However, the coaches, teammates, club officials, family, and friends of the individual also bear significant responsibility in preventing any participation in the game of rugby until the individual has been medically cleared to play or train again.

Any player with more than two definite concussions in a single 3-month period, whether related to rugby or not, should not be allowed to return to play that season.

Return to play in the following season should be allowed only with a typed clearance letter from a physician.

## **ADDITIONAL POLICIES AND GUIDELINES**

### **LIGHTNING SAFETY**

While some areas of the US are more prevalent to thunderstorms than others, all rugby officials, club officers, and coaches should be aware of the VHSL policy regarding lightning safety no matter their geographic location. Lightning is the most consistent and significant weather hazard that may affect outdoor sports events. Lightning can strike with a blue sky and up to ten miles away from the rain shaft. The VHSL’s guideline on lightning safety provides steps recommended to mitigate the lightning hazard. The guideline states that individuals should leave the athletic site and reach a safe location by the time it reaches a 30 second flash-to bang count all individuals should be in a safe and protected environment (such as an existing structure or location). It further states that everyone should wait at least 30 minutes after the last flash of lightning or sound of thunder before returning to the field. The purchase of a quality lightning detector should also be considered.

### **FIRST AID TRAINING**

All coaches should try to have formal instruction in “First Aid and CPR Training”. As all coaches know, there are times when injuries occur and you are the person to whom everyone is turning to do something. The importance of this training cannot be overstated. One of the best and easiest ways to receive this training and associate certification is from the American Red Cross program.

you can find your regional Red Cross chapter by using the Locator feature at: <http://www.redcross.org/index.html>.

## **THE “SAFETY” DUTIES OF A COACH**

There are six safety duties:

1. To offer appropriate equipment and facilities.
2. To offer appropriate instruction. This, of course, means the coach is knowledgeable about the activity and the activity is appropriate for the group.
3. To offer appropriate supervision. This includes avoiding mismatching in competition.
4. To appropriately prepare and condition the individual for the specific activity.
5. To appropriately warn about the risks of the activity.
6. To offer appropriate post injury care. This includes an emergency plan and the maintaining of records.

## **USA RUGBY POLICY ON LESIONS**

"No player shall be permitted to play with any skin lesions without a doctor's statement that said skin lesions are not contagious." It will be the responsibility of the player with lesions to prove to the satisfaction of the referee (and possibly other players) that he or she is not contagious. Clubs should also police their own players.

## **IRB GUIDELINES FOR BLOODBORNE INFECTIONS AND CONTACT SPORTS**

The potential for the spread of infection in “contact” and “collision” sports such as rugby has been widely recognized for many years. As a consequence of heightened public awareness and anxieties, increasing attention has been given in recent years to the possible risks of acquiring hepatitis B (HBV) or HIV infection in sports where the spillage of blood may occur.

The risk of acquiring HIV or hepatitis B through playing rugby is minimal. Several instances of direct bloodborne person-to-person spread of HIV infection within families have been reported in the USA, but with the notable exception attributed to the clashing of heads during a soccer match in Italy in 1990, there is no evidence worldwide of the transmission of their HIV or HBV infection while participating in sport.

Nevertheless, the potential for spread in rugby, however minimal compared with other risk factors, is accepted and the following recommendations have been prepared by the IRFB Medical Advisory Committee for the guidance of rugby players, team attendants and officials.

### **Players**

- i. It is the responsibility of all players to maintain strict personal hygiene by covering any cuts or abrasions (grazes) with an impermeable waterproof dressing.
- ii. Open cuts and abrasions occurring during a match or training must be reported and treated immediately.
- iii. Players should avoid unnecessary contact with the blood of other players.
- iv. All blood-soaked jerseys, shorts etc., should where possible be removed and

replaced by fresh clean clothing as soon as possible. Blood-contaminated clothing should be put through a hot detergent wash.

v. All players with a recent history of evidence of infectious disease should discuss the potential hazards of participation in sport with a doctor. Chronic carriers of bloodborne diseases, who are otherwise fit, need not categorically be excluded from participating in contact sports.

vi. Players and officials should be strongly encouraged to obtain immunization against hepatitis B infection.

### **Referees, Match Officials and Team Attendants**

i. Under Law 3(10), a player who has an open or bleeding wound (including nose bleeds) must leave the playing area until the bleeding is controlled and the wound covered or dressed.

ii. When bleeding cannot be controlled, the player must not be permitted to return to the game.

iii. Clothing and equipment contaminated with fresh blood should be replaced prior to the player returning to the field of play.

iv. Team attendants and other persons attending to bleeding players preferably should wear disposable gloves. Disposable mouth-to-mouth resuscitation devices should also be available.

### **Key Points**

- **Bleeding Players** must be removed immediately from the field of play until the bleeding is controlled and the wound covered with an impermeable waterproof dressing.
- **Individual Disposable Wipes (or disposable sponges) should always be used** in preference to the communal sponge.
- **Blood-Soaked Equipment** (jerseys, shorts etc.,) should be replaced by fresh clean equipment, and put through a hot detergent wash.
- **Fresh Blood Spills** should be cleaned up using a 1 in 10 solution of household bleach.
- **First Aid Kits** should include disposable gloves.
- **Players with a recent history or who are known carriers of infectious disease** should discuss the potential hazards of participation in contact sport with a doctor.

## RESOURCES FOR SAFER RUGBY

1. **Center for Disease Control.** The CDC publishes “Heads Up”, information regarding concussion safety for athletes. The information kits are available for free at [www.cdc.gov](http://www.cdc.gov)
2. **IRB Rugby Ready** at [www.irbrugbyready.com](http://www.irbrugbyready.com) . Free rugby website provided by the International Rugby Board. The site covers many aspects of the game, technique and safety among them.
3. **Safety in Contact** - For coaching safe rugby, the Australian Rugby Union has begun a SmartRugby Program. SmartRugby is designed to inform coaches of best practice techniques, to minimize the risk of injury to players, and to increase the level of confidence that participants and families can gain from their association with the game. Of special importance is the attention to scrum safety and tackling techniques provided by SmartRugby. Details are found at this website along with other excellent resources including “Confidence in Contact”: <http://www.rugby.com.au/central/main.asp?sectionID=21>
4. [www.rugbyrescue.com](http://www.rugbyrescue.com) . Information website on rugby injuries.

# INJURY INCIDENT REPORT

## Injured Participant Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Team: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Date of birth of injured participant: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Female  Male

Accident Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of Accident: \_\_\_\_\_ AM \_\_\_\_\_ PM

Area of Injury (Body Part): \_\_\_\_\_

Description of incident occurrence:

\_\_\_\_\_  
\_\_\_\_\_

Description of treatment/care:

\_\_\_\_\_  
\_\_\_\_\_

Was an ambulance called?  Yes  No

If an ambulance was called, participant was . . .

Assessed by an EMT only  Treated and transported in an ambulance

Did the participant continue to participate?  Yes  No

Did the participant disregard medical advice?  Yes  No

Was disposal of Biohazard waste necessary?  Yes  No

Is a follow-up phone call to the injured participant recommended?  Yes  No

## Medical Staff Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Medical title (ATC, MD, etc.): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



## **EMERGENCY ACTION PLAN**

**TEAM:**

**FIELD ADDRESS:**

**CLOSEST HOSPITAL:**

**HOSPITAL ADDRESS:**

**DETAILED DIRECTIONS TO THE HOSPITAL (FROM THE FIELD):**



## **Rugby Virginia Medical and Safety Policies - 2009**

While we have seen significant growth, safety remains our number one priority. This document outlines the policies enforced by Rugby Virginia to promote safety and provide a positive environment in which our athletes can safely participate.

### **For the Coach:**

- All head coaches in Virginia are required to have completed the USA Rugby Coaching Certification Program. This program is aligned with the International Rugby Board and is a combination of online modules and a face-to-face workshop. Coaches are assessed online for understanding and then in the workshop for competency. Online modules include the National Center for Sports Safety Exam, the Positive Coaching Alliance, Foundations of Rugby Coaching, and specific modules that correspond to the desired workshop.
- All coaches are required to register with USA Rugby. USA Rugby conducts a background check on every youth and high school coach through this registration process.
- A certified coach is required at every match and practice.
- Coaches are required to have a cell phone at all practices and matches.
- Coaches receive important player information through the Rugby Virginia registration process: parents' names, addresses, phone numbers, doctor's name and phone number, insurance information and any medical conditions, allergies, drug reactions and previous illnesses/injuries or surgeries relative to the athlete, as well as a signed consent form giving authorization to Rugby Virginia to obtain medical treatment for a minor.
- Coaches are required to possess parent/legal guardian waivers and authorization forms to consent to treatment for a minor for every athlete, at every practice and match. This information includes parents' phone numbers, Dr.'s name and phone number, insurance information, and any medical conditions, allergies, drug reactions, and previous illnesses, injuries or surgeries relative to the athlete.
- First Aid and CPR certification is strongly recommended for coaches though not mandated at this time. Certification can be achieved through the Red Cross at <http://www.redcross.org>.

### **For the Player:**

- Players are required to participate in at least four tackling practices, supervised by the certified coach before participating in their first game. The focus on this instruction is to teach safe tackling techniques and how to be tackled safely.
- Players are required to participate in two live scrum sessions, supervised by the certified coach before participating in their first game.

- Athletes are required to have a medical insurance policy in their name with a minimum of \$100,000 in medical coverage with no restrictions for accidents while participating in sports.
- Athletes must always wear appropriate safety gear and equipment that fits properly. Protective gear is sport-specific and includes mouth guards and cleats. Additional equipment such as shin pads, scrum caps and shoulder pads, while optional, must meet the approval of the International Rugby Board.
- Every athlete must register with USA Rugby. Membership provides athletes 3rd party liability coverage.
- Every athlete and parent/legal guardian signs the Rugby Virginia code of conduct during the registration process.

#### **For the Game:**

- Emergency plans are issued for every field used. Plan must include; address of venue, quickest route to and from nearest hospital/ER, hospital/ER address and contact information.
- Every match is officiated by USA Rugby certified referee.
- Every match should be attended when possible by a Certified Athletic Trainer.
- Coaches and referee's check athletic grounds for hazards (rocks, holes, water, etc.). Also consider current and potential weather conditions (e.g. lightning).
- Referee inspects players for proper equipment and removal of jewelry before game.
- Parents, players and coaches agree to follow good sportsmanship guidelines as described by the Positive Coaching Alliance.

#### **Liability Coverage:**

- A \$1 million per incident liability insurance policy covers Rugby Virginia and all affiliates of USA Rugby, registered members, coaches, referees, volunteers, committee members and administrators. The policy provides 3rd party liability insurance to cover the owners of practice and game facilities. For more information go to [http://www.usarugby.org/goto/liability\\_insurance](http://www.usarugby.org/goto/liability_insurance).

For additional information contact Frederic Bardot, Rugby Virginia Executive Director at [director@rugbyvirginia.com](mailto:director@rugbyvirginia.com) or at 703-282-0449.