



COVID-19: UPDATED FIRST-AID GUIDANCE FOR GRASSROOTS FOOTBALL

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FOR CLUBS AND COACHES



COVID-19: STEP FOUR GUIDANCE FOR GRASSROOTS FOOTBALL

We want to thank you in advance for playing your vital part in helping our great game get going again. By observing Government guidance and the football-specific protocols, let's work together to ensure the transition back to enjoying football is as smooth and safe as possible. Naturally, we'll provide any updates if any are required going forward.

THIS GUIDANCE FOR STEP FOUR COMES INTO EFFECT ON MONDAY 19TH JULY. UNTIL THEN PLEASE FOLLOW FA GUIDANCE FOR STEP THREE, WHICH CAN BE FOUND ON [THE FA.COM](https://www.thefa.com).

IT IS EXTREMELY IMPORTANT THAT CLUBS, PLAYERS, COACHES, MATCH OFFICIALS, LEAGUE OFFICIALS, VOLUNTEERS, PARENTS/CARERS AND FACILITY PROVIDERS READ AND UNDERSTAND THIS GUIDANCE ON WHAT YOU CAN AND CANNOT DO AS PART OF THE LATEST STEP OF THE GOVERNMENT'S ROADMAP.

A SUMMARY OF WHAT YOU NEED TO KNOW ABOUT STEP FOUR OF THE GOVERNMENT'S ROADMAP OUT OF LOCKDOWN

On Monday 19th July, England will move to step four of its roadmap in easing Covid restrictions. This means almost all legal restrictions of social contact will be removed. However, the Government is encouraging people to act with caution.

The summary key points are below, with more detail on subsequent pages:

1. On-field adaptations for playing football are no longer required.
2. No limits of how many people can meet.
3. One-metre-plus rule is removed.
4. The **definition of close contact** remains the same, however the rules on self-isolation will be changing from the 16th August.
5. Face coverings no longer required by law, but recommended in crowded indoor settings and may be mandated by some organisations.
6. Changing rooms can be used, however participants should use their own judgment and minimise use where possible to avoid close contact in a crowded area for a prolonged time.
7. No capacity limits for spectators, but good practice is encouraged.
8. Hospitality is permitted without restrictions.
9. NHS Test and Trace QR codes are not required by law, but are encouraged.
10. **Free NHS lateral flow testing** is available to clubs and The FA encourages clubs to take this up.
11. No domestic travel restrictions. Participants should continue to follow Government advice on international travel for any fixtures/tournaments.

This guidance document applies to all youth and adult football and futsal, including all formats of the game, indoors and outdoors.

COVID-19: STEP FOUR GUIDANCE FOR GRASSROOTS FOOTBALL (CONTINUED)

DETAILED GUIDANCE ON STEP FOUR RESTRICTIONS FOR GRASSROOTS FOOTBALL

ADAPTATIONS TO THE GAME

In previous FA guidance, we set out the required adaptations to the playing of the game, to align to the Government's team sports framework. This included not prolonging elements of the game where players will be in close proximity (i.e. free kicks and corners) and avoiding team huddles and handshakes (for example).

As part of step four, these adaptations will no longer be required by the Government and so have been removed from The FA guidance. However, clubs, leagues and all participants should remain vigilant and be respectful of individuals/teams who may not wish to shake hands before games (for example).

CLOSE CONTACT AND SELF-ISOLATION

It is important to note that the **definition of close contact** remains the same in step four. Examples of close contact include:

- Face-to-face contact under one metre for any length of time – including talking to someone or being coughed on;
- Being within one metre of each other for one minute or longer;
- Being within two metres of each other for more than 15 minutes in total in one day;
- Travelling in the same vehicle.

If a player tests positive on a team there is not a need for the other players to self-isolate, unless they were in close contact, have been contacted by Test and Trace, have developed symptoms or tested positive themselves. Therefore, players and clubs should consider how they can reduce the likelihood of close contact occurring.

From the 16th August, those who are fully vaccinated and under-18s will not have to self-isolate, unless they test positive for Covid or develop symptoms, in which case they must isolate. There must also be a two-week gap (i.e. 14 days) between your second vaccination and this exemption coming into effect. If you are over 18 and not fully vaccinated, you will still need to isolate if you come into close contact with someone with Covid.

It is important to note that players must continue to self-assess and if they are experiencing any symptoms and awaiting a test result, they must stay at home.

MASKS AND SOCIAL DISTANCING

In step four, the use of masks will become voluntary in all settings, with the Government advising people to use their personal judgement and to take responsibility, depending on the situation. Government advice is that the use of masks reduce risks to people (both yourselves and those around you) in crowded spaces. Please also note that businesses and organisations may still require masks to be used.

CAPACITY

All businesses and facilities will be able to open in step four, with no caps on capacity (indoors or outdoors).

QR CODES

While there is no legal requirement for use of QR codes, Government is encouraging businesses and facilities to continue using these.

CHANGING ROOMS

Changing rooms can be used. However, given that the definition of close contact is not changing, participants may wish to consider this and minimise use of changing facilities where possible to avoid prolonged contact with people in a crowded space.

Clubs and facilities may also wish to consider taking precautions to avoid close contact, for example, asking participants to socially distance and ensure thorough ventilation.

SPECTATORS

As part of step four, there are no limits on spectators for indoor or outdoor football, this includes parents and carers. All facilities can open without restrictions on capacity; however, facilities should follow **Government guidance** on how to best manage crowds, particularly for bigger events

HOSPITALITY

All outdoor and indoor hospitality will be allowed as part of step four and can operate without restrictions on capacity limits or how people order food and drink.

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KEEPING YOUR CLUBHOUSE AND EQUIPMENT CLEAN

Keeping your clubhouse clean will reduce the risk of passing the infection onto other people. To achieve this, your cleaning procedures should be thorough and rigorous. A cleaning schedule could include:

- Daily cleaning throughout the clubhouse and facility;
- Identifying high-contact touch points for more regular cleaning (e.g. door handles, grab rails, vending machines);
- Frequent cleaning of work areas and equipment between use;
- Cleaning of shared training equipment after each individual use;
- Having waste facilities and more frequent rubbish collection;
- Removing any non-essential items that may be difficult to clean.

The FA is working with its recently-appointed official hygiene partner, Dettol, to support the return of the grassroots game. You can find more information [here](#).

NHS FREE LATERAL FLOW TESTS

As a further consideration for club safety at this time, The FA encourages clubs to consider the Government's community-testing programme. You can find details on this [here](#).

Rapid lateral flow tests help to find cases in people who may have no symptoms but are still infectious and can give the virus to others. These are currently distributed free by the Government, and you can order packs to be sent to a home address. Where clubs do follow the twice-weekly free community Government testing programme, according to recently published PHE guidance they would meet the criteria for a Low-Risk Pathway, meaning certain first aid restrictions during Covid-19 can be lifted in this situation. More information can be found in our First-Aid guidance on TheFA.com.

FIRST AID

All participants should ensure they have read the updated FA guidance on First Aid, which can be found on TheFA.com.

TRAVEL

All participants may travel to games with no restrictions in place for domestic travel. Participants should be aware that travelling in cars is now permitted, however this does mean that they will likely be in close contact and should manage any risks linked to this. Any international travel should be in line with [Government advice](#). Players and clubs should consider how they can reduce the likelihood of close contact occurring.

INSPECTING THE EXISTING CONDITION OF YOUR FACILITY

If parts of your facility have not been used for some time, a thorough building inspection and walk-round will allow you to identify any issues and damage. This will help you plan what work needs to be carried out and should include water quality (e.g. for Legionella and other contaminants), drains, gas services, ventilation, alarms/safety systems and pest control.

FINAL CONSIDERATIONS

The guidance you are reading is FOR ALL – players, coaches, club officials, club welfare officers, match officials, league officials, first-aiders, volunteers, parents/carers, facility providers and spectators.

Clubs and facility providers should update their risk assessment regularly and also update their medical emergency action plan around player care, as well as strictly following the first-aid guidance document published by The FA, without exception. This is both to protect players and any club member who is trying to aid the player if an emergency arises.

As noted above, the FA is working with its recently-appointed official hygiene partner, Dettol, to support the return of the grassroots game. You can find more information [here](#).

Whenever this document refers to finding further information on TheFA.com, you'll find it [here](#).

COVID-19: UPDATED FIRST-AID GUIDANCE FOR GRASSROOTS FOOTBALL

This document has been prepared as medical guidance for the return to contact group training and matchplay in all settings, in line with guidance produced by the Government on a phased return to community sport¹ and by The FA². Please note this document will be updated as required as we progress through this pandemic caused by the infection Covid-19. Any amendments will be based on any new medical evidence or recommendations and disseminated accordingly. The following guidance is an update to The FA guidance on first aid and First Aid in Football Practice, it is to be applied during this specific period of Covid-19.

Clubs are required to review their risk assessments to ensure they meet the guidance produced by the Department for Digital, Culture, Media and Sport (DCMS) before any football activity is resumed^{1,3}. Good practice

dictates these documents are disseminated to all relevant parties prior to the resumption of any club endorsed training activity, inclusive of coaches, players and parents for those under 18, so that informed consent to participate is obtained. Further detail is provided below.

Risk Assessments should be updated to account for the current climate with respect to the potential of Covid-19 transmission, with risk mitigation plans outlined for all potential injuries and emergencies that may arise due to partaking in football related activities.

The remit of this document is to provide guidance on medical care as applicable in all non-elite football (all levels below English Football League and below Barclays FA Women's Championship). Please refer to the sections as relevant to your club circumstances.



All references are listed on page 18 of this document.

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WHAT WE KNOW ABOUT COVID-19

Covid-19 is the infection caused by a virus spread through droplets from the respiratory tract. This is more likely to happen when in close proximity (defined herein as two metres or less), or face to face with an infected person. Droplets containing the virus can be produced from coughing, sneezing, and forceful breathing.

We do not always know who is and is not infected, therefore it is important to ensure everyone maintains social distancing and follows strict personal and environmental hygiene procedures.

PERSONAL HYGIENE

Regular handwashing is recommended with soap and water, and where this is not available alcohol hand gel is acceptable^{4,5}, as shown in **Appendices 1** and **2**. It is advisable to use a tissue (and dispose of the tissue in a sealed bin) or where unavoidable the crook of an elbow when coughing or sneezing.

Spitting should be avoided, as the main mode of transmission of the virus is in respiratory secretions. Clubs should enforce a complete ban on chewing gum, as it is either spat out or rolled into a ball and taken out and thus poses a high risk of cross contamination.

ENVIRONMENTAL HYGIENE

The virus can be passed on by touching a person, surface or object that has been contaminated with respiratory droplets from an infected person previously touching the surface e.g. doorknob or sports equipment. While groups could practice ball skills like passing and kicking, equipment sharing should be kept to an absolute minimum and strong hand hygiene practices should be in place before and after use⁶.

SOCIAL DISTANCING AND MASK WEARING

Social distancing and mask wearing have been proven to be very effective in day-to-day life during the pandemic, and we shouldn't abandon these fully at a time of high prevalence, especially in our younger population, there is the risk of creating risky football workplaces.

As we move into step four, you will no longer need to stay two metres apart from people with whom you do not live and there will also be no limits on the number of people you can meet – see **here** for more information. However, minimising face-to-face contact and progressing with caution will ensure you can continue your first-aid duties, hopefully without the risk of being a contact and will ensure football is kept safer.

A face covering has been shown to be effective in viral transmission⁷ and whilst transmission rates are high they should still be a consideration alongside good hand hygiene. As the first-aider, a triple-layered mask would be part of your Level 2 PPE and is a requirement at this time.



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SELF-CHECKS BEFORE ATTENDING A PLANNED TRAINING SESSION

Self-checks are very important in identifying who has possible symptoms of Covid-19 infection, as this helps reduce those with the infection attending football activity and transmitting the infection to others. This quick check

should be done before each training session so those who trigger a positive answer, can stay away to protect everyone else. Some clubs may wish to have this completed in the form of an online or paper questionnaire (see [Table 1](#)).

TABLE 1: SELF-SCREENING CHECK LIST PRIOR TO EACH TRAINING SESSION

EACH PARTICIPANT SHOULD SELF-SCREEN PRIOR TO ARRIVAL AT TRAINING TO ENSURE THEY DO NOT HAVE ANY OF THE FOLLOWING SYMPTOMS (CONFIRMED BY A PARENT FOR THOSE UNDER AGE 18), AS THESE ARE POTENTIAL INDICATORS OF COVID-19 INFECTION.	CHECK NEGATIVE	CHECK POSITIVE
<p>A high temperature (above 37.8°C)</p> <ul style="list-style-type: none"> Some clubs may include on-site temperature checking of participants as part of their SOP, this is more relevant to clubs who employ medical staff. 		
<p>A new continuous cough.</p>		
<p>Shortness of breath.</p>		
<p>A sore throat.</p>		
<p>Loss of or change in normal sense of taste or smell.</p>		
<p>Feeling generally unwell.</p>		
<p>Persistent tiredness</p>		
<p>Been in close contact with/living with a suspected or confirmed case of Covid-19 in the previous two weeks.</p>		
<p>Finally, are you or anyone in your household/bubble self-isolating whilst waiting for a test or test results for Covid-19?</p>		

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Where it has not been possible for this to be completed prior to the session, it must be done at the start of the session before contact with any other player or staff member.

It is important to remember some people can pass on the virus before they develop symptoms, or never have symptoms despite being infectious. Despite everyone's best efforts, these cannot be screened out of training.

It is also clear at the present time the transmission rate of infection is rising, not only due to the ease in lockdown restriction, which was expected, but with the Delta variant⁸ accounting for over 90% of infection rates. Anecdotally transmission rates are rising in the younger, predominantly unvaccinated population at this time. Football participation is widespread but a large proportion will currently consist of the unvaccinated population, which is why mitigation is still of paramount importance.

If a player is showing symptoms of the virus as above, or has been in contact/living in a household with someone displaying symptoms, or had a positive test result within the last two weeks, then they should stay at home until a NHS practitioner advises them they no longer need to remain in isolation⁹.

Any player who has had Covid-19 symptoms should seek/follow advice from a health care professional on when is best to return to training. Assuming the player is no longer symptomatic, has fully recovered and has finished their required self-isolation period a return to sport can be considered. Those players who have had symptoms lasting more than seven days during their illness, even if asymptomatic at the time of returning to football, should have full medical clearance before returning to training¹⁰. If symptoms resume, or players feel unwell or have persistent tiredness on return to training they should consult their own doctor.

If none of the above apply, players can attend a training session and matches as arranged by a coach/club. Please remember to ensure players bring with them:

- Their own water bottle clearly labelled with their name and not to be shared with others; and
- Their own hand sanitiser (alcohol-based).

Grassroots football activity is something that we know everyone's keen to see, but it must be done with careful consideration for everyone's safety – especially children, any adults at greater risk and their families. Any group who have been highlighted by govt data as being at heightened risk should be addressed sensitively and any personal concerns taken seriously^{7,11}.

WHAT TO DO IF SOMEONE DEVELOPS SYMPTOMS CONSISTENT WITH COVID-19 DURING A TRAINING SESSION?

- Separate the player immediately from the wider group.
- Determine if the player needs urgent medical attention and if so call for help (may include an ambulance) and manage any medical emergency as set out below, including correct use of Personal Protective Equipment (PPE) – see [Table 2](#).
 - If they are a child, they should be taken home, or to seek medical attention if required, by a member of their household, and follow Government guidance for symptoms of Covid-19.
- If they are an adult:
 - and symptoms are mild, advise them to return home and follow Government guidance for symptoms of Covid-19.
 - if the symptoms are moderate-severe, advise they do not drive, but get support from a household member to return home, they should not be taken home by someone who is not a member of their household/social bubble. They should then seek medical attention as appropriate. Please refer to the NHS 111 website for further details on accessing medical care and when this is advisable¹².
- If other players/coaches present have followed the social-distancing protocols, they need not follow any specific advice unless they develop symptoms. If they develop symptoms they would then need to isolate as per Government guidance.

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As a further consideration for club safety at this time, The FA strongly recommends clubs may wish to follow Government guidance and consider following a community-testing programme. You can find details on this [here](#).

Rapid lateral flow tests help to find cases in people who may have no symptoms but are still infectious and can give the virus to others. These are currently distributed free by the Government and you can order packs to be sent to a home address – see here for details.

Where clubs do follow the twice-weekly free community Government testing programme, according to recently published PHE guidance they would meet the criteria for a Low-Risk Pathway, meaning certain first aid restrictions during Covid-19 can be lifted in this situation.

Please note for a club to follow the Low-Risk Pathway, all players, coaching staff and officials as well as first aiders must follow the same criteria. These are:

- The operation of a Covid-19 compliant facility (risk assessment, hygiene and masks as required);
- Symptom check list prior to a session (table 1);
- Twice-weekly lateral flow testing for all coaches/players/officials in each team (controlled 'bubble')
- All those with a positive lateral flow test to self-isolate with their family and close contacts as per Government guidance.

For clarification, any club/team that does not follow the above criteria are classed as a Medium-Risk Pathway and all prior Covid-compliant first-aid guidance remains applicable.

WHAT TO DO IF YOU ARE REQUIRED TO COME INTO CLOSE CONTACT WITH SOMEONE AS PART OF YOUR FIRST RESPONDER DUTIES?

First aid falls into two parts:

1. Those who respond because of an emergency arising in front of them (laypeople);
2. First responders/aiders with a duty of care (workplace first-aiders and sports coaches) running a training session.

Delivering first aid will likely include the need for the responder to compromise Government advised social distancing guidance and come into close contact with a potentially injured player, and this may include cardio-

pulmonary resuscitation (CPR). If a player gets injured, ideally a member of their household can aid them, but others will still need to socially distance unless a life or limb-threatening injury necessitates compromising guidelines to provide emergency care until the ambulance arrives.

If there is a first aider or other medical personnel present, they should be equipped with the appropriate PPE to be used in the event that they should need to compromise social-distancing guidelines to provide medical assistance. They should have updated themselves on any **changes in first-aid procedure** that will be required as a result of the pandemic.

The advice for laypeople and coaches with no formal duty of care/role in first aid delivery has slight deviation from those with a clearly defined pre-arranged role, but still follows strict guidance¹³. This guidance has been adapted, where possible, for the football setting. Please refer to your club health and safety officer³ and your club's risk assessment for Covid-19 changes, as well as this guidance to inform your planning and sessions

FIRST AID AND MEDICAL KITS

This should reflect the additional items that ensure safety during this Covid-19 pandemic including use of PPE. Consideration should also be applied to what items will be considered single use equipment. Consideration should also be given to appropriate cleaning products and systematic cleaning protocols to be implemented after each use of equipment in line with PHE standards^{6,14}.

FIRST-AID QUALIFICATIONS

First aiders should ensure their qualifications are in date and refer to their respective educating body regarding extensions during the Covid-19 pandemic. For FA qualifications extensions to licences that have/are about to expire please **contact FA Education**. At the present time, The FA has applied an extension to all current IFAiF (Introduction to First Aid in Football) qualification expiry dates to July 31 2021.

IFAiF is now a virtual course and can be taken [here](#).

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ADDITIONAL INFORMATION FOR FIRST AID IN FOOTBALL PRACTICE

Player contact occurring while delivering first aid care will need to follow PPE guidance¹⁵, in line with Public Health England (PHE) recommendations:

- The use of PPE is both to protect the responder from the player, but also protect the player from the responder;
- Where it is not possible to always maintain the Government advised social distance away from a player, the responder should wear:

- Disposable gloves (single use);
- Disposable plastic apron (single use);
- A fluid-resistant surgical mask (Type IIR)* – can be worn without removal for up to a four-hour session, must be changed if visibly soiled, damp or damaged;

**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.*

- Eye protection (e.g. goggles or visor. Personal spectacles are not the same) - can be worn without removal for up to a four-hour session, must be changed if visibly soiled, damp or damaged. Can also be re-used if cleaned according to PHE standards⁶.

Clean hands thoroughly with soap and water or alcohol sanitiser before putting on and after taking off PPE. In all circumstances where some form of PPE is used, the safe removal, discarding and disposal of the PPE is a critical consideration to avoid self-contamination¹⁶.

Appropriate type and quantities of PPE must be available at all times and they must reflect all potential first aid situations that may arise through the course of football related activity.

It is acknowledged that in a sporting environment donning appropriate PPE can be practically challenging, therefore it is recommended to conduct a thorough risk assessment considering amendments or alterations that may be specific in your own club. However, risk of transmission from player to responder and responder to player, in addition to donning times must be carefully considered before any mitigation is made. No decision to reduce PPE should adversely impact the care received, or ability to deliver timely care in an emergency situation.

The safety of the responder is paramount and no-one is expected to provide care which jeopardises their own personal health or safety. In an emergency situation, 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 PPE³. This may include providing no assistance at all until the ambulance arrives or until appropriate PPE is made available.



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TABLE 2: DEFINITION OF SITUATIONAL PERSONAL PROTECTIVE EQUIPMENT LEVEL REQUIREMENTS

What are the hazards?	Gloves	Apron	Fluid-resistant long-armed gown/coveralls	Fabric/cloth mask [^]	Fluid-resistant Surgical Face mask Type IIR	Filtering Face Piece Respirator 3 (FFP3) mask ^{^^}	Eye Protection 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 compromised ⁸ including at training	X	X	X	✓	X	X	X
LEVEL 1 Where Government-advised distancing may not be maintained at all times	X	X	X	X	✓	X	X
LEVEL 2 Within 2m of player, which may include face to face contact for assessment and management of all individuals including those who are positive or symptomatic	✓	✓	X	X	✓	X	✓
LEVEL 3/AGP Aerosol-generating procedure (AGP or high potential for aerosol, for those not subject to the Low-Risk Pathway criteria)	✓	X	✓	X	X	✓	✓

[^] 3 layers: 1st water absorbent cotton | 2nd filter layer | 3rd is water resistant¹⁷

^{^^} Please be aware WHO¹⁷ does recommend FFP2 mask as an alternative in FFP3. However, FFP3 is included in this framework as this is in line with PHE

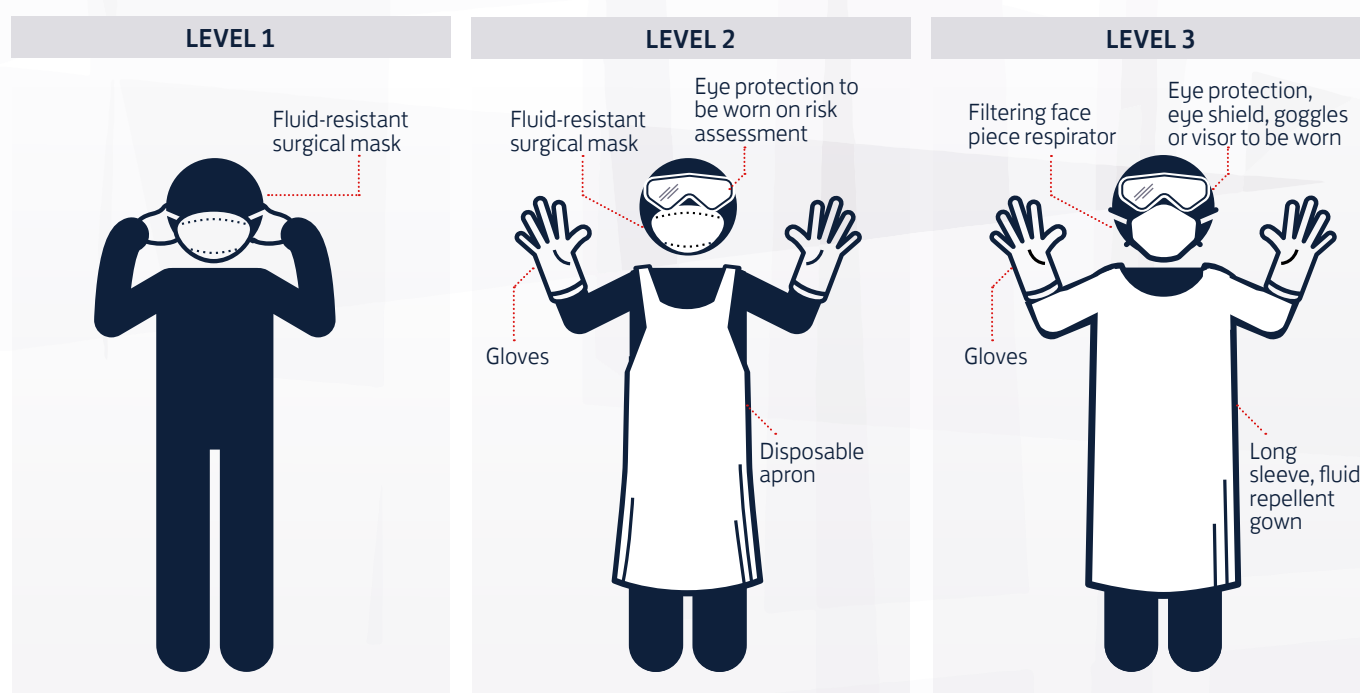
* Single use: Equipment that must be changed after each contact

** 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, it should be disposed of if it becomes moist, damaged or visibly soiled;

*** Reuseable equipment appropriately decontaminated to PHE standards that can be reused¹⁴.

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FIGURE 1: PERSONAL PROTECTIVE EQUIPMENT (PPE)



IN THE EVENT OF A SUDDEN CARDIAC ARREST (SCA)

It can never be certain that a player does not have Covid-19, even in absence of symptoms if they are not following a **regular testing protocol** as offered by the Government.

UNKNOWN COVID-19 STATUS OF PLAYERS (MEDIUM RISK PATHWAY):

The following guidance is based on risk mitigation, and the assumption that someone could be infected during all medical care provision, including in an arrest scenario¹⁹ (please also refer to **Figure 2**). SCA is a recognised potential medical emergency that can occur in football, further complicated by cardiac involvement recognised as a complication of Covid-19. Therefore each club must include this in their risk assessment, carefully considering updated precautions for this period, and adopt any appropriate recommended provisions before returning to training.

ADULT OVER 18

During this Covid-19 pandemic rescue breathing is considered outside the scope of first aid practice. In adults who are NOT involved in a regular screening protocol, it is recommended that you do not perform rescue breaths or mouth-to-mouth ventilation; perform chest compressions only^{13,18}.

- Confirm no signs of life (see **Figure 2**);
- Early call for medical assistance will be vital:
 - Ambulance;
 - AED (refer to your clubs EAP for location, and send someone to collect immediately).
- Chest compressions are considered an aerosol generating procedure¹⁸ (AGP), which has a higher risk of Covid-19 transmission, and so for the safety of the responders the following precautions are required:
 - Before commencing chest compressions a covering should be placed over the player's face, this can be in the form of a hand towel or cloth. This covering should provide sufficient cover to cover the players mouth and nose whilst still permitting breathing to restart following successful resuscitation³.

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- The responder should place their hands together in the centre of the chest and push hard and fast (a rate of 100-120 compressions per minute, at a depth of 5-6cm of the chest width) providing continuous chest compressions.
 - Compression-only CPR may be as effective as combined ventilation and compression in the first few minutes after cardiac arrest¹³.
- All other players and individuals involved in the training session should be asked to vacate the vicinity if they are not involved in the resuscitation.
- If available the first aider/coach should wear appropriate PPE (gloves, apron, fluid-resistant face mask and goggles) and all other helpers advised the same:
 - The club EAP should account for this scenario and ensure the availability of appropriate PPE to respond to this situation.
- The AED should be applied as soon as it arrives:
 - Follow the guidance as advocated by the AED (see **Figure 2**).
- If possible, swap responders providing chest compressions as often as required and at least following every AED analysis (or every two minutes in the absence of an AED) to ensure appropriate rate and depth is achieved;
- Once the ambulance service arrives please hand over responsibility to the ambulance service;
- After performing compression-only CPR, all rescuers should wash their hands (and face if no mask or eye protection worn) thoroughly with soap and water; alcohol-based hand gel is a convenient alternative. They should also seek advice from the NHS 111 coronavirus advice service and their club medical adviser if concerned about Covid-19 symptoms.

PLAYERS/CLUBS FOLLOWING GOVERNMENT FREE TWICE WEEKLY LATERAL FLOW TESTING PROGRAMME MEETING THE LOW RISK PATHWAY

- For those clubs/players that complete a symptom checklist before arrival at training/matches and whose players regularly follow the Government's free twice-weekly lateral flow testing programme, PHE has advocated that this meets the criteria for a Low-Risk Pathway, meaning that de-escalation of some Covid-19 mitigation protocols can occur.
- For first aiders, this means the Covid-19 status of the player is known and that first-aid care can return to the pre-Covid-19 environment. First aiders should still wear Level 2 PPE as per PHE guidance, but no other mitigation needs to be in place.
- For resuscitation this means rescue breathing can be provided, ideally using a one-way valve pocket mask ventilation.



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SPECIFIC REFERENCE TO PLAYERS UNDER 18 YEARS OF AGE SUFFERING A SUDDEN CARDIAC ARREST (SCA) (see [Figure 2](#))

- Because cardiac arrest in those below the age of 18 can often be due to reasons other than cardiac (from the heart), such as respiratory (lung) problems, ventilation is crucial to the child's chance of survival. However, for those not trained in paediatric resuscitation the adult process detailed above can be followed.
- The most important thing is to ensure treatment is provided quickly;
- If a child player is not breathing normally and no intervention is provided, their heart will stop and full cardiac arrest will occur. Therefore, ensure early chest compressions and AED application as soon as possible, deliver defibrillation early when indicated, and ensure medical help/emergency services are on their way;
- It is very likely in the football setting that the child player is well known to you, and to not perform ventilatory support might not be an option you wish to take, despite the risk to the responder. If the decision is made to perform rescue breathing (due to compression only CPR likely to be less effective if a respiratory problem is the cause) please use a face shield^{13,18} or pocket mask with a one-way filter valve:
 - If the responder is wearing a mask this will be required to be removed to provide rescue breaths.
- Please note in the untested population (Medium-Risk Pathway), providing rescue breaths will increase the risk of transmitting the Covid-19 virus, either to the rescuer or the player. However, this risk is small compared to the risk of taking no action as this will result in certain cardiac arrest and the death of the child^{12,17};
- Should you have provided rescue breathing in the absence of the twice-weekly lateral flow testing protocol, there are no additional actions to be taken other than to monitor yourself for symptoms of possible Covid-19 over the following 14 days¹³.

OTHER POTENTIAL INJURIES THAT OCCUR DURING FOOTBALL TRAINING

Your first duty of care as first aider or coach is to yourself and it is imperative you take all advised precautions and other first aid providers have also advocated similar advice¹⁹. The vast majority of incidents you will encounter on the training pitch can be managed without the need to get close to a player, where you would come into contact with cough droplets. Sensible precautions will ensure you are able to treat a player effectively without compromising social distances. The FA have taken the position of putting safety first through risk mitigation, recommending that PPE is required (as a minimum: disposable gloves and apron with a fluid-resistant surgical mask highly recommended) for those with a duty to respond to a player (club EAP on first aid) PPE¹³.

Please note: a face covering or cloth mask is not the same as a Type IIR surgical face mask as used by healthcare workers/ first aiders as part of PPE (refer to [Table 2](#)).

IF THERE IS LOSS OF CONSCIOUSNESS

If the mechanism of an injury has not been witnessed one must assume that a head/neck injury is present until proven otherwise. Manual Inline Stabilisation (MILS) will be required. In these circumstances there is potential for an airway compromise, particularly so when a player has lost consciousness or, has an altered level of consciousness. As a minimum the responder must approach safely wearing appropriate PPE (gloves, apron, fluid-resistant face mask and goggles).

IF THERE IS A COMPROMISED AIRWAY (LOSS OF CONSCIOUSNESS TONGUE OCCLUDING THE AIRWAY OR CHOKING)

A simple head tilt chin lift (in the absence of any suspected head or neck injury) or jaw thrust can be applied wearing appropriate PPE (gloves, apron, fluid-resistant face mask and goggles) after first ensuring there is nothing occluding the player's airway.

Please note: Airway management with the potential to cause a cough or sneeze would be considered an aerosol

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generating procedure (AGP) and as such a higher level of PPE would be required – unless the population is regularly tested (Low-Risk Pathway) – and so considered out of the scope of the first aider. On recognising airway difficulty, immediately call for medical assistance because an ambulance will be essential.

If the player is choking, then the responder ideally in appropriate PPE (gloves, apron, fluid-resistant mask and goggles) can approach the player from behind and follow the choking algorithm (up to five back slaps, followed by up to five abdominal thrusts, repeated until the airway is clear). Emphasis on care when checking the airway between sets is advised as this is an aerosol – generating procedure and in the untested population the PPE present in grassroots football is not at the level to negate this additional risk.

IF THERE IS A BLEEDING WOUND PRESENT

Nasal or oral wounds with the potential for spitting, coughing or sneezing would be considered a potential for an aerosol generating procedure and a higher level of PPE is required for any management in the untested population.

For the untested players/clubs (Medium-Risk Pathway):

If this occurs during training, ensure more than a two-metre distance (current guidance) is maintained from the player by all concerned, and seek urgent medical assistance. Where parents or household members are close by they can be allowed to assist, whereby the first responder can advise from a safe distance.

Postural drainage positions – such as leaning forwards or side lying with the head facing towards the ground can help drain fluids from the face or nose. This can be considered if injuries allow, whilst awaiting medical help from those in appropriate PPE, or the emergency services. If the player is unconscious, but showing clear signs of life, then the recovery position can be used.

Other wounds that are open but do not involve the oral or nasal cavities are not classed as aerosol generating procedures thus disposable gloves, apron and fluid-resistant face mask are all that are required.

For the players/clubs within the twice-weekly testing protocol/Low risk Pathway there are no restrictions to the management i.e. social distancing can be breached where required and care provided as pre-Covid-19 training, but first aiders must only act within their scope of practice.

IF THERE HAS BEEN A BLOOD OR BODY-FLUID SPILL

Keep other players/parents away from the area. Use a spill-kit if available, using the PPE in the kit or PPE provided by your club, and follow the instructions provided. If no spill-kit is available, place paper towels/roll onto the spill, and seek further advice from emergency services when they arrive.

Head Injuries/cervical injuries/medical emergencies that don't involve the airway/fractures and muscular injuries

Are not considered aerosol generating procedures and can be dealt with as normal by a first aider with appropriate training, wearing the appropriate PPE (disposal gloves, apron and fluid-resistant face mask)¹⁸. If no first aider is present then the coach can assist from a distance (ideally more than two metres away) until a parent, an household member or the first aider or ambulance arrive (will vary dependent on club EAP).

To reiterate – the safety of the responder is paramount, and no-one is expected to provide care which jeopardises their own personal health or safety. In an emergency situation, where suitable PPE is not available, the coach or potential helper 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 PPE³. This may include compromising social distancing and being within two metres of the player, or providing no assistance at all until the ambulance arrives, or until appropriate PPE is made available.

The FA is proposing that clubs consider joining the free **twice-weekly testing programme** provided by the Government if feasible, as the risks to all concerned with player care is then minimised and care can return to the pre-Covid-19 guidance and no additional risks are present to the responder.

CLUBS WITH A DUTY OF CARE TO PROVIDE FIRST AID AND MEDICAL PRACTITIONERS AS PART OF FOOTBALL REGULATIONS

All clubs must follow Public Health England (PHE) guidelines. Those with a duty as first aiders, or those acting as 'therapist' or doctor where available, should follow national guidance inclusive of Resuscitation Council UK (RCUK and the framework for organised non-elite sport²⁰), conducting their own risk assessment and ensuring they follow full PPE guidance¹³.

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Consideration should be given to including the free twice-weekly testing to move all protocols into a Low-Risk Pathway, as advocated above.

Where the Covid-19 status is unknown (untested clubs/players)/Medium-Risk Pathway: If treatment rooms are utilised, social-distancing guidance must be followed. Do not allow players to congregate in the treatment area, and clean to PHE standard after each time a different individual is treated in the room⁶. Manual therapy treatment of players (including soft tissue therapy and massage) prior to, or after training, are not to be conducted unless it is absolutely essential and ideally approved by a qualified doctor/senior graduate therapist in advance. If any member of the therapy staff is performing essential physiotherapy or soft tissue treatment, they must wear appropriate PPE throughout. At present Government guidance indicates that this should include (as a minimum):

- Fluid-resistant surgical mask (FRSM type IIR);
- Disposable gloves;
- Disposable plastic apron/long sleeved fluid repellent gown or coveralls;
- Goggles/eye protection (for injuries above shoulder level).

For those practitioners now managing players in medical rooms at training grounds, please follow league designated guidance on separate AGP and non-AGP rooms (depending on Covid-19 risk pathway followed). Where no provision for an additional AGP medical room is provided all emergency procedures should be undertaken by the emergency services on arrival at the training ground.

First aiders are not recommended to provide any treatments or interventions beyond emergency first aid outlined in this document, and club EAPs should outline the same. If players require medical treatment they must be directed towards their local emergency department or to their own general practitioner.

Where healthcare professionals (therapists/doctors) are providing treatment to players during training sessions they must dispose of their PPE appropriately and put on clean replacements after handwashing, before seeing another player. The face mask must be replaced once it becomes damp, damaged or soiled.

Should a player require the assessment of their head (inclusive of face, mouth, nose or ear) therapists/doctors must wear in addition to the PPE above a fluid-resistant visor or goggles. Personal spectacles are not considered appropriate. This requirement also needs to be a part of the club EAP where a designated first aider/therapist is present.

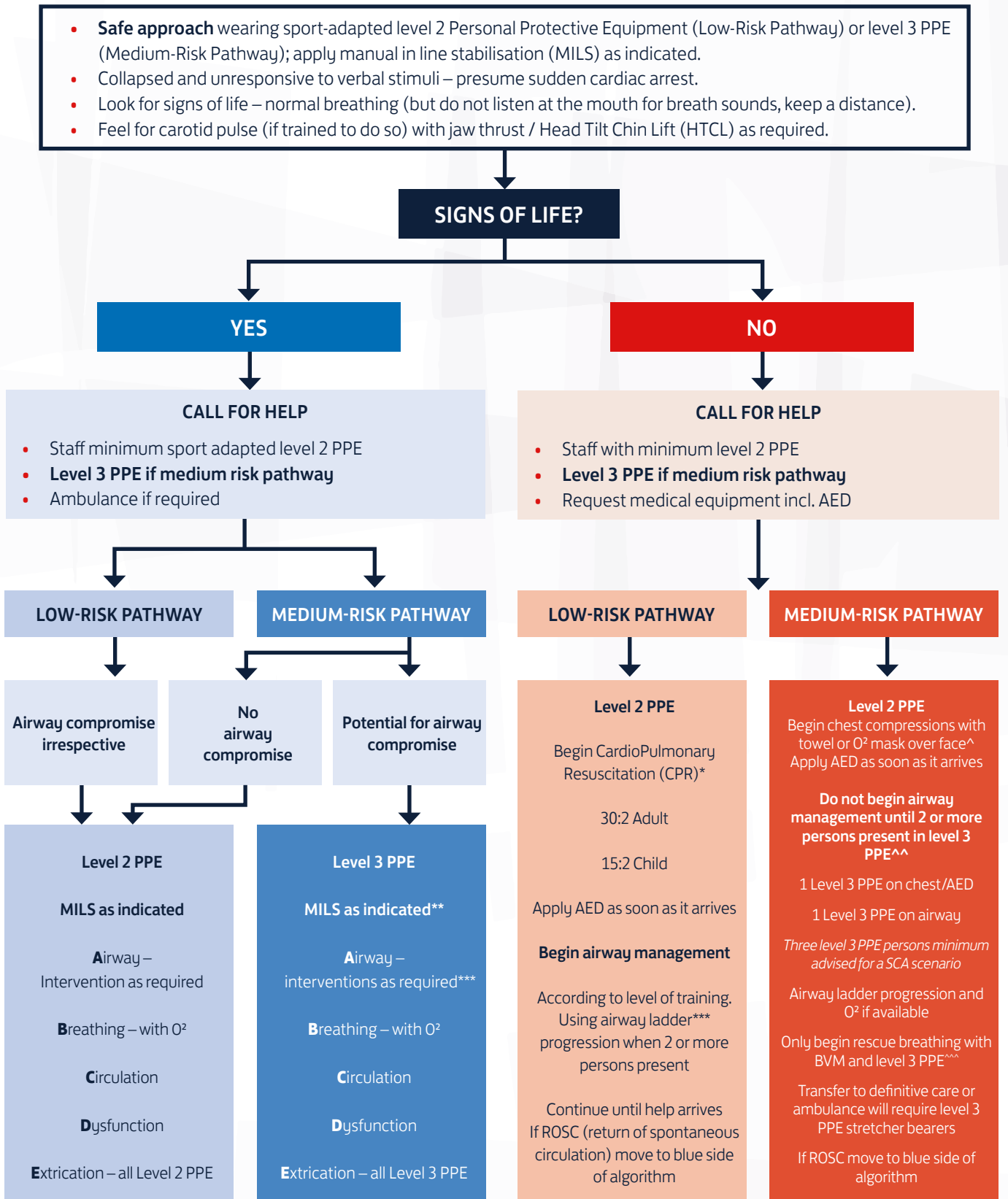
Appropriate type and quantities of PPE must be available at all times and they must reflect all potential medical situations that may arise through the course of related football activity (this may include Level 3 PPE for any potential aerosol generating procedures that may occur in airway management, if staff are trained to provide these procedures). Appropriate education in the types of and circumstances that dictate the need for PPE¹, including donning^{21,22}, doffing²³, and fit testing where appropriate²⁴.

Disposal of PPE will require a clinical yellow bin and the EAP must reflect the clubs clinical waste disposal procedure. This must be as a minimum collected from the ground no longer than every 14 days.

For clubs taking part in the free twice-weekly Government lateral flow testing procedures who meet the Low-Risk criteria, the following further benefits will apply:

- **Only Level 2 PPE is required;**
- **All AGPs can be managed in Level 2 PPE;**
- **No delay to resuscitation and rescue breathing;**
- **No requirement for a separate AGP medical room;**
- **Sanitation protocols can return to pre-Covid guidance.**

FIGURE 2: EMERGENCY CARE ALGORITHM IN SPORT – JUNE 2021



* Responders to provide rescue breathing via pocket mask with one-way filter/bag valve mask as per training. Those first responders who do not wish to provide rescue breathing can use continuous chest compressions, without a face covering, until help arrives.

** MILS with airway will require minimum 2 persons in level 3 PPE to stabilise cervical spine and to provide airway support.

*** Airway intervention includes: suction; adjuncts; Bag Valve Mask (BVM); iGel (please note with the exception of suction all require presence of level 3 PPE).

^ Responders to consider if they wish to forgo level 3 PPE for paediatric life-support in order to provide early ventilations.

^^ Once airway intervention has occurred all staff not in level 3 PPE must move 2m away outdoors, or vacate the room when indoors.

^^^ In the current Covid-19 situation a pocket mask is not advisable within a Medium-Risk Pathway, ventilations should be via a two-person BVM with viral filter; if trained consider early use of prefiltered supraglottic airway device once personnel support permits.

Best Practice: How to hand wash step by step images

Steps 3-8 should take at least 15 seconds.

		
<p>Wet hands with water.</p>	<p>Apply enough soap to cover all hand surfaces.</p>	<p>Rub hands palm to palm.</p>
		
<p>Right palm over the back of the other hand with interlaced fingers and vice versa.</p>	<p>Palm to palm with fingers interlaced.</p>	<p>Backs of fingers to opposing palms with fingers interlocked.</p>
		
<p>Rotational rubbing of left thumb clasped in right palm and vice versa.</p>	<p>Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.</p>	<p>Rinse hands with water.</p>
		
<p>Dry thoroughly with towel.</p>	<p>Use elbow to turn off tap.</p>	<p>...and your hands are safe.</p>



Best Practice: How to handrub step by step images



1 Apply a palmful of the product in a cupped hand and cover all surfaces.



2 Rub hands palm to palm.



3 Right palm over the back of the other hand with interlaced fingers and vice versa.



4 Palm to palm with fingers interlaced.



5 Backs of fingers to opposing palms with fingers interlocked.



6 Rotational rubbing of left thumb clasped in right palm and vice versa.



7 Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.



8 Once dry, your hands are safe.

Adapted from the World Health Organization Health Promotion Guidelines
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YOUR CLUB'S NEAREST AUTOMATED EXTERNAL DEFIBRILLATOR (AED) AND ITS MAINTENANCE – A CHECKLIST

DO YOU HAVE AN AED AT YOUR CLUB?

Yes No

WHERE IT IS LOCATED AT YOUR FACILITY?

HOW IS IT STORED?

Inside Outside

LOCKED CABINET?

Yes No

KEY OR BUTTON ACCESS?

Yes No

WHO HAS CODE/KEY?

HEATED CABINET FOR OUTDOORS?

Yes No*

IF YOU DO NOT HAVE AN AED AT YOUR CLUB, WHERE IS THE NEAREST AED TO YOUR CLUB LOCATED?

DESIGNATED PERSON TO COLLECT IT IN AN EMERGENCY:

HAS IT BEEN REGISTERED WITH THE LOCAL AMBULANCE SERVICE?

Yes No

WHO IS THE NOMINATED PERSON AT CLUB WHO LOOKS AFTER THE CARE AND SERVICE?

HOW OFTEN IS BATTERY-CHECKED?

WHO CHECKS IT?

WHERE/HOW IS THE CHECK RECORDED?

**Please check your AED manufacturer information about the minimal temperature your AED until will operate. It may require a heated cabinet.*

COVID-19: UPDATED FIRST-AID GUIDANCE FOR GRASSROOTS FOOTBALL (CONTINUED)

REFERENCES:

- ¹ Covid -19 Government guidance for return of outdoor sports [here](#)
- ² The FA grassroots Covid-19 guidance [here](#)
- ³ <https://www.hse.gov.uk/news/first-aid-certificate-coronavirus.htm#>
- ⁴ [See Appendix I](#) – Hand washing
- ⁵ [See Appendix II](#) – Rub washing
- ⁶ Covid-19 decontamination in non-healthcare settings [here](#)
- ⁷ <https://blogs.bmj.com/bjbm/2020/06/12/should-people-wear-a-face-mask-during-exercise-what-should-clinicians-advise/>
- ⁸ Delta variant: What is happening with transmission, hospital admissions, and restrictions?
BMJ 2021; 373 doi: <https://doi.org/10.1136/bmj.n1513> (Published 15 June 2021) Cite this as: BMJ 2021;373:n1513
- ⁹ Covid-19 Government guidance [here](#)
- ¹⁰ Bhatia Retal, Eur J Prev Cardiol 2020
- ¹¹ Covid-19 precautions for higher risk groups [here](#)
- ¹² <https://111.nhs.uk/covid-19>
- ¹³ <https://www.gov.uk/Government/publications/novel-coronavirus-2019-ncov-interim-guidance-for-first-responders/interim-guidance-for-first-responders-and-others-in-close-contact-with-symptomatic-people-with-potential-2019-ncov>
- ¹⁴ Covid-19 Routine decontamination of reusable non-invasive equipment [here](#)
- ¹⁵ Covid-19 Personal protective equipment (PPE) [here](#)
- ¹⁶ <https://www.gov.uk/Government/publications/covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures>
- ¹⁷ Covid-19 Advice for public: when and how to use masks [here](#)
- ¹⁸ <https://www.resus.org.uk/media/statements/resuscitation-council-uk-statements-on-covid-19-coronavirus-cpr-and-resuscitation/covid-community/>
- ¹⁹ Covid-19 advice for first aiders [here](#)
- ²⁰ Hodgson L, Phillips G, Siggers RT, et al Medical care and first aid: an interassociation consensus framework for organised non-elite sport during the Covid-19 pandemic. British Journal of Sports Medicine Published Online First: 22 February 2021. doi: 10.1136/bjsports-2020-103622 [here](#)
- ²¹ PHE Covid-19 donning quick guide [here](#)
- ²² PPE Covid-19 donning/doffing standards quick guide [here](#)
- ²³ PHE Covid-19 doffing gown version [here](#)
- ²⁴ PPE Face mask RPE Covid-19 [here](#)

DISCLAIMER:

This guidance is for general information only and does not constitute legal advice, nor it is a replacement for such, nor does it replace any Government or PHE advice; nor does it provide any specific commentary or advice on health-related issues. Affected organisations should therefore ensure that they seek independent advice from medical practitioners, or healthcare providers, prior to implementing any re-opening plan, as required. Independent legal advice should be sought, as required and depending on your, or relevant circumstances.

While efforts have been taken to ensure the accuracy of this information at the time of publication, the reader is reminded to check the Government website to obtain the most up-to-date information regarding social distancing and any other Government measures.



FOR ALL

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