



SALE SHARKS

DEVELOPING PLAYER PROGRAMME

Policies

Contents:

- 1. Code of Ethics and Conduct**
- 2. Medical Package**
- 3. Safeguarding of Children and Vulnerable Adults Policy**
- 4. Strength and Conditioning Policy**

1. Sale Sharks Academy Code of Ethics & Conduct for Developing Player Programme Coaches & Staff

Background

The following has been developed by the National Coaching Foundation from the Code of Ethics (1989) published by the British Institute of Sports Coaches (BISC). It also adopts the principles contained in the Council of Europe's Code of Sports Ethics. The BISC Code formed the value statement underpinning the National Vocational Qualification Standards (1992) for Coaching, Teaching and Instructing. This code has replaced the original BISC code as the value statement in the revised standards (1998). The code is a framework within which to work and is a series of guidelines rather than a set of instructions.

Introduction

Sports coaches are expected to conform to ethical standards in a number of areas: humanity, relationships, commitment, co-operation, integrity, advertising, confidentiality, abuse of privilege, safety and competence.

In particular to the Developing Player Programme is the "abuse of privilege" ethical standard & specifically in relation to player movement (club to club). Under no circumstance should any member of staff involved with the DPP advise or act in connection with a player seeking to move club. If a situation like this arises this should be reported to the site Lead Coach immediately who should in turn inform [Simon Ogdon DPP Lead for Sale Sharks Academy](#), [Kate Bennetta DPP Administrator](#) & [Ken Andrews Regional Player Pathway Group Chairman](#).

Humanity

Coaches must respect the rights, dignity and worth of every human being and their ultimate right to self-determination. Specifically, coaches must treat everyone equitably and sensitively, within the context of their activity and ability, regardless of gender, ethnic origin, cultural background, sexual orientation, religion or political affiliation.

Relationship

The good coach will be concerned primarily with the well-being, safety, protection and future of the individual performer. There must be a balance between the development of performance and the social, emotional, intellectual and physical needs of the individual.

A key element in a coaching relationship is the development of independence. Performers must be encouraged and guided to accept responsibility for their own behaviour and performance in training, in competition, and in their domestic, academic or business life.

Coaches are responsible for setting and monitoring the boundaries between a working relationship and friendship with their performers. This is particularly important when the performer is a young person. The coach must realise that certain situations or friendly words and actions could be misinterpreted, not only by the performer, but also by outsiders (or other members of a squad or group of performers) motivated by jealousy, dislike or mistrust, and could lead to allegations of misconduct or impropriety.

Where physical contact between coach and performer is a necessary part of the coaching process, coaches must ensure that no action on their part could be misconstrued and that any National Governing Body (NGB) guidelines on this matter are followed.

The relationship between coach and performer relies heavily on mutual trust and respect. This means that the performer should be made aware of the coach's Qualifications and experience, and must be given the opportunity to consent to or decline proposals for training, performance or competition.

Commitment

Coaches should clarify in advance with performers (and/or employers) the number of sessions, fees (if any) and method of payment. They should explore with performers (and/or employers) the expectation of the outcome of coaching. Written contracts may be appropriate in some circumstances.

Coaches have a responsibility to declare to their performers and/or employers any other current coaching commitments. They should also find out if any prospective client is receiving instruction from another teacher/coach. If so, the teacher/coach should be contacted to discuss the situation.

Coaches who become aware of a conflict between their obligation to their performers and their obligation to their NGB (or other organisations employing them), must make explicit to all parties concerned the nature of the conflict, and the loyalties and responsibilities involved.

Coaches should expect a similar level of reciprocal commitment from their performers. In particular, the performer (parent/guardian in the case of a minor) should inform the coach of any change in circumstances that might affect the coach/performer relationship.

Coaches should receive appropriate acknowledgement for their contribution to the performer's progress and achievement. Where money is earned from performances, it is reasonable to expect the coach should receive an appropriate share of the rewards. Such apportionment with any attendant conditions should be agreed in advance (in writing) to avoid any misunderstanding.

Co-operation

Coaches should communicate and co-operate with other sports and allied professions in the best interests of their performers. An example of such contact could be the seeking of:

Educational and career counselling for young performers whose involvement in sport impinges upon their studies

Sport science advice through the British Association of Sport and Exercise Sciences (BASES)

Coaches must communicate and co-operate with registered medical and ancillary practitioners in the diagnosis, treatment and management of their performers' medical and psychological problems.

Integrity

Coaches must not encourage performers to violate the rules of their sport. They should actively seek to discourage and condemn such action and encourage performers to obey the spirit of the rules.

Coaches must not compromise their performers by advocating measures that could constitute unfair advantage. They must not adopt practices to accelerate performance improvement that might jeopardise the safety, total well-being and future participation of the performer. Coaches must never advocate or condone the use of prohibited drugs or other banned performance enhancing substances.

Coaches must ensure that the activities, training and competition programs they advocate and direct are appropriate for the age, maturity, experience and ability of the individual performer.

Coaches must treat opponents with due respect, both in victory and defeat, and should encourage their performers to act in a similar manner. A key role for a coach is to prepare performers to respond to success and failure in a dignified manner.

Coaches must accept responsibility for the conduct of their performers and discourage inappropriate behaviour in training, competition, and away from the sporting arena.

Advertising

Advertising by sports coaches in respect of qualifications, training and/or services must be accurate and professionally restrained. Coaches must be able to present evidence of current qualifications upon request. Evidence should also be available to support any claim associated with the promotion of their services.

Coaches must not display any affiliation with an organisation in a manner that falsely implies sponsorship or accreditation by that organisation.

Confidentiality

Sports coaches inevitably gather a great deal of personal information about performers in the course of a working relationship. Coach and performer must reach agreement about what is to be regarded as confidential information (i.e. not divulged to a third party without the express approval of the performer).

Confidentiality does not preclude the disclosure of information about a performer to persons who can be judged to have a right to know. For example:

Evaluation for competitive selection purposes

Recommendations for employment

In pursuit of disciplinary action involving performers within the sport

In pursuit of disciplinary action by a sports organisation against one of its members

Legal and medical requirements for disclosure

Recommendations to parents/family where the health and safety of performers might be at stake

In pursuit of action to protect children from abuse

Abuse of Privilege

The sports coach is privileged to have regular contact with performers and occasionally to travel and reside with performers in the course of coaching and competitive practice. A coach must not attempt to exert undue influence over the performer in order to obtain personal benefit or reward.

Coaches must consistently display high personal standards and project a favourable image of their sport and of coaching to performers, their parents/families, other coaches, officials, spectators, the media and the public.

Personal appearance is a matter of individual taste but the sports coach has an obligation to project an image of health, cleanliness and functional efficiency.

Sports coaches should never smoke while coaching.

Coaches should not drink alcohol so soon before coaching that it would affect their competence to coach, compromise the safety of the performers or obviously indicate they had been drinking (e.g. smell of alcohol on breath).

Safety

Within the limits of their control, coaches have a responsibility to ensure as far as possible the safety of the performers with whom they work

All reasonable steps should be taken to establish a safe working environment.

The work done and the manner in which it is done should be in keeping with the regular and approved practice with their sport as determined by the NGB.

The activity undertaken should be suitable for the age, physical and emotional maturity, experience and ability of the performers.

Coaches have a duty to protect children from harm and abuse.

The performers should have been systematically prepared for the activity and made aware of their personal responsibilities in terms of safety.

Coaches should arrange adequate insurance to cover all aspects of their coaching practice.

Competence

Coaches shall confine themselves to practice in those elements of sport for which their training and competence is recognised by the appropriate NGB. Training includes the accumulation of knowledge and skills through formal coach education courses, independent research and the accumulation of relevant verifiable experience.

The National Occupational Standards for Coaching, Teaching and Instructing (and/or the approved NGB coaching awards) provide the framework for assessing competence at the different levels of coaching practice. Competence to coach should normally be verified through evidence of qualifications. Competence cannot be inferred solely from evidence of prior experience.

Coaches must be able to recognise and accept when to refer performers to other coaches or agencies. It is their responsibility, as far as possible, to verify the competence and integrity of any other person to whom they refer a performer.

Coaches should regularly seek ways of increasing their personal and professional development.

Coaches should welcome evaluation of their work by colleagues and be able to account to performers, employers, National Governing Bodies (NGBs) and colleagues for what they do and why.

Coaches have a responsibility to themselves and their performers to maintain their own effectiveness, resilience and abilities. They should recognise when their personal resources are so depleted that help is needed. This may necessitate the withdrawal from coaching temporarily or permanently.

The Sale Sharks DPP Coach code of ethics has been adapted from: MACKENZIE, B. (2001) *Code of Ethics and Conduct for Sports Coaches*[WWW] Available from: <https://www.brianmac.co.uk/ethics.htm>

Every coach & member of staff involved with the DPP should read & sign this document.

Date:

Signature:

Coach/Staff Member Full Name:

2. Sale Sharks Academy Medical Package for Developing Player Programme

Adapted and modified with permission from the RFU guidelines

Introduction

Clubs have a responsibility towards the health and safety of those people who use the club facilities. During rugby activities, in common with all sports, players, officials or spectators may suffer injury or sudden illness. While the arrangements for spectators and officials are likely to be the same as for any other sport, because rugby is a full contact sport, the arrangements for players will need to reflect this. It is the club's or organiser's responsibility to ensure that arrangements are in place so that participants receive appropriate immediate attention if they are injured or taken ill, until the emergency services arrive.

While there is a general requirement, it should be recognised that there is variation in the level of care that that would be considered appropriate and this will depend on the individual circumstances at the club or venue. It will also depend on what is reasonably practicable for the club or organiser to provide; it is not reasonably practicable to expect a Level 11 club to provide the same level of care as that provided in the Premiership.

In order to provide a safe environment in which the game can be enjoyed by all, clubs should encourage members, coaches and volunteers to attend a first aid training course so that they can respond to basic first aid situations with confidence.

This document provides information on all aspects of first aid and will be of interest to rugby administrators, club administrators, players, parents, volunteers, first aiders and health care professionals involved in rugby, specifically those playing at level 3 and below, as well as in CB representative sides.

Clubs which have employees (including any paid players as they are 'deployed' or 'employed' by the club) may fall under the Health and Safety (First Aid) Regulations 1981 (SI 1982 No 917). These require employers to provide suitable first-aid equipment, facilities and personnel to enable immediate assistance to be given to employees if they are injured or become ill at work. Detailed information can be found in First aid at work. The Health and Safety (First-Aid) Regulations 1981.

Responsibilities of club management

Clubs who organise activities such as sport, have the following responsibilities with respect to safety and first aid:

- Complete a risk assessment to determine the appropriate level of first aid provision.
- Ensure that providers are appropriately trained and undertake recertification in accordance with their qualification
- Ensure that the procedures for the recording and reporting of incidents are followed.
- Ensure that suitable first aid facilities and equipment are available.
- Ensure that there is adequate cover to allow for absences.

Risk assessment

During any activity, the number and type of first aid personnel and facilities should be based on a risk assessment. This process is no different from other risk assessments carried out for Health and

Safety purposes. Guidance on this is provided on the RFU web site www.rfu.com/ManagingRugby/ClubDevelopment/LegalAndAdmin

In assessing the need, the club/organiser should consider the following:

- Playing and non-playing hazards and risks.
- The club's history of injuries and accidents, including any relevant research (See Annex A) • The number of people involved (players and spectators).
- The needs of players at away matches
- The nature (adult/child) and distribution of the players (size of site or more than one site).
- The remoteness of the site from emergency medical services.
- Use of shared facilities and first aid resources
- Holiday and other absences of first aid trained personnel.
- Additional requirements for special groups i.e. children, disabled players.

Once the risk assessment is complete and the level of first aid cover has been decided, additional risk management measures should be considered:

- Emergency procedures should be developed and readily available (for further guidance on emergency procedures visit www.rfu.com/ManagingRugby/FirstAid)
- Emergency services contact details must be readily available
- Ambulance access to the pitch/training ground must be maintained at all times.
- Establish contacts with the local NHS Ambulance Trust and Hospital Emergency Department. Maintain a good level of communication with them on the clubs activities, especially festivals.
- Appropriate first aid facilities and equipment based on their risk assessment and level of training of personnel.
- Regular training of personnel in assisting first aiders should be carried out.
- First aid equipment must be appropriately, stored, maintained, and cleaned.

First aid and immediate care providers and training

Clubs should also be aware that there are different levels of training required in order to provide first aid and immediate care cover;

Emergency or Sports First Aider

The Emergency or Sports First Aider is the entry level first aid qualification and is a Level 2 qualification on the National Qualifications Framework. This course takes a minimum of 6 hours training and a certificate will be issued by a recognised awarding body. The course content must be appropriate for the activities to be covered. They are trained to:

- Take charge when someone is injured or ill, including calling an ambulance if required;
- Provide emergency first aid to injured or ill persons until more expert help arrives;
- Look after the first aid equipment, e.g. restocking the first aid box.

They should not attempt to give first aid for which they have not been trained.

Every squad/team should have a nominated Emergency or Sports First Aider to provide help to any injured or ill player until more expert help arrives. This training is suitable for any member of the

team management, coaching staff, a player or a volunteer. Having a number of individuals trained to this level will ensure that this basic level of cover is available at all matches and training sessions.

In HSE Regulations, the Appointed Person role remains and there will continue to be no regulatory requirement for such personnel to undertake first aid training. Although appointed persons may undertake basic first aid training they would not be formally recognised as "First Aiders" in HSE regulatory terms.

The RFU course has been developed to meet the needs of the manager, coach player or volunteer providing first aid on the pitch side in rugby and is accredited on the National Qualifications Framework funding may be available from Local Authorities/ Community Sports Partnerships.

Examples of other suitable courses:

- St John Ambulance Sports First Aid course
- Red Cross Basic First Aid Course

If selecting an alternative course, clubs should ensure that it meets their needs. Issues to consider:

- Any courses should have a quality assurance process (shown by an accreditation mark from a body such as Ofqual) and a refresher training programme.
- The course should cover both common rugby injuries (such as concussion) and rare but serious injuries (such as spinal injury) in sufficient detail.
- What experience and qualifications does the trainer have? E.g. medical background, years of tutor experience, knowledge of rugby.
- How many people will be in the training session? Suggested maximum: 16 per trainer.
- What insurance does the trainer have? E.g. personal liability cover.
- What resources are provided for out of course learning? E.g. training manual.

Club first aider

A First Aider holds a current First Aid certificate issued by a recognised awarding body i.e. Ofqual approved training organisation, HSE First Aid at Work approved training organisation, Red Cross or St John Ambulance.

A First Aider may be any of the following:

- Volunteer
- Allied Health Professional e.g. Sports Therapist, Sports Massage Therapist
- Health Care Professional e.g. Physiotherapist

Allied Health Professionals:

- Sports Therapist. He/she should be registered as a full member with the Society of Sports Therapists, and have appropriate experience and training in first aid or immediate care. First Aid training is mandatory in Sports Therapy degree programmes recognised by the Society. For more information visit www.society-of-sports-therapists.org
- Sports Massage Therapist He/she should be registered as a full member with the Sports Massage Association at Level 3 or 4 membership, and have appropriate experience and training in first aid or immediate care. For more information visit www.sportsmassageassociation.org

Clubs which have employees may actually fall under the Health and Safety (First Aid) Regulations 1981 (SI 1982 No 917) and will need to refer to these. Guidance is available at www.hse.gov.uk/firstaid/

The first aid landscape is not clearly defined (except for those subject to the Health & Safety at Work (H&SAW) Act) and there are a range of courses, training organisations and individual trainers. The HSE regulations do however provide a benchmark, and a club First Aider should undergo training to the same level as First Aid at Work (FAW), which is a three day course.

Clubs may consider it appropriate to have a small number of club officials and/or volunteers trained to this level. Alternatively they may decide to engage the services of trained first aiders from outside the club. When using external providers, it is the club's responsibility to check that the individuals are appropriately trained and experienced.

Examples of suitable courses:

- HSE First Aid at Work
- St John Ambulance Activity First Aid course
- Red Cross Standard Certificate in First Aid course.

Holders of a HSE First Aid at Work certificate must undergo re-certification every 3 years and it is strongly advised that they undertake refresher training on an annual basis.

Immediate Care Practitioner

Clubs should ensure that the individual therapist/HCP has the relevant qualifications, experience and insurance for the role. Preferably there should be a formal agreement which covers roles and responsibilities. These individuals will have their own insurance arrangements as a requirement of their regulating body.

Therapists/HCPs must be able to provide evidence of registration with or membership of their relevant regulatory body:

Allied Health Professionals:

- Sports Rehabilitators and Sports therapist. Should be registered as a full member with BASRaT (British Association of Sports (pending BASRaT's application for inclusion of members on Health Professions Council) and the society of sports therapists respectively and have appropriate experience and training in first aid or immediate care.

Health Care Professionals:

- Paramedic. He/she should be registered with the Health Professions Council (HPC) as a State Registered Paramedic, and have appropriate experience in providing cover for rugby or other contact sports. If working outside the NHS they will require their own indemnity insurance. Registration status can be checked at www.hpc-uk.org/
- Nurse. He/she should be registered with the United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC), and have appropriate experience and training in immediate care. A nurses registration status can be checked at www.nmc-uk.org/
- Physiotherapist. He/she should be registered with the Health Professions Council (HPC) as a Physiotherapist, and have appropriate experience and training in immediate care.

Registration status can be checked at www.hpc-uk.org/. More information on physiotherapists is available at www.csp.org.uk

- Doctor. He/she should be registered with the General Medical Council (GMC), and have appropriate experience and training in immediate care. A doctors registration status can be checked at www.gmc-uk.org

Examples of immediate care courses approved or accredited by the Faculty of Pre-hospital Care (Royal College of Surgeons of Edinburgh) available include:

- RFU Immediate Care in Sport Course (ICIS). There are two levels; Level 2 (one day) and Level 3 (two day). Booking via: www.rfu.com/managingrugby/firstaid/coursesandguidelines/icis
- Rugby Football League Course
- Resuscitation and Emergency Medicine On-field Course (REMO)
- AREA Course (Football Association)
- Pre-Hospital Emergency Care Course 6
- BASICS Immediate Care Course
- Advanced Trauma Life Support Course (orientated towards hospital based care)

Levels of provision

The level of cover that it is reasonable and practicable to provide will depend on the individual circumstances of the club or event organiser (see appendix). Clubs which have the resources, and where it is reasonable to do so would need to consider engaging the services of health care professionals and providing appropriate equipment and facilities. Details of the likely appropriate level of provision are provided at Annex B, although the actual level of provision will depend on each individual club's risk assessment. Teams should usually provide their own cover, even when playing away fixtures. The following situations may occur, however:

- Where it is appropriate for a single provider to cover the home and away teams, it will usually be the home team that is responsible for provision although this must be agreed in advance to avoid confusion, as the visiting team has a shared responsibility to ensure provision.
- Where a game is arranged at a neutral venue, the organiser is responsible for ensuring the appropriate level of provision. This could be provided by the venue but again, this must be agreed in advance to avoid confusion.

First aid equipment

Once an assessment of first aid provider needs has been carried out, the findings can be used to decide what first aid equipment should be provided. The minimum level of first aid equipment is likely to be a suitably stocked first aid box for the club house and first aid bags for pitch-side trained personnel.

It is essential that first aid equipment is checked frequently to ensure sufficient quantities and that all items are usable. Always replenish contents of first aid box and kit as soon as possible after use, items should not be used after the expiry date shown on packets.

Complete pitchside first aid kits are available to order online from [the RFU's community rugby shop](#), or from Mobilis Healthcare which is an official partner of RFU community rugby.

First aid boxes should be made of suitable material and designed to protect the contents from damp and dust.

A well-stocked first aid box should contain the following:

- Guidance card
- Assorted adhesive dressings (plasters) x 20
- Sterile eye pads (No. 16) x 2
- Medium sterile wound dressings (No. 8) x 6
- Large sterile wound dressings (No. 9) x 2
- Short life triangular bandages x 4
- Disposable gloves (pair) x 3
- Antiseptic wipes x 6
- Emergency foil blanket x 1
- Disposable resuscitation aid x 1

Under no circumstances should prescription drugs be administered by first aiders or kept in the first aid box. Boxes should be clearly labelled and easily accessible. Emergency first aid should only be given by [appropriately trained persons](#) and a list of all qualified first aiders should be made clearly available.

Although there is no specified review timetable, many items, particularly sterile ones, are marked with expiry dates. They should be replaced by the dates given and expired items disposed of safely. In cases where sterile items have no dates, it would be advisable to check with the manufacturers to find out how long they can be kept. For non-sterile items without dates, it is a matter of judgement, based on whether they are fit for purpose.

First aid facilities

Where their assessment identifies this as necessary and reasonably practicable, clubs should provide a suitable first aid room or rooms. The room should be warm, have good lighting, and contain essential first aid facilities and equipment. Suggested specification includes the following:

- A sink with hot and cold running water
- Drinking water and disposable cups
- Soap and paper towels
- A refuse container
- A store for first aid materials
- A container for the safe disposal of clinical waste
- A couch with waterproof protection, clean pillows and blankets
- A chair
- A telephone or other communication equipment
- A record book for recording incidents where first aid has been given.

Wherever possible, the room should be reserved specifically for providing first aid and your designated person (first aider or appointed person) should be given responsibility for the room. It should be easily accessible to stretchers and be clearly signposted and identified.

First aid signs

All First Aid at Work first aid boxes must have a white cross on a green background. Similarly, first aid rooms should be easily identifiable by white lettering or a white cross on a green background. The signs should be placed where they can be seen and easily identified.

Record keeping

It is good practice to provide your First Aiders with a book in which to record incidents that required their attendance. The information kept can help you identify injury and accident trends and possible areas for improvement in the control of health and safety risks. It can also be used for reference in future risk assessments. This record book is not the same as the statutory accident book required under the H&SAW Regulations, though the two could be combined. Useful information to record will include:

- Date, time and place of incident
- Name and job of the injured or ill person
- Details of the injury/illness and what first aid was given
- What happened to the person immediately afterwards (for example went home, went back to work, went to hospital)
- Name and signature of the first aider or person dealing with the incident.

It is usual for the first aider or appointed person to be responsible for the book. However, clubs retain overall responsibility for ensuring that records are maintained.

Reporting of injuries

Certain clubs with employees will be subject to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995. For those there is a legal requirement to report accidents and ill health at work. Information on this is given by the HSE. The RFU's injury reporting requirements are detailed on the RFU website (www.rfu.com/ManagingRugby/FirstAid/Injuries.aspx) and in the RFU Handbook.

RFU Reportable Injury Events are defined as;

- An injury which results in the player being admitted to a hospital (this does not include those that attend an Accident or Emergency Department and are allowed home from there).
- Deaths which occur during or within 6 hours of a game finishing.

Clubs and schools are also required to report injuries in which artificial grass pitches or equipment such as sports goggles are involved.

Reportable Injury Event Protocol

In the event of a serious injury occurring, which fulfils one of the above definitions, after providing immediate first aid and arranging transport by ambulance to hospital, the following protocol is to be followed:

1. A club or school representative must phone the Sports Injuries Administrator Helpline 0800 298 0102, as soon as the seriousness of the player's condition is confirmed.

2. Please have a pen and paper ready, and the details of the incident to provide. You will be asked to email or fax a Reportable Injury Event report form, which can be downloaded or printed off from the RFU website (rfu.com/firstaid).
3. It is then essential that the club provides a background of events to the contact at Sale Sharks Rugby Club;

Tim Campkin (Lead Academy Physiotherapist)

07535720925

tim.campkin@salesharks.com or timcampkin72@gmail.com

4. The IPWO will then establish contact with the club and player or their family in order to confirm the injury, initiate the support provided by the Injured Players Foundation, and collect additional information about the injury.
5. The club/school must notify their insurers. The RFU insurers are Marsh Sports Group (Claims) Tel: 0131 311 4254 Fax: 0131 343 6667 Email: Susan.J.Thomson@marsh.com
6. Record witness statements. Where a potential insurance or personal injury claim may arise, clubs and schools are advised to retain on file witness statements. These statements must confine themselves to the facts and not include opinion or hearsay, or apportion or infer blame. They must be signed and dated by the person making them.

Details of this protocol, the necessary forms and additional information are available on the RFU web site (www.rfu.com/firstaid). If you have any queries, you can also contact either the Sports Injuries Administrator or the Injured Player Welfare Officer as follows:

Sports Injuries Administrator (SIA): Rugby House, Twickenham Stadium, 200 Whitton Road, Twickenham, TW2 7BA Tel: 0800 298 0102 Fax: 0208 831 7684 email: sportsinjuriesadmin@therfu.com 9

RFU IPF - Injured Player Welfare Officer: David Phillips, Tel: 07894 489 716 email: davephillips@rfu.com

Discipline

RFU Regulation 9.2 states that: The safety of all players is of paramount importance and therefore all clubs must ensure that, wherever the game is played or training is conducted:

1. There is appropriate first aid cover and equipment provided, determined by an appropriate and properly conducted risk assessment;
2. There is access to a telephone to ensure emergency services can be called immediately; and
3. there is clear vehicular access for an ambulance or other emergency vehicle. Failure to comply with this regulation could result in disciplinary action being taken against clubs.

Legal liability

It is very unlikely that any action would be taken against a first aider who was using the first aid training they have received. The RFU Compulsory Insurance provides cover for first aiders carrying out their duties for the club (clubs should however, check their insurance policies and satisfy themselves that they have adequate cover).

Clubs/organisers should check that any healthcare professionals, who are engaged to provide services, have their own indemnity. Clubs/organisers who engage such personnel may have a vicarious liability for their actions and should ensure that their insurance cover is appropriate. For clubs below level 4, the RFU Public Liability insurance does provide a level of cover for nonhealth care professionals. Failure to comply with RFU Regulation 9 may invalidate any public liability.

Summary

Clubs and organisers of rugby activities are responsible for providing an appropriate level of care to the players, members and spectators using their facilities. There is considerable variation in level of care that that would be considered appropriate and this will depend on the individual circumstances at the club or venue. It will also depend on what is reasonably practicable for the club or organiser to provide. An individual risk based approach is therefore the most appropriate to take, in determining the requirement. Additional information and guidance can be obtained from your medical contact at Sale Sharks Rugby Club.

For more information please contact the following;

Tim Campkin
Lead Academy Physiotherapist
Sale Sharks RFC
07535720925
Tim.campkin@salesharks.com

Please see overleaf for tables documenting minimum standards

Appendix A

Minimum levels of immediate care and/or first aid cover for Rugby Union matches

Adult men	Immediate Care Practitioner	First aid trained therapist/HCP	Sport first aider	Club/school first aider
Level 3 and 4	1 per team			
Level 5-7		1 per team	+1 per team	
Level 8 and below			1 per team	+1 per venue
Lower XVs				
FE and HE establishments			1 per team	+1 per venue
7s/10s tournaments	1 per venue		+1 per team	
Touch			1 per pitch	
Age grade				
Club/college/school U18			1 per team	1 per venue
Club/school U14-U16			1 per team	1 per venue
Club/school U7-U13			1 per team	1 per venue
7's/10's tournaments	1 per venue		1 per team	
Tag/touch	1 per venue		1 per venue	
Other tournament/festival (including DPP)	1 per venue		1 per team	
Representative				
Adult	1 per team		+1 per team	
U18	1 per team		+1 per team	
U16	1 per team		+1 per team	
U15 and below		1 per team		
England and rugby DPP matches	1 per team			

Notes:

1. Where matches or training are on more than one site then each site will require the appropriate level of cover
2. Where the guidelines indicate that a Club/School First Aider may cover more than one pitch, Emergency First Aiders provide pitch side cover, with the Club/School First Aider available and easily contactable by radio or mobile telephone.
3. Club 2nd XVs to adopt minimum criteria of 2 League Levels below their 1st XV. Club 3rd & subsequent XVs adopt one level lower respectively
4. Schools, FE Colleges and Universities have their own regulations provided by local/national Government, which they must comply with if it is of a higher level.
5. Such tournaments and festivals should have a dedicated First Aid Room or Tent.

Minimum levels of immediate care and/or first aid cover for rugby union training

Type of training	Minimum level of cover	Notes
Non contact and DPP sites	RFU NQF level 2 sports first aid	Or equivalent
Contact (excluding DPP sites)	As for match cover	Any session where full contact takes place and any sessions with live scrimmaging and lineouts

3. Safeguarding of Children and Vulnerable Adults Policy

DRAFT

Last updated: August 2016

Review/Update: By RFU Safeguarding team season 2016-17

1. Introduction to the policy

Sharks Academy recognises and accepts its responsibility for the safety and well-being of children and those other vulnerable groups who come within the care of the organisation and its staff.

Our aim is to create a safe, secure environment for all and systems have been put in place to prevent or minimise the risk of abuse occurring within the organisation, and for appropriate action to be taken when staff are made aware of abuse taking place.

The purpose of the policy:

- To provide protection for children and vulnerable adults who receive services from the Trust or its partners.
- To provide staff and volunteers with guidance on procedures they should adopt in the event that they suspect somebody may be experiencing, or be at risk of, harm.

We recognise that:

- Every person should have the right to live a life free from abuse, regardless of age, disability, gender, race, religious belief, sexual orientation or identity and everyone has the right to equal protection from all types of harm or abuse
- Working in partnership with children and vulnerable adults and their support networks is essential in promoting and embedding this policy.

We will seek to safeguard children and vulnerable groups by:

- valuing them, listening to and respecting them
- adopting safeguarding guidelines and best practice through procedures and a code of conduct for staff and volunteers
- recruiting staff and volunteers safely, ensuring all necessary checks are made
- sharing information about safeguarding and best practice
- sharing information about concerns with the appropriate agencies in a confidential manner
- Providing effective management for staff and volunteers through supervision, support and training.

There are three main elements to our policy:

- i. Preventing unsuitable people working with children and ensuring that staff are appropriately trained.
- ii. Procedures for identifying and reporting cases, or suspected cases, of abuse. The definitions of the four categories of abuse are attached (see Appendix A)

- iii. Supporting vulnerable children/adults or those who may have been abused or witnessed violence towards others.

For the purpose of this document, a “vulnerable person or group” referred to in these procedures is that of Trafford Metropolitan Borough Council definition which is a person or group aged 18 years and over, which may be vulnerable due to age, illness or lifestyle.

Our policy applies to all staff, paid and unpaid, working on behalf of the Academy and will be reviewed on a regular basis.

2 Recruitment and employment

The aim of this section of the policy is to prevent unsuitable people from working with children/vulnerable adults and ensuring staff are appropriately trained and confident in dealing with issues.

2.1 Recruitment

No individual will be recruited on a paid or voluntary basis into a ‘Position of Trust’ without satisfactory clearance from the Disclosure and Barring Service (DBS).

Sale Sharks Academy through The RFU will ensure appropriate checks are completed. Records of all staff DBS numbers will be kept on file.

No applicant, conditionally offered a position of trust with Sale Sharks Academy, should start work with children and vulnerable adults without constant supervision before a satisfactory clearance has been received.

An individual applying for a post which involves contact with vulnerable groups must provide two references, one of which normally should be from their current employer prior to a position being started.

Appropriate renewals of an individual’s criminal history will be completed in line with guidance issued by The RFU at the justified time.

1.2 Disqualified by association

Under Section 75 of the Childcare Act, 2006 individuals are disqualified from working with children if they have committed certain specified offences. Staff may also be disqualified “by association” if they are living or working in the same household as a person who is disqualified. This applies to any member of staff working with children up to the age of 8.

Staff should sign a self-declaration form to confirm that they are not “disqualified by association”. A record of self-declaration should be kept in the personal files of all Sharks Community Academy staff.

2.3 Understanding roles and responsibilities

All staff, paid and unpaid, working on behalf of the Trust must recognise their duty around safeguarding. They should also feel confident to raise concerns about poor or unsafe practice in regard to children and vulnerable adults and that such concerns are addressed sensitively and effectively in a timely manner in accordance with agreed whistle-blowing policies.

All staff will be reminded that it is not the responsibility of anyone within Sale Sharks Academy to decide whether or not abuse has taken place. However there is a responsibility to act on any concerns.

2.4 Safeguarding training

Sharks Academy will provide Child Protection training for all staff from the point of their induction which is updated regularly, every three years at a minimum, so that they are confident about:

- the Academy's legislative responsibilities
- their personal responsibilities
- the Academy's policies and procedures
- the need to be alert to the signs and indicators of possible abuse, including possible child sexual exploitation and female genital mutilation
- the need to record concerns
- how to support and respond to a child who tells of abuse

3. Procedures for reporting cases (or suspected cases) of abuse

3.1 Designated Academy Safeguarding Officer(s)

Sharks Academy will ensure there is a designated senior person who has lead responsibility for safeguarding children and vulnerable adults and has undertaken, as a minimum, RFU Child Welfare Officer Training.

Contingency arrangements will be put in place to deal with an incident of the designated senior member of staff is not available. This will include nominating at least one other member of the senior staff team with responsibility for overseeing the safeguarding policy.

The Senior Management of Sale Sharks have recognised the importance of the role of the designated person/s and will ensure they have the time, training and support necessary to undertake their duties.

The Academy will ensure every member of staff, paid and unpaid knows who the designated members of staff are and the procedures for passing on concerns. This will be communicated to each staff member as part of the induction process and will ensure every member of staff knows:

- the name of the designated person/s and their role
- how to identify the signs of abuse and neglect
- how to pass on and record concerns about a pupil
- that they have an individual responsibility to be alert to the signs and indicators of abuse and for referring child protection concerns to the Designated Person/s
- that they have a responsibility to provide a safe environment for children and vulnerable people

The Academy Safeguarding Officer will

1. To be clear about the Academy's responsibilities when delivering activities.

This involves:

- Ensuring the Academy's policies and procedures are up to date with current legislation and guidance.
- Ensuring all staff and volunteers are up to date with safeguarding training and are aware of the Academy's policies and procedures.

a) Promote and Support by:

- knowing local authority safeguarding staff and procedures

b) Monitoring:

- Ensure that the policies are working in practice, such as Anti-Bullying Policy and Equality.
- Manage appropriately incidents of poor behaviour in line with Academy and RFU Policy, and liaising with The RFU Safeguarding Officer.
Ensure that all those working with vulnerable groups are appropriately supervised, trained and have had the appropriate checks completed.

3.2 Risk Management

All activities involving vulnerable groups must be risk assessed by the Academy, which may at times involved discussion with additional service providers. However it is important that staff and volunteers ask the following questions:

- What is the activity?
- Which age groups are involved?
- What is the environment like where the activity is taking place?
- Are there any special needs, disability or other circumstances that need to be considered?
- Are the groups mixed in age, ability and gender?
- What experiences and qualifications do the organisers/staff possess?

It is important to consider the familiarity of the venue and the level of responsibility individuals will have for an activity. The principle for assessing potential risks remain the same whatever the activity.

3.3 Responding to allegations or suspicions against a member of staff

Any allegation of abuse made against a member of staff will be reported straight away to the Designated Senior Staff Member (s) for safeguarding. In cases where one of the Designated Senior Staff Member is the subject of an allegation, it will be reported to the other designated staff member or the Senior Management Team.

If there is an allegation (or a suspicion) of abuse against a member of staff a decision about whether to suspend the person on full pay will be decided by the Senior Management Team in line with the Academy's disciplinary procedure. In consultation with The RFU, the Academy will assess all cases to decide whether a member of staff or volunteer can be reinstated and how this can be sensitively handled. This will be dependent on the outcome of any investigation or criminal investigation and the Academy will ensure that it does not breach the Safeguarding Vulnerable Groups Act 2006 by reinstating a person who is on the barred list.

Where there is a complaint against a member of staff there can be three types of investigation:

- A criminal investigation led by the Police
- An investigation led in a multi-agency approach by the Local Authority
- A disciplinary or misconduct investigation led by Sale Sharks which may involve The RFU.

The results of the Police and Local Authority investigation may well influence the disciplinary investigation.

All allegations of poor practice will be investigated by the Academy's Welfare Officer (TWO) or Senior Management Team.

Concerns about suspected abuse:

- Any suspicion that a vulnerable individual has been abused by either a member of staff or a volunteer should be reported to a designated safeguarding officer who will take such steps as considered necessary to ensure the safety of the individual in question and any other vulnerable person who may be at risk.
- The allegation will be referred to statutory agencies.
- Following advice from statutory agencies, those who need to be notified will be contacted.
- If the safeguarding officer is the subject of an allegation, the report must be made to an additional safeguarding officer or Board representative, or to statutory agencies and The RFU safeguarding advisor.

Every effort should be made to ensure that confidentiality is maintained for all concerned. Information should be handled and disseminated on a need to know basis only. This includes:

- The Welfare Officer and Senior Management representative.
- The parent/carer of the person who is alleged to have been abused
- The person making the allegation.
- Local Authority and Police.
- Dependent on role, the National Governing Body.

Information will be stored in line with the Data Protection Act 1998.

No contact should be made with the alleged abuser, particularly if this is another vulnerable individual or the carer of the alleged victim. Advice must be sought from the Local Authority.

The Academy will ensure that any disciplinary proceedings against staff relating to safeguarding will be concluded in full even when the member of staff is no longer employed by the Academy and that notification of any concerns is made to the relevant authorities and professional bodies and included in references where applicable.

Staff who are the subject of an allegation have the right to have their case dealt with fairly, quickly, and consistently and to be kept informed of its progress.

Consideration must be given to the needs of the child and a recognition that a child may make an allegation against an innocent party because they are too afraid to name the real perpetrator. It is rare for a child to make an entirely false or malicious allegation, although misunderstandings and misinterpretations of events do happen.

The Academy will ensure that all staff, paid and unpaid, are aware of the need for maintaining appropriate and professional boundaries in their relationships with participants on Academy activities. As part of the induction process (and as part of Premiership Rugby's Minimum Standards Training), all staff will receive guidance about how to create appropriate professional boundaries (in both the real and virtual world)

Outcome of a concern may result in one of the following actions:

- Professional Abuse Strategy meeting action point guidance
- Criminal proceedings resulting in loss of employment
- Suspension and/or disciplinary action by The RFU and/or Sale Sharks Academy

- Further training, supervision & mentoring by The RFU and/or Sale Sharks Academy

3.4 Responding to a referral or disclosure

It is not the responsibility of anyone within Sale Sharks Academy to decide whether or not abuse has taken place. However there is a responsibility to act on any concerns. The Academy will assure all staff and volunteers that it will fully support and protect anyone, who in good faith reports his or her concern that a colleague or another is, or may be, abusing a vulnerable adult.

i. Disclosures

If a vulnerable individual informs you directly that they are concerned about someone's behaviour towards them, this is known as a disclosure. The following action should be taken:

- React calmly so as not to frighten the vulnerable person.
- Tell the individual that he or she is not to blame and that he or she was right to tell
- Take what the individual says seriously
- If medical treatment is needed, take them to hospital or telephone for an ambulance – inform the medical staff that there are concerns of a safeguarding nature
- Avoid leading the individual in discussion and keep any questions to the absolute minimum. Ask only what is necessary to ensure a clear understanding of what has been said
- Re-assure the vulnerable person but do not make promises of confidentiality or outcome

ii. Process of Dealing with Allegations at Sale Sharks Academy

Any concern or allegation must be reported to the Academy Welfare Officer



Academy Welfare Officer to decide if the concern is Poor Practice – High Poor Practice – Abuse

Consider contacting the Local Authority – Police – The RFU



Do the Trust Board need to know?

Follow legal guidance from Statutory
Agencies & advice from The RFU

iii. Keeping records

To ensure that this information is as helpful as possible, a detailed record should always be made at the time of the disclosure/concern, using the Referral Form in Appendix B detailing:

- The vulnerable individual's name, age and date of birth.
- The vulnerable individual's home address and telephone number.
- Whether or not the person making the report is expressing their own concerns or those of someone else.
- The nature of the allegation. Include dates, times, any special factors and other relevant information. - Make a clear distinction between what is fact, opinion or hearsay.
- A description of any visible bruising or other injuries. Also any indirect signs, such as behavioural changes. Details of witnesses to the incidents. A Skin Map may be used.
- The vulnerable individual's account, if it can be given, of what has happened and how any bruising or other injuries occurred.
- Have the parent/carer been contacted? - If so what has been said?
- Has anyone else been consulted? If so record details.
- If the vulnerable individual was not the person who reported the incident, has the vulnerable individual been spoken to? If so what was said?
- Has anyone been alleged to be the abuser? Record details.
- The information **MUST** be passed immediately onto the TWO.

iv. Preserving evidence

The first concern should be the safety and welfare of the abused person. However, your efforts to preserve evidence may be vital. In all cases the preservation of evidence is crucial especially if the police investigation is to be effective. What you do or do not do in the time whilst you are waiting for the police to arrive may make all the difference. Below is some helpful aim:

- In physical abuse cases, where an individual wishes to show you an injury, only observe what they consent to show you and what is appropriate.
- Do not touch what you do not have to. Wherever possible leave things as they are. Do not clean up, do not wash anything or in any way remove fibres, blood etc. If you do have to handle anything at the scene keep this to a minimum
- Do not touch any weapons unless they are handed directly to you. If this happens, keep handling to a minimum. Place the items/weapons in a clean dry place to hand to the police.

- Preserve anything that was used to comfort the abused person, for example a blanket.
- Secure the room. Do not allow anyone to enter unless strictly necessary to support you or the abused person and/or the alleged perpetrator, until the police arrive
 - Ensure that no one has physical contact with both the abused person and the alleged perpetrator as cross-contamination can destroy evidence.
- Encourage the victim not to shower.
- Encourage the victim not to change clothing.
- Even when the victim says they do not want police involvement, preserve items anyway as they may change their mind later or you may be legally obliged to inform the police.
- Encourage the person not to eat or drink if there is a possibility that evidence may be obtained from the mouth.
- Do not handle items unless necessary. If there are latex gloves available use them.

It is essential that, whatever the nature of the suspected abuse, the vulnerable Individual is separated from the person who is or is thought to be the abuser. It is important that disruption to the life of the victim is kept to a minimum, therefore, if it is possible for the alleged perpetrator to leave the scene, this should be the preferred option. However if it is not possible, an alternative place of safety should be sought as the immediate safety of the victim is the highest priority.

3.5 Record Keeping

Sharks Academy will:

- Keep clear, detailed, accurate, written records of concerns about children/vulnerable adults (noting the date, event and action taken), even where there is no need to refer the matter any further.
- Ensure all records are kept securely, in a locked location.

All information will be stored and handled in line with the Data Protection Act 1998 principles. The Data Protection Act does not prevent the designated senior staff members from sharing information with relevant agencies, where that information may help to protect a child or vulnerable person.

4 Supporting children or vulnerable adults who may have been abused

Abuse is any form of physical, emotional, financial, discriminatory, sexual mistreatment or lack of care that leads to injury or harm. It commonly occurs within a relationship of trust or responsibility and represents an abuse of power or a breach of trust. Abuse can happen regardless of their age, gender, race, ability, culture or sexual orientation.

Poor Practice is unacceptable and will be treated seriously with appropriate action. Any behaviour that contravenes existing Codes of Conduct infringes an individual's rights and/or reflects a failure to fulfil the highest standards of care is an indication of poor practice. Those who are deemed vulnerable may not be aware that poor practice or abuse is taking place, as they may deem the behaviour as 'acceptable'.

It is important that all staff are aware of the different forms of abuse and the different signs that may indicate that a vulnerable person is the victim of abuse.

There are a number of different forms of abuse including,

Physical injury

Neglect

Sexual abuse

Emotional abuse

Financial abuse

More information about spotting the signs of abuse are covered in Appendix A.

Abuse can also be under the grounds of discrimination, which is the treatment of one particular group of people less favourably than others because of their race, colour, nationality, or ethnic or national origin. The law in Britain recognises two kinds of discrimination: direct and indirect.

Direct discrimination occurs when for example race, colour, nationality, or ethnic or national origin is used as an explicit reason for discriminating.

Indirect discrimination occurs when for example there are rules, regulations or procedures operating, which have the effect of discriminating against certain groups of people.

5 Other related policies

Sharks Academy also has in place a number of other policies which are also important to keep in mind as part of safeguarding.

5.1 Whistleblowing Policy

All organisations face the risk of things going wrong or of unknowingly harbouring malpractice. Sale Sharks Community Trust believes it has a duty to identify such situations and take the appropriate measures to remedy the situation. By encouraging a culture of openness within our organisation, Sale Sharks Academy believes it can help prevent malpractice - prevention is better than cure. That is one of the aims of this policy.

Workers have a right and duty to raise matters of concern they may have about the services being offered by Sale Sharks Academy or serious malpractice associated with them. Workers may be worried that by reporting such issues they will be opening themselves up to victimisation or detriment, or risking their job security. However, all staff are protected by law if they raise concerns in the right way. Provided they are acting in good faith, it does not matter if they are mistaken.

By knowing about malpractice at an early stage Sale Sharks Academy stands a good chance of taking the necessary steps to safeguard the interests of all staff and protect the organisation. In short, please, do not hesitate to "blow the whistle" on malpractice.

This policy is designed to ensure workers raise concerns properly and to ensure that mechanisms exist in Sale Sharks Academy whereby issues raised by workers will be addressed quickly and effectively. The policy also sets out the legitimate course of action, which may be taken by the worker to raise issues with parties outside Sale Sharks Academy if an issue is not addressed by the Trust, or it is felt that by raising it internally may lead to evidence of malpractice being concealed.

The purpose of this policy is to outline how workers may deal with concerns about other workers and/or service provision which may have an impact or threaten the wider public interest.

Please note that this policy does not affect the existing Grievance Procedure. If workers have a complaint about their own personal circumstances then they should use the normal Grievance Procedure. If workers have concerns about malpractice within the organisation

then they should use the procedure outlined in this policy. This policy is applicable to all Sale Sharks Academy staff and volunteers.

5.2 Complaints Policy

All Complaints will be dealt with in accordance with the Academy's Complaints Policy. However, due consideration will be given to the nature of the Complaint if it contains a safeguarding concern. No complaint can be dealt with if the concern is being dealt with by statutory agencies, as this may hinder any legal or care proceedings. Complainants of a safeguarding matter can refer their concerns to either The RFU Safeguarding Officer.

5.3 E-Safety Policy

Sharks Academy has developed a separate E-Safety Policy. This includes information about use of social media, taking and sharing of photographs and inappropriate internet use etc.

6. Safeguarding responsibilities of the Senior Management Team

The Senior Management Team fully recognises its responsibilities with regard to safeguarding. It will:

- consider nominating a Senior Management member for safeguarding and child protection who will monitor the Academy's compliance with statutory requirements and practice and champion child protection issues
- Ensure that this Safeguarding Policy is annually reviewed and updated and shared with staff.

7. Working with partners

Where services or activities are provided separately by another body, either on or off Sale Sharks property site, the Academy will seek assurance that the body concerned has appropriate policies and procedures in place for safeguarding children and child protection and there are arrangements to liaise with the Trust on these matters where appropriate.

8. Reviewing safeguarding policy

This policy will be reviewed on an annual basis.

Andrew Jibson
Assistant Academy Manager
26th August 2016

Appendix A

Sharks Academy Referral Form

Date of Referral: ____ / ____ / 20____

Referrer's details (Please enter your details)			
Name of referrer		Role	
Address		Organisation	
		Tel Number	
		Email	
Postcode		Relationship to participant	
Participant's details (This is the person you are referring your concerns about)			
Participant name		Relationship to victim/s	
Address		Tel Number	
		Email	
		Role	
Postcode		Organisation or club	
Date of Birth			
Child or Vulnerable Individual's details (those who you believe are at risk)			
Name			
D.O.B (or age)		Tel Number	
Department Involved with		Gender	
Other relevant information on the victim			
Professional Network (Please provide name, contact number and email. Include the advice received and contact date with agency)			
LADO			

Social Services						
Police						
Other (e.g. NSPCC, Designated Officer)						
Details of concerns						
Type of abuse	<input type="checkbox"/> Sexual abuse	<input type="checkbox"/> Emotional abuse	<input type="checkbox"/> Physical abuse	<input type="checkbox"/> Neglect	<input type="checkbox"/> Bullying	<input type="checkbox"/> Other please specify):
Body Map Completed:	Yes: Please attach to referral form			No:		
Incident/s details Please summarise the incident, including details of any other relevant parties. <u>Clearly identify a list of your safeguarding concern/s</u>						
Do you think this referral relates to:	<input type="checkbox"/> High level Poor practice	<input type="checkbox"/> Possible or actual risk of harm to children	<input type="checkbox"/> For information only	<input type="checkbox"/> Not sure		
Action taken Please specify if you referred to a statutory agency or any other action taken related to your concerns.						

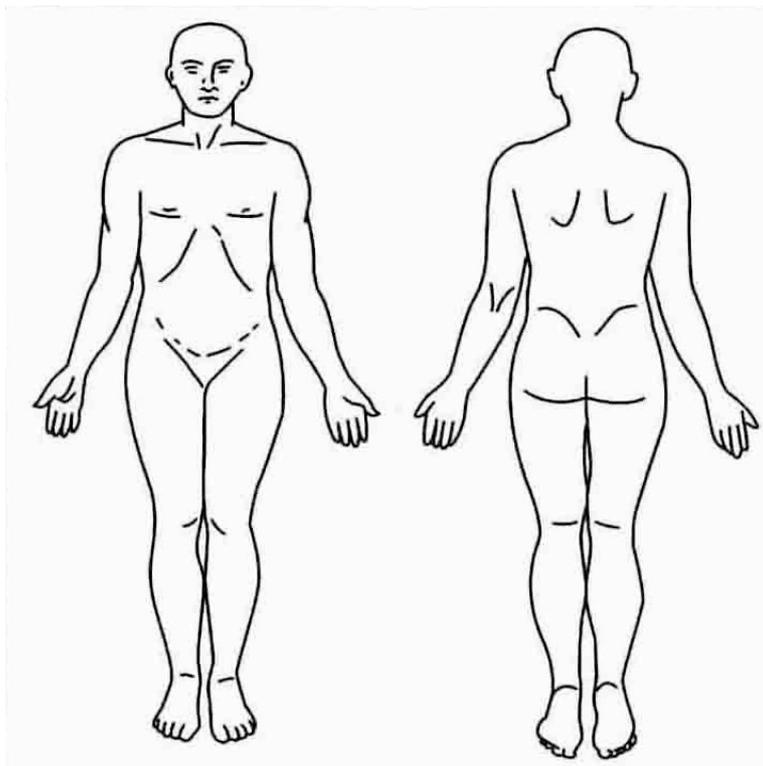
Other relevant information

Further information

Please include any information that you think is relevant to our investigation

Can the RFU contact the victim or their parent/s directly?

Body Map



Appendix B

The following section provides some accompanying information and signs about different forms of abuse that relate to safeguarding issues.

Five categories of abuse

1. Physical Injury

Defined as the actual or likely injury to a vulnerable Individual, or the failure to prevent physical injury or suffering to a vulnerable individual. This may include,

- Presence of injuries, cuts, bruises, bites, burns or even broken bones which may have occurred over a period of time.
- Injuries which are in odd places, such as the inside of an arm or leg, behind the ear, the sole of the foot or inside the mouth.
- Injuries that have not received medical attention.
- Medical problems that go unattended such as persistent pressure sores and skin infections.
- Sudden or unexplained urinary or faecal incontinence
- Dehydration, often accompanied by dizziness and disorientation.
- Injuries that are in the shape of objects e.g. a cut or bruise shaped like a buckle or ring, through to an iron scorch.
- Unexplained weight loss which is not being investigated.
- Uncontrolled access to prescription drugs.

A person who is suffering physical abuse is often afraid of the perpetrator. They may flinch when she or he approaches them or complain about not wanting to return to the place where the abuse is occurring.

2. Neglect

Neglect is the persistent failure to meet a vulnerable individual's basic physical and/or psychological needs, likely to result in the serious impairment of the Vulnerable Individual's health or development.

- Person appears malnourished or dehydrated.
- Untreated medical problems.
- Lack of physical aids when they are required by the person to live normally
- Person lives in accommodation which falls below minimum practical standards.
- Person's physical appearance or condition is poor.
- Callers or visitors are refused access to the person.
- Person does not appear to be taking the prescribe medication.

3. Sexual Abuse

Sexual Abuse involves forcing or enticing a vulnerable individual to take part in sexual activities, whether or not the vulnerable person is aware of what is happening. This again may be difficult to identify, but there are some indicators.

- Urinary tract infections or sexually transmitted disease.
- Signs of sexual activity having taken place e.g. a woman who lacks the capacity to consent to sexual intercourse becomes pregnant.
- Pain, soreness, itchiness.
- Unusual difficulty in walking or sitting.
- Bruises or tears around the genital area.
- Reluctance to accept examination.
- Presence of computer or photographic equipment.
- Person discloses fully or partially that sexual abuse is occurring or has occurred in the past.
- Person appears unusually withdrawn or has poor concentration.
- Person exhibits significant change in sexual behaviour or outlook.

4. Emotional Abuse

Emotional abuse is the persistent emotional ill-treatment of a vulnerable Individual such as to cause severe and persistent adverse effects on the vulnerable Individual's emotional development. It may feature age or developmentally inappropriate expectations being imposed on Vulnerable Individuals. This form of abuse is more difficult to identify, but here are some signs to be aware of.

- A carer always being present so you cannot see the person on their own.
- Lack of access to medical care or other appointments such as social services.
- Low self-worth, lack of confidence, worried appearance.
- Increased levels of confusion.
- Toileting problems.
- Disturbed sleep patterns.
- The adult feeling they are being continually watched.
- Inability to communicate.
- Submissive behaviour when the perpetrator is around.
- Excessive distress, particularly when a visitor is leaving.
- An uncomfortable living environment, such as extreme tidiness or extreme disorder/lack of personal items.

5. Financial Abuse

Financial abuse can take many forms, from denying you all access to funds, to making you solely responsible for all finances while handling money irresponsibly himself. Money becomes a tool by which the abuser can further control the victim, ensuring either her

financial dependence on him, or shifting the responsibility of keeping a roof over the family's head onto the victim while simultaneously denying your ability to do so or obstructing you.

- Unusual financial transactions or loss of financial assets.
- Unexplained loss of valuable items, jewellery, heirlooms, personal collections etc.
- Changed signatories to bank accounts or other assets.
- A person who always visits on the day they receive state payments.
- Unexplained visits from neighbours or local young people, where these are not supervised.

Safeguarding Contact Numbers

Sharks Academy Welfare Officer

Mr Andrew Jibson

Assistant Academy Manager

Email: andrew.jibson@salesharks.com

Telephone: 07725971581

Greater Manchester Police	0161 856 7584 or 0161 856 7577 Trafford.PPIU@gmp.pnn.police.uk
	Outside Office hours 0161 872 5050
Trafford M.B.C Adult Services	0161 253 5151 (week days only) 0161 253 6606 (out of hours)
Trafford Safeguarding Children Board	e-mail: tscb@trafford.gov.uk phone: 0161-911-8687 address: Trafford Town Hall, Talbot Road, Stretford, M32 0TH
Trafford LADO	MARAT@trafford.gov.uk
Care Quality Commission (CQC)	Tel: 0300 061 6161
RFU: Chris Rawlings Safeguarding Compliance Coordinator	e-mail: chrisrawlings@rfu.com phone: 0208 831 7454 Fax: 0208 831 7442
RFU: Richard Smallbone Senior Safeguarding Manager	e-mail: richardsmallbone@rfu.com

4. Strength and Conditioning Philosophy

Table of Contents

Philosophy	3
Age Group Hierarchy of Needs.....	4
Under 13s	
Under 14s	
Under 15s	
Warmup - RAMP Method	5
Fundamental Movement	6
Agility, Balance & Coordination	7
Bodyweight Strength Training	8
Speed Training	9
Metabolic Conditioning	10
References	11

Introduction

The Developing Player Programme (DPP) has been introduced to provide a clear and structured package of quality coaching for new and existing players between the ages of 12 and 15, as outlined in the Sale Sharks Academy Strategic Plan.

Strength & Conditioning (S&C) provision for players within the DPP is designed to support the programme by enhancing the overall player development experience; increasing the quality of Agility, Balance & Coordination (ABC), strength, speed, and fundamental movement skills needed to move up the talent pathway. The delivery is as part of the holistic player development approach, with a specific emphasis on how to maximise individual physical development within the overall, integrated training programme.

During this period of growth and maturation, there is the expectation for rapid growth spurts and changes in body proportions. Many movement skills will need to be re-learned as a result of these changes, supporting the need for consistent development of core skills and movement patterns. As a result, movement skills through a warmup which challenges ABC through appropriate agility games, dynamic stretching and speed training should be incorporated into every session.

Players at the earlier end of the programme can begin to follow a more structured aerobic conditioning programme, with more rugby specific conditioning implemented at the latter stages. Ultimately they should be encouraged to take a holistic approach to their physical preparation, with the aim being the development of movement skills, speed, agility, strength and metabolic conditioning required to progress towards becoming an Academy rugby player.

Hierarchy of needs.

The aim of the DPP is to introduce and develop some important lifelong movement skills which are appropriate for rugby union players. These components are prioritised accordingly through each age group in order to ensure a progressive and comprehensive development at each stage of the programme.

Under 13s.

Primary focus: Introduce fundamental movement skills

Secondary focus: Introduce Agility, Balance & Coordination

Additional focus: Aerobic Conditioning

Under 14s.

Primary focus: Develop fundamental movement skills

Secondary focus: Develop Agility, Balance & Coordination

Additional focus: Introduce bodyweight strength training, Develop Aerobic Conditioning.

Under 15s.

Primary focus: Develop movement skills & strength

Secondary focus: Introduce speed training

Additional focus: Introduce Anaerobic Conditioning, Develop Agility, Balance & Coordination

Warm up – the RAMP method.

The warm up should be seen as an opportunity to coach and develop movement skills needed for the upcoming session and beyond. Correctly and consistently performed dynamic stretches and fundamental movement exercises will help young players to prepare for the more intense training they will be exposed to as they progress through the Academy and beyond.

The Warm up for every session can be simplified by using the acronym RAMP, whereby:

- R.** *Raise.* Raise the heart rate, breathing rate and temperature of working muscles.
- A.** *Activate.* Activate the working muscle groups by performing dynamic stretches and postural exercises.
- M.** *Mobilise.* Mobilise joints through fluid dynamic stretching.
- P.** *Potentiate.* Perform progressive efforts with increasing intensity of the exercises being performed during the session.

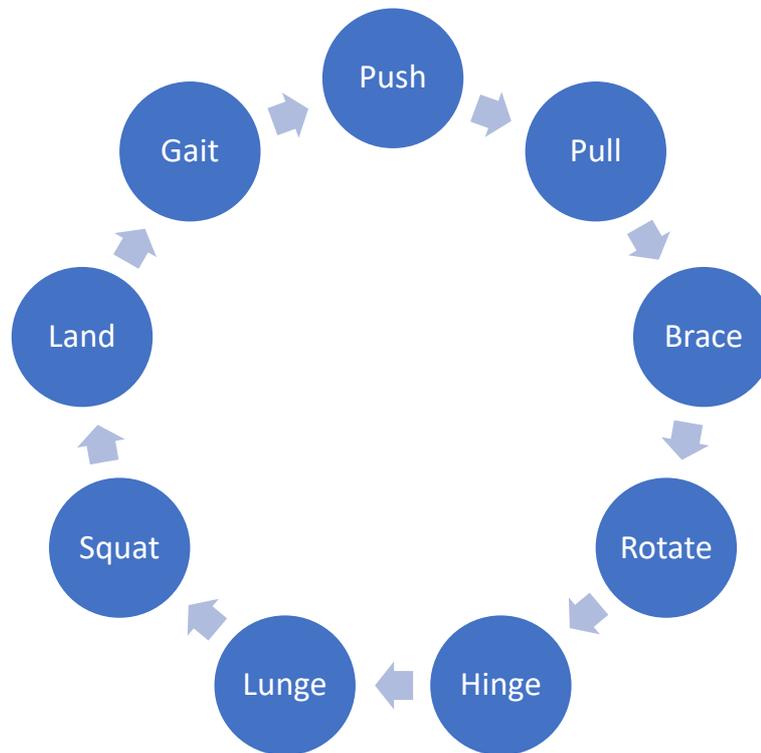
This type of warmup can be applied and adapted for any session with the choice of appropriate exercises.

Example Warmups are available on the Sale Sharks Video App.

<https://itunes.apple.com/us/app/sale-sharks-official-video/id1103679171?ls=1&mt=8>

Fundamental Movement.

Human movement can simplistically be broken down into the following movement categories, which need to be trained appropriately in order to maximise performance. Poor movements in each of these patterns can quickly be improved with careful planning and identification and integration of warm up exercises as well as specific group or individual interventions if necessary.



Agility, Balance & Coordination

The delivery of this component should be met primarily through a warmup which challenges multidirectional movement skills and full body control. This is then progressed during the games based approach to coaching where players are challenged to display evasion skills in a range of scenarios.

Successful agility performance requires a number of components to be challenged: primarily biomechanical, physical and cognitive. The following questions can help to identify areas for improvement and could be used to determine how to improve future performance.

Biomechanical	Physical	Cognitive
<ul style="list-style-type: none"> • <i>Can the player orientate their body into stable and effective positions to accelerate and decelerate?</i> 	<ul style="list-style-type: none"> • <i>Can the player absorb enough force to safely perform the movement they are attempting?</i> 	<ul style="list-style-type: none"> • <i>Can the player anticipate the movement they need to perform?</i>
<ul style="list-style-type: none"> • <i>Can the player coordinate their limbs for effective acceleration and deceleration?</i> 	<ul style="list-style-type: none"> • <i>Can the player produce enough force to successfully perform the movement they are attempting?</i> 	<ul style="list-style-type: none"> • <i>Can the player react quickly to a range of stimuli in order to perform a movement?</i>

Bodyweight Strength Training

Strength training for players within the DPP age groups (12-15 years) is recognised as an important part of a complete rugby development programme, with a large body of evidence supporting its importance in developing muscular strength and power. The aim of strength training at this stage is to improve static and dynamic posture as well as the quality and efficiency of full body movements as outlined in the fundamental movement section.

Training under tension through a full range of movement and contractions (eccentric, isometric and concentric) has been shown to improve the quality of connective tissues (tendons and muscles) and central nervous system (CNS) efficiency, which can also lead to improved performance and an increased robustness. Common concerns about bone health and the potential damage caused to epiphyseal “growth” plates for adolescents who undertake resistance training have been shown to be false. Conversely, bone mineral density and total bone mass have been shown to improve as a result of resistance training.

The current DPP model promotes the incorporation of bodyweight strength training into the supervised rugby sessions with the opportunity for players to repeat the same programme safely at home, preferably under the supervision of a qualified coach. Players will progress to a more comprehensive resistance training programme as they move into the SDG.

N.B. *Sessions are specifically programmed by qualified Strength & Conditioning coaches and should not be amended, modified or supervised by unqualified individuals. Sale Sharks DPP recommends that coaches undertake a minimum of RFU level 1 S&C qualification in order to supervise strength training with junior players.*

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Speed Training

Natural development of speed for young players follows a non-linear process, but with a period of accelerated adaptation between the ages of 12 and 16. The adaptations are understood to be due to the growth and development of the nervous system as well as a rise in hormone levels due to puberty. Studies have shown maximum gains in the years around peak height velocity (PHV), but the difficulty in identifying these stages with such a large group as the DPP means that speed is primarily targeted through the use of a fast-paced, games-based approach to training sessions rather than a specific intervention in the early years. It is understood that both acceleration and maximal velocity sprinting are trainable at all stages of maturation, both of which are targeted in the games used.

Some specific speed training exercises can be incorporated at under 15 level, with a focus on improving sprint biomechanics by improving technique. A concern at this age is that approximately 25% of adolescents can be affected by a temporary disruption to motor coordination due to what is known as adolescent awkwardness. The need to adjust to their rapidly changing body dimensions can impair coordination and performance of motor tasks. As a result, the consistent use of well-executed technical exercises in warmups through all DPP sessions will help to maintain technical proficiency. It should also be expected that players go through stages where they appear to be quicker or slower than others due to their individual stage of development, and this should not bias selection at an early stage.

Metabolic Conditioning

As with other forms of training, the most appropriate type of conditioning for young players will be determined by the age and stage of physical development. Significant natural gains in aerobic endurance are seen as boys reach PHV around the age of 14, seemingly due to musculoskeletal and cardio-respiratory maturation. Research has shown that the intensity of training may need to be increased during and after this stage in order to produce continued endurance gains. This is reflected in the increase in distances covered during training sessions, increased pitch sizes and duration of session blocks as the DPP progresses. Similarly, anaerobic conditioning is seen to be covered due to the nature of DPP rugby sessions and the amount of repeated sprint activity which naturally occurs. This also needs to be monitored and progressed, with a noticeable increase in intensity at under 15 level.

Unlike with senior players, it is sensible to recommend as wide a range of cross-training activities as possible to meet the conditioning demands of younger players; especially at the earlier stages of the DPP. Outside of supervised DPP sessions the ability to perform some “non-specific” conditioning activities may help to avoid some of the overuse injuries which are caused by high volume repetitive training. However, it is also important that some of the overall conditioning programme contains exercises which are performed in rugby, namely running, changes of direction, and movements simulating work around the contact area. As a result, an ideal combination would involve 4-5 sessions per week of training with a mix of stimuli for the players.

References

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