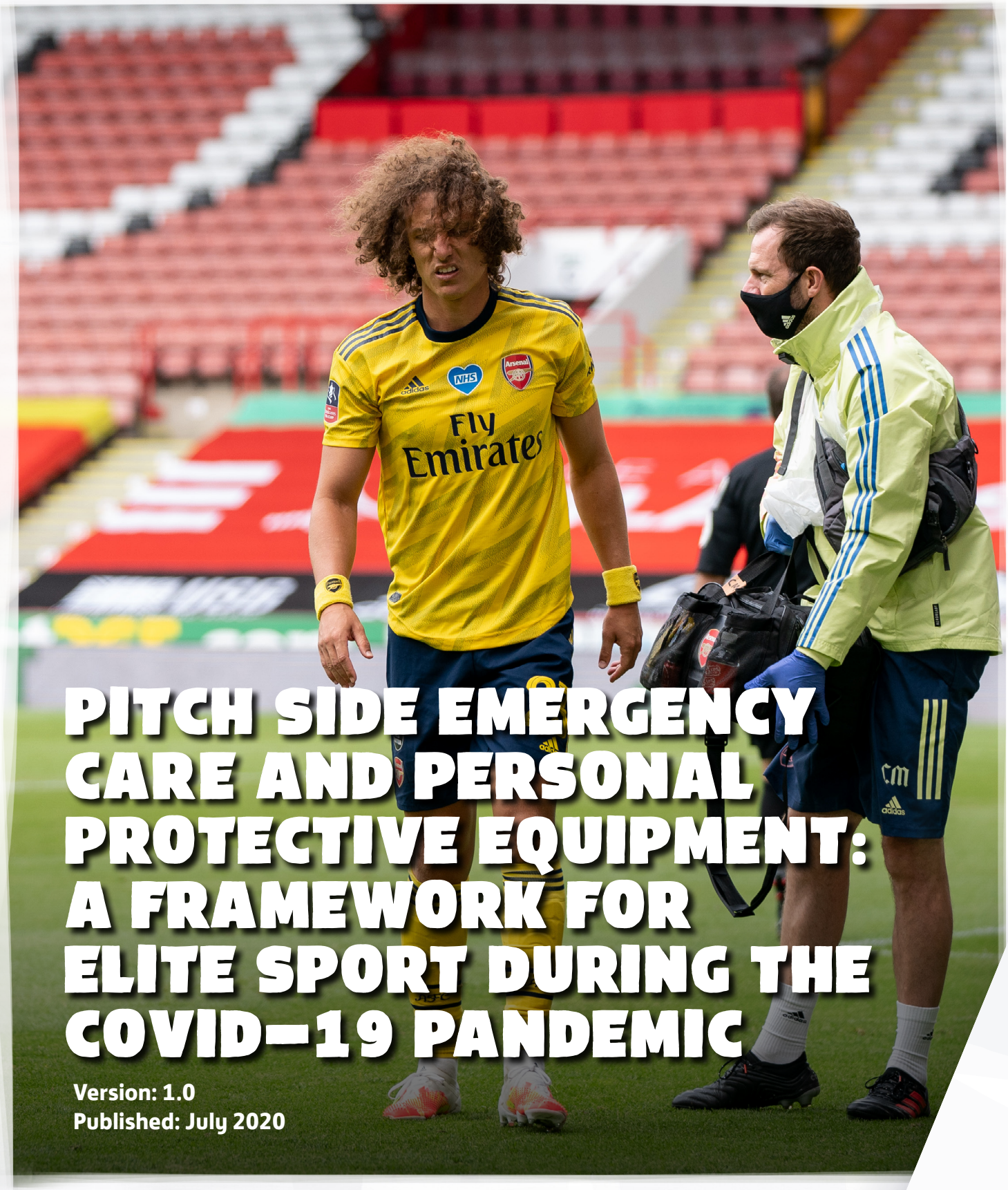

PITCH SIDE EMERGENCY CARE AND PERSONAL PROTECTIVE EQUIPMENT: A FRAMEWORK FOR ELITE SPORT DURING THE COVID-19 PANDEMIC

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BACKGROUND

This guidance defines, rationalises and summarises the key aspects of pitch side emergency care during the current time of heightened awareness of contracting and transmitting COVID-19.

Please ensure you refer to any regional or devolved nation-specific guidance as applicable to your area of practice and remain up to date with Public Health and government authority guidance on COVID-19 case management, Personal Protective Equipment (PPE) recommendations and Return to Training (RTT). Any update of Resuscitation Council UK (RCUK) or Public Health England (PHE) guidance supercedes the content of this document, this will also be dependent on your region of practice.

REQUIREMENTS OF ELITE SPORT ORGANISATIONS IN THE CONTEXT OF EMERGENCY CARE PROVISION

- Ensure **COVID-19 Officers/Managers are appointed** and have **clearly defined roles** in respect of emergency care risk assessment, and updating Emergency Action Plans (EAPs) to reflect this.
- **All Health Care Professionals (HCPs)** who have opted in to return to work in the sporting environment (training and match venues) must **have sight of all EAPs** before entering the environment for the first time. It would be advised to **consider vulnerable individuals** at risk of poorer COVID-19 outcomes and limit their involvement in potentially high-risk situations.
- **Optimal personal and environmental hygiene** must be practised at all times by all individuals within the sporting environment, with regular education. Ensure meeting national standards on systematic cleaning protocols for all medical areas.
- **Individual sport specific biosecurity measures** must be upheld for all staff involved. This may include symptom questionnaires, temperature testing, antigen testing and zoning. Adherence to government social and physical distancing restrictions must be maintained, aside from technical training, or with appropriately certified PPE, following thorough situation specific risk assessments.
- **Appropriate type, quantities and training of PPE must be available** at all times to all appropriate staff (see Table 1). Please pay attention to individual donning and doffing times as this may impact EAPs. However, risk of transmission from patient to responder and responder to patient, in addition to donning times must be carefully considered before any mitigation is made. No decision to reduce PPE should adversely impact the care provided or cause unnecessary delay in an emergency situation. Importantly, no one is expected to provide care which jeopardises their own personal health or safety. In an emergency, where suitable PPE is not available, the responder must consider the potential risks to both themselves and the player and decide what level of care they feel is reasonable, or what level of care they are able to provide in the absence of PPE. This may include providing no assistance at all until the ambulance arrives, or until appropriate PPE is made available

RATIONALE

- Rightful concern is raised when returning the player population to training and competition in the context of suspected or confirmed COVID-19 infection. Given that the infection is still relatively novel, much of the emerging evidence is difficult to contextualise in our player population including the **potential for immediate and longer term serious consequences of infection including but not limited to cardiac involvement**. This is mitigated by investigations and detailed return to play protocol in clinical relevant presentations
- Despite strict biosecurity measures implemented by various sports, it must be acknowledged this will act only as a **risk mitigation** measure for COVID-19 transmission; a zero risk environment cannot be achieved, even in the presence of frequent antigen testing for asymptomatic individuals
- **Aerosol-generating procedures (AGPs)** are recognised to be a high source of virus transmission, therefore Level 3 PPE is required for these circumstances (see Table 2).

RATIONALE (CONTINUED)

TABLE 1: DEFINITION OF SITUATIONAL PERSONAL PROTECTIVE EQUIPMENT LEVEL REQUIREMENTS

What are the hazards?	Gloves	Apron	Fluid-resistant Long-armed Gown/Coveralls	Fabric / Cloth Mask^whom?	Fluid Resistant Surgical Face Mask Type IIR^^	Filtering Face Piece Respirator 3 (FFP3) Mask^^^	Goggles/Full Face Visor in addition to Personal Spectacles
	SINGLE USE*	SINGLE USE*	SESSIONAL USE**	SESSIONAL USE**	SESSIONAL USE**	SESSIONAL USE REUSABLE***	SESSIONAL USE REUSABLE***
NON-MEDICAL SCENARIO Where social distancing may be breached including at training	✗	✗	✗	✓	✗	✗	✗
LEVEL 1 Where government-advised distancing may not be maintained at all times	✗	✗	✗	✗	✓	✗	✗
LEVEL 2 Within 2m, which may include face-to-face contact for emergency/first aid management of all individuals	✓	✓	✗	✗	✓	✗	✓
LEVEL 3/AGP Aerosol-generating procedure (AGP or high potential for aerosol)	✓	✗	✓	✗	✗	✓	✓

^ 3 layers: 1st water absorbant cotton / 2nd filter layer / 3rd is water resistant. Please note: a face covering or cloth mask is not the same as a Type IIR surgical face mask, it is consequently not sufficient to form part of a club's EAP

^^ When using a fluid repellent surgical face mask, you should mould the metal strap of the mask over the bridge of the nose and make sure the mask fits snugly under the chin, around or across any facial hair if present. Can be worn without removal for up to a 4-hour session, must be changed if visibly soiled, damp or damaged

^^^ Please be aware WHO does recommend FFP2 mask as an alternative in FFP3. However FFP3 is included in this framework as this is in line with PHE. Each individual requiring use of an FFP mask must ensure they have a mask that is compatible to their face shape. Each mask requires a 'fit-testing' process to be conducted to ensure no aerosol leakage occurs through the seal. Facial hair does impact the efficacy of the masks and alternative arrangements may need to be considered in these circumstances.

*Single use: equipment that must be changed after each contact

**Sessional use: worn for a period of time when undertaking duties in a specific clinical care setting/exposure environment; a session ends when the responder leaves this defined remit; however masks should be disposed of if they becomes moist, damaged or visibly soiled;

*** Reuseable equipment appropriately decontaminated to PHE standards that can be reused

RATIONALE (CONTINUED)

TABLE 2: PPE GUIDANCE FOR SPECIFIC CLINICAL SITUATIONS THAT MAY BE ENCOUNTERED IN THE SPORTING ENVIRONMENT

Clinical situation	PPE Level required
Maintaining social and physical distancing as advised - **NO** face-to-face contact risk	**1**
NOT maintaining 2m distance, **WITH** face-to-face contact risk	**2**
Wound care, excluding oral/dental/nasal injuries	**2**
Uncomplicated Head Injury Assessment (HIA)	**2**
Managing complex injuries, with no C-spine involvement, i.e. shoulder dislocation, fracture, ACL injury	**2**
Medical emergency **WITHOUT** potential for airway compromise	**2**
Cardiac arrest **WITH** face covered (towel or non-rebreather mask acceptable) continuous compressions, AED **WITHOUT** airway interventions	**2**
Wound care, all medical procedures **excluding** nasal, oral and dental injuries	**2**
Performing a nasopharyngeal swab	**2**
Procedures such as managing epistaxis or oral injuries	**3**
Aerosol Generating Procedure	**3**
Medical emergency **WITH** potential for airway compromise i.e. complicated head injury, choking	**3**
Cardiac arrest - **WITHOUT** covered compressions (30:2), AED and airway interventions	**3**

PPE IN THE CONTEXT OF CARDIOPULMONARY RESUSCITATION

The Resuscitation Council UK (RCUK), the European resuscitation council (ERC), the International Liaison Committee on Resuscitation (ILCOR) and the World Health Organisation supported by the British Medical Association (BMA) have all taken the position that **chest compressions themselves are potentially aerosol generating and thus requiring Level 3 PPE**. In the context of a shockable cardiac arrest, RCUK advise 3 stacked shocks be administered in a monitored arrest in Level 2 PPE, in the absence of compressions and airway management, whilst additional support is donning the appropriate PPE. We acknowledge that most sports environments utilise AEDs, and thus the sports' guidance has been adapted to suit the required needs (see Figure 1, page 8).

SPECIAL CONSIDERATIONS FOR YOUTH SPORT

As cardiac arrest in children occurs for a variety of reasons, ventilation is often crucial to a child's chance of survival. If the decision is made to perform rescue breathing [due to compression only CPR being less effective if a respiratory problem is the cause] despite the risk to the responder, a bag valve mask is preferable.

Optimised pitchside medical cover at all training and matches would consist of:

- One appropriately trained responder* in Level 2 PPE with the ability to don Level 3 with minimal delay, if required. For example having additional available PPE on person or in the emergency pitchside bag.
- One appropriately trained responder* who is either already wearing or has immediate access to Level 3 PPE and can respond immediately
- Additional support personnel that can don the appropriate level of PPE to assist in a medical emergency with minimal delay, when required.

Additional (support) personnel that can don the appropriate level of PPE to assist with extrication

**Appropriately trained responders are those with a current ATMMiF/IMMOFP/PHICIS/ICIR/UEFA FDEP/ITMMiF or equivalent qualification.*

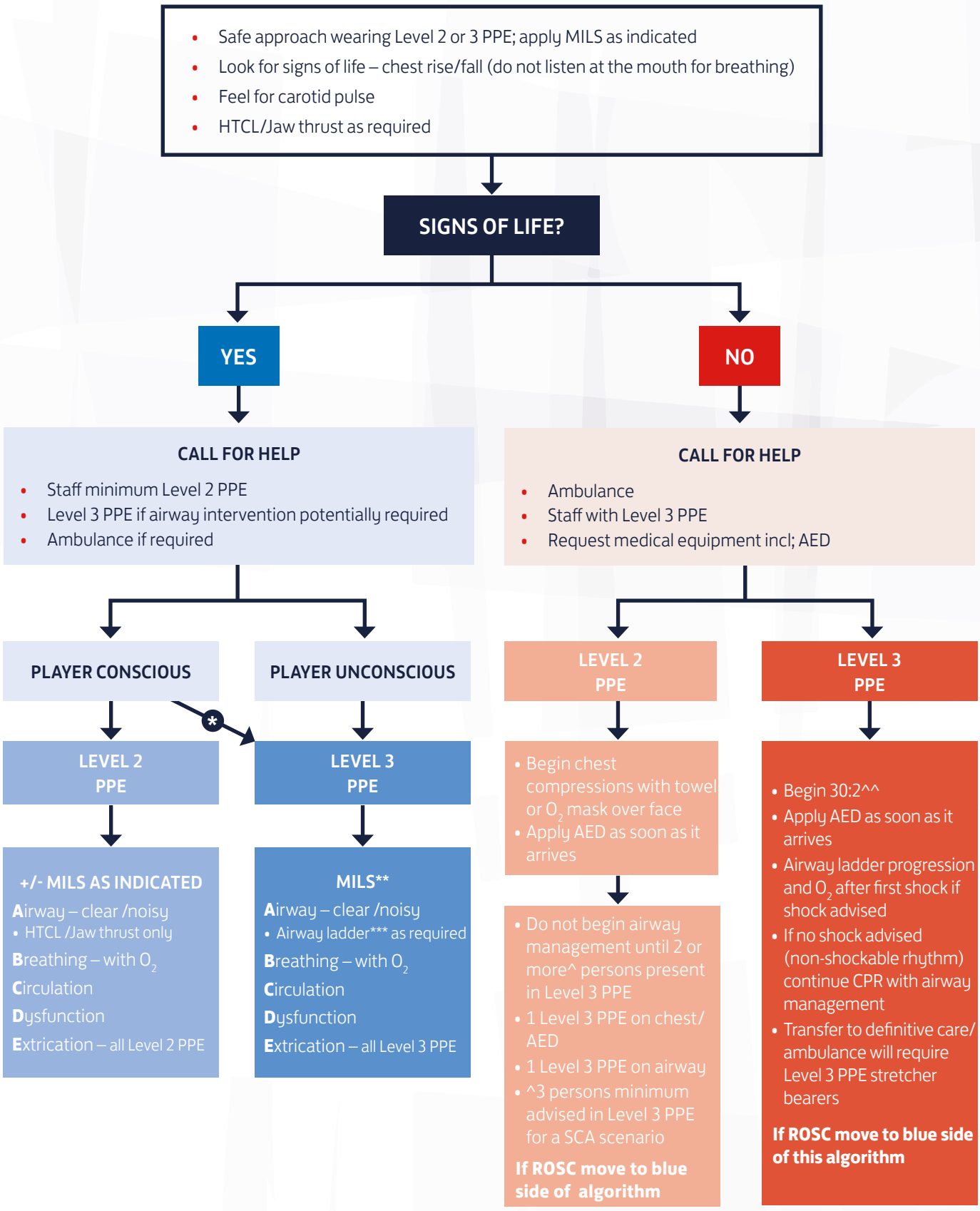
MEDICAL AREAS

Each training and playing facility should have two designated medical areas coded as either non-AGP or AGP zones. Preferably these should be well ventilated individual rooms, however, if this is not achievable, they need to be clearly marked with a minimum of 2m between zones separating the areas.

CONSIDERATIONS FOR BOTH AREAS

If an AGP is occurring and Areas are not in separate rooms, everyone not in Level 3 PPE must leave the room immediately, and appropriate ventilation and cleaning must occur prior to the non-AGP area being reinstated.

FIGURE 1: EMERGENCY CARE ALGORITHM IN ELITE SPORT



* Not all conscious players have secure airways

** MILS with airway will require minimum 2 persons Level 3 PPE: 1 Level 3 PPE with cervical spine | 1 Level 3 PPE on airway

***Airway ladder includes: suction; adjuncts; BVM; iGel.

^ Once airway intervention has occurred all staff in Level 2 PPE must move away 2m pitchside (or out of the room indoors) or don Level 3 PPE to assist

^^ In the current COVID-19 situation a pocket mask is not advisable, ventilations should be via a 2-person BVM with viral filter; consider early use of prefiltered supraglottic airway device once personnel permits.

DISCLAIMER:

This document represents a summarised version of a more detailed article currently under review for publication.

- https://blogs.bmj.com/bjsm/2020/07/08/pitch-side-emergency-care-personal-protective-equipment/
- https://blogs.bmj.com/bjsm/2020/07/08/pitch-side-emergency-care-personal-protective-equipment-a-framework-for-elite-sport-during-the-covid-19-pandemic-part-2-of-3/
- https://blogs.bmj.com/bjsm/2020/07/08/pitch-side-emergency-care-and-personal-protective-equipment-a-framework-for-elite-sport-during-the-covid-19-pandemic-part-3-of-3/

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