

FREQUENTLY-ASKED MEDICAL QUESTIONS

VERSION: 2.0
PUBLISHED: NOVEMBER 2026

Contents

Introduction 3

Frequently-asked medical questions related to:

1. Acute injury or illness 4
2. Medical conditions, specific diagnoses or medications 6
3. Medical staffing and emergency care provision 13
4. Environment and weather 16
5. Equipment, kit and technologies 21

Other information and support services 23

Appendices

A. Club Medical Emergency Action Plan 30

B. Medical Consent Form 32

C. Player Injury Report Form 33

D. Catastrophic Incident Referral Form 37

ENGLAND FOOTBALL

Introduction

The FA receives various questions and queries related to clinical medicine and associated topics across all levels of the game.

While each query may necessitate an individualised approach to player care, this document is intended to support individuals or clubs by signposting them to relevant information and further resources.

This guidance is for general information only and does not replace any Government, NHS or UKHSA guidance. Nor does it replace any medical advice which may have been provided by a suitable healthcare professional for your specific circumstances.

While efforts have been taken to ensure the accuracy of this guidance at the time of publication, you are reminded that medical guidance can change from time to time. It is recommended that you take steps to ensure that you are aware of and keep up to date with the latest information and best practice.

Please note, where any pre-existing illness or injuries exist, they should be discussed with the club or football programmes first aider, health and safety officer and/or medical officer so that the Medical Emergency Action Plan (MEAP) can be updated accordingly. This should be reviewed and completed prior to each football season.

An editable club MEAP, which also includes a Medical Consent Form and a Player Injury Report Form are available to download from the England Football Medical Guidance Hub **here**. The club MEAP, Medical Consent Form, Player Injury Report Form and Catastrophic Incident Referral Form are also included as appendices A, B, C and D in the document you are reading.





1.
ACUTE INJURY OR ILLNESS

ENGLAND FOOTBALL

ACUTE INJURY OR ILLNESS

How should I manage an injury sustained whilst playing football?

- Injuries and illness can occur during any sporting activity and should be managed as they would be if they occurred in school, a workplace or normal daily living.
- The acute general principles of soft tissue injury involve PRICE:
  - **PROTECT:** Protection from further damage or injury.
  - **REST:** Stop playing and avoid physical activity until you have sought appropriate medical support.
  - **ICE:** Ice can be applied with a barrier between the skin and ice between 10-15 minutes at a time.
  - **COMPRESSION:** Use elastic compression bandages, applied above, over and below the injury, during the day to limit swelling.
  - **ELEVATION:** Keep the injured body part raised where possible to reduce swelling.
- An acute illness or injury may be severe enough to require emergency medical support, in which case the player or another person should contact their club's first point of contact for first aid and/or other appropriate medical services within the club's Medical Emergency Action Plan (MEAP).
- Clubs and teams should ensure they have appropriate consent for youth players and processes for the documentation of incidents in place. Please click **here** for suggested examples of templates that may be used, including a MEAP, youth player Medical Consent Form, Player Injury Report Form and Catastrophic Incident Referral Form. These forms are also shown as appendices in the document you are reading.
- Clubs may already have established processes in place that include medical notes systems, as well as wider consent forms. For example, a photography/ filming consent form or first-aid/medical or general incident reporting systems more complex than the above examples. Clubs are advised to take advice and continue with the reporting system that best suits their needs.
- Where required, further medical support may be required from an appropriately trained specialist related to the medical problem in question. The player (or their parent/carer) should speak with their established local specialist service or ask for onward referral via their GP.
- A record of the injury and any actions taken should be kept and passed on to the appropriate person at the club or organisation. See above for a link to the template of a Player Injury Report Form, which is also shown as appendix C in the document you are reading.

ENGLAND FOOTBALL



2 .
MEDICAL CONDITIONS, SPECIFIC DIAGNOSES OR MEDICATIONS

ENGLAND FOOTBALL

MEDICAL CONDITIONS, SPECIFIC DIAGNOSES OR MEDICATIONS

I have a diagnosed medical problem. Is it safe for me to play football?

- The benefits of regular physical activity for people living with long term health conditions are well established. Exercise has consistently proven to be good for both physical and mental health and is used, in combination with standard medical care, in the primary prevention and treatment of many chronic medical conditions.
- Football, as a team sport, can also help contribute to the development of wider social skills such as teamworking and communication.
- People with long-term conditions are often fearful of worsening their condition or experiencing potentially undesired consequences from playing sport. In fact, when physical activity levels are increased gradually, and where necessary supported by medical professionals, the risk of serious adverse events is very low.
- Where appropriate, an additional risk assessment may be required from the club or football programme with whom the player or participant is registered. This may include the requirement for a 'doctor's letter' as confirmation of the individuals clearance to participate in football.
- Examples of such cases may include, but are not limited to, clinical conditions such as epilepsy, diabetes, asthma or certain conditions which necessitate specific medical treatment which may lead to an increased risk posed by contact sports, such as the use of anti-coagulants. An example of the systems in place for such conditions can be seen in the next question in the FAQs.
- Resources such as the Faculty of Sport and Exercise Medicine's 'Moving Medicine' project, found **here**, provide evidence-based approaches and information for a wide range of clinical conditions and groups.
- A club or football programme may have a duty of care to put in place adequate Medical Emergency Action Plans and safety processes to safeguard an individuals health and welfare. This responsibility is not, however, just for a club or organisers. Individuals (or their parent/guardian) also have a responsibility to look after themselves, be aware of risks and limit the potential for accidents, injury and long-term damage. Please be aware that it is not a mandatory requirement for all clubs to have medical staff in post, **so please ensure the care provided in the club is adequate for each player's care needs.**

If a player has a medical problem, what systems should be in place for them?

- The club MEAP should include the care required for this player, agreed with the player and/or the parent/carer and all coaching and support staff should be advised on this. **This should be signed and agreed at the start of each season.**
- The player should have a note from their GP if there are any specific needs or concerns raised by the player or their parents/carer. This may require a parent/carer to be present for the duration of all sessions.

ENGLAND FOOTBALL

MEDICAL CONDITIONS, SPECIFIC DIAGNOSES OR MEDICATIONS

- A parent/carer and participants should carefully consider the support provided at the club as to the suitability of their participation. Not all clubs will be able to offer the same level of care **and the responsibility is on the individual to ensure they choose a club that is able to support their needs.**
- The player should bring with them any medication they may need, prior to each session and this should be held by a nominated person (named in the MEAP) and collected by the player at the end of each session. Where a player fails to bring their required medication to any session they will be unable to participate.
- If the player is feeling ill related to their medical problem, they should not attend sessions and take advice from their own GP or another appropriately qualified medical professional.
- If the player is taken ill during the session due to their medical problem, they will need to stop all activity and seek medical support.

I am a coach and one of my youth team players has a medical condition. How can I help?

- It is important to communicate frequently with the parents and guardians of any under-18s within your club or football programme, in order to understand and support any children with pre-existing medical conditions, injuries or needs.
- Good communication will help to ensure that there is clarity around what steps may be required to maintain each child's welfare and where different responsibilities lie. It will also provide organisations with an opportunity to explain and document any actions that they may be implementing to maintain the wellbeing of the child.



ENGLAND FOOTBALL

MEDICAL CONDITIONS, SPECIFIC DIAGNOSES OR MEDICATIONS

- The FA strongly recommends you undertake annual first-aid education through the FREE online eLearning modules on medical emergency action planning, Sudden cardiac arrest and concussion management individual modules and every three years via **The FA's Introduction to First Aid in Football (IFAiF)** course or more formally a first-aid qualification with **The FA's Emergency First Aid in Football (EFAIF)** course. It is mandatory to keep coaching first-aid courses and qualifications up to date as part of all The FA's coaching qualifications.
- Where required, a specific care plan may be needed for individuals who have specific medical needs and may necessitate a parent or guardian being present for training or matches to provide care with this, agreed in advance and documented in the club's Medical Emergency Action Plan (MEAP).
- As a coach it is important that you have access to and understand the club's MEAP for all eventualities. **Please see page 3 for a link to a club MEAP template,** which is also shown as appendix A in the document you are reading.

How do we manage infectious disease and skin conditions?

- Infectious diseases and skin conditions are common in the general population. This is evident not just in football but also in sport more generally and all sorts of events where groups gather. Many infections are spread by close contact with others and can be related to poor hygiene and sharing of equipment such as towels and bottles etc.
- As with attending school, nursery, summer clubs and other children's events, one can't guarantee that there is no risk of transmission of infection but it is reasonable to expect individual's and club's work to minimise the risk of transmission, by adhering to good hygiene and following public health advice.
- If an individual is acutely unwell then they should follow NHS advice to call 111 or see a healthcare professional.

I have been given medication by my doctor for a medical diagnosis. Am I safe to play football?

- When an individual is prescribed a certain emergency medication, this should be available for them whilst they are playing, supporting or officiating. It should be stored safely and with someone with adequate responsibility who can provide this as and when needed by the individual.
- Medications should only be administered by someone with appropriate training, qualifications and knowledge. Any medications should be returned to the individual (or their parent/guardian) after the completion of their session.
- Some medications can be and should be given by lay people with appropriate training in the event of an emergency, such as an Adrenaline pen in anaphylaxis or inhalers in an acute asthma attack but this should be in line with **Government legislation**.

ENGLAND FOOTBALL

MEDICAL CONDITIONS, SPECIFIC DIAGNOSES OR MEDICATIONS

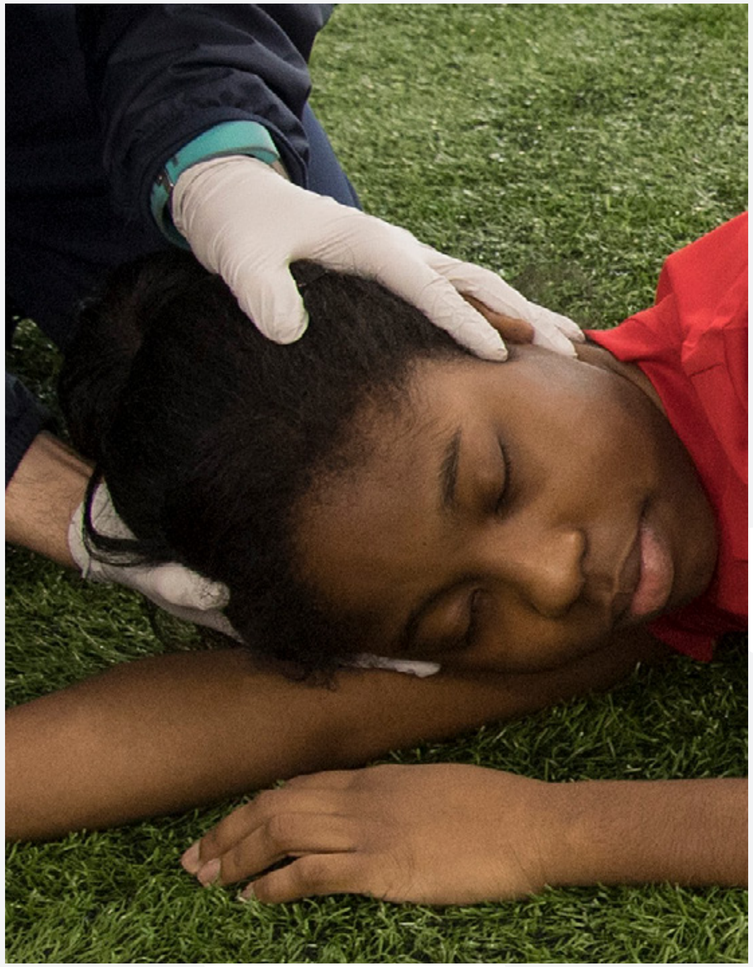
- Specific clinical queries related to an individual should be directed to the player/officials General Practitioner (GP) who acts as their regular medical practitioner and will be able to support clinical decision making related to sports participation and risk management.
- Individuals taking any medication should have an awareness of the anti-doping regulations for them as individuals. This can be checked through the **World Anti-Doping Agency (WADA) Code, UK Anti-Doping (UKAD)** and/or **FA Anti-Doping**.

I am pregnant. Am I safe to play football?

- Currently, The FA recommends that players should cease all football-related activity where there is a risk of contact to the abdomen as soon as they become aware they are pregnant. The continuation of non-contact-based training should ultimately be the choice of the player. We suggest players look to consult with their midwife/GP/club doctor and wider club workforce, taking into account all her personal/individual circumstances and come to a decision on what is right for the player on an individual basis and what feels comfortable and relative to pre-pregnancy exercise levels. Any activity that players choose to continue with should align with general exercising during pregnancy guidelines. NHS guidelines regarding remaining active during pregnancy can be found here: **Exercise in pregnancy – NHS**
- Players may of course wish to stay connected with their team and involved where possible in other roles. The club MEAP should be adapted to take this into careful consideration and be discussed with the players pregnancy health care advisor before being agreed.

I am pregnant. Am I safe to coach in football?

- Currently, The FA recommends that coaches should cease any football-related activity where there is a risk of contact to the abdomen as soon as they become aware they are pregnant. The continuation of any coaching role should ultimately be the choice of the pregnant individual. The FA recommends



ENGLAND FOOTBALL

MEDICAL CONDITIONS, SPECIFIC DIAGNOSES OR MEDICATIONS

coaches look to consult with their midwife/GP/ Club Doctor and wider club workforce, taking into account all her personal/individual circumstances and come to a decision on what is right for the coach on an individual basis and what feels comfortable and relative to pre-pregnancy exercise levels. Any activity that coaches choose to continue with should align with general exercising during pregnancy guidelines. NHS guidelines regarding remaining active during pregnancy can be found here: **Exercise in pregnancy – NHS**.

- Coaches may of course wish to stay connected with their team and involved where possible in other roles. The club MEAP should be adapted to take this into careful consideration and be discussed with the coach's pregnancy healthcare advisor before being agreed.

I have recently had a baby. Am I safe to return to football?

- It is not possible to provide a universal approach to return to football post pregnancy due to the different post-partum experiences players or coaches may have had. Every return should be considered on an individual basis.
- Exercise is important for the maintenance of muscle strength and condition in preparation for return to play post-partum. Deconditioning that may have occurred during pregnancy is an injury risk factor on return to play and players and coaches should carefully consider their activity levels during pregnancy and speak with their health care advisor before returning to football related activity.
- All players and coaches should be cleared by their midwife/obstetrician or GP, this may occur at the six-week check but is not standardised dependent on type of labour and other considerations during this period. Players/coaches should consider their pelvic health not limited to pelvic and core stability and abdominal strength and control and breast health. NHS referrals via a GP to a women's health physiotherapist may be of value.
- Players should self-screen their return and consider, during every phase of their return, signs and symptoms that will require medical advice from their GP/midwife such as pelvic floor dysfunction, bleeding, musculoskeletal pain, breast health awareness or not feeling confident to perform exercises.
- The likely cycle to return to gentle activity post the 6-week check will involve a step-wise incremental activity progression plan of strength and power over a further six weeks, with drills and non-contact football activities over the next 4-6 weeks before attempting non-contact practice assuming no signs or symptoms during all activity. The likely return to football play will be more than 20 weeks post-partum assuming a high level of pregnancy fitness and may be longer for those who are exposed to fewer training hours per week than those on an elite training pathway. The NHS via

ENGLAND FOOTBALL

MEDICAL CONDITIONS, SPECIFIC DIAGNOSES OR MEDICATIONS

the UK Chief Medical Officer published **guidance on return to activity post-childbirth** for general recovery and safety principles that would be applicable for recreational football participation.

The Female Health Hub

- The **FA Female Health Hub** can also be a source of information on menstrual health, breast health and injury prevention and is a source of information for women and girls participating in football.

I am a coach and have been asked about the annual anaphylaxis training that has come into schools for the 2026/27 academic year, what should I do?

- Schools across England are currently rolling out annual anaphylaxis and allergy training following the introduction of Benedict's law. This is a Department of Education initiative and will extend to all coaches who also work across school-operated sporting activity within a school environment, either within the school day or extra-curricular activities.
- First-aid training currently falls under health and safety law, so at present, Benedict's law has not yet extended to HSE. Whilst **IFAiF** is not a first-aid qualification, it does cover anaphylaxis management and discusses assisting a person with their own auto-injector pen. **EFAiF** to **ATMMiF**-trained first aiders and medical staff also undergo the same training on The FA first aid and trauma management qualifications.
- Clubs and coaches should ensure that parents/carers are aware of the importance of informing the club/team that their child has an allergy and if they carry their own auto-injector. The MEAP should have details of the child, their allergy and what their triggers are so they can be managed appropriately. The auto-injector should be brought to each football training or competitive event and placed with a responsible adult who can act in the event of an emergency. This would be a parental/carer responsibility. A child who attends a football session without their medication should not be allowed to train/play as this would be outside the scope of the club MEAP.

Who should manage medical data or information held at a football club?

- Holding and/or sharing certain information about a person's medical history may be useful in supporting that individual. However, a club, football programme or organisation must ensure that they have a lawful basis for controlling and/or processing any personal data. Medical information may also be deemed to be 'special category data' under the General Data Protection Regulations (GDPR). This information can only be used if the relevant controller can demonstrate that it has met one of the limited legal grounds for its use.
- There may be serious financial penalties for breaching data protection law, therefore it is recommended that you seek independent legal advice before collecting or processing medical information. Further guidance can be found at the Information Commissioner's Office **website**.

ENGLAND FOOTBALL



3 .
MEDICAL STAFFING AND EMERGENCY CARE PROVISION

ENGLAND FOOTBALL

MEDICAL STAFFING AND EMERGENCY CARE PROVISION

What emergency medical provision should we have in place for our football training and matches?

- Whatever the level of facilities and resources, taking steps to ensure the safety of people playing, supporting, officiating and watching sport is fundamental.
  This responsibility is not just for a club or organisers but individuals also have a responsibility to look after themselves and others, be aware of risks and limit the potential for accidents, injury and long term damage.
- A club or football programme may also have a duty of care to put in place adequate Medical Emergency Action Plans and safety processes to safeguard an individual's health and welfare.
- It may not always be possible to have dedicated medical expertise on hand but it should still be possible to have a basic level of awareness among those present about what immediate action to take, whether that be calling for further assistance from emergency services or administering basic first aid. The club MEAP will assist in supporting provision in these situations.
- Please check with your league or local County FA for the medical requirements that relate to your level of participation.The FA provides five levels of first-aid and medical training in football. More on the courses available can be found **here**.
- Individual leagues or tournaments, particularly in the professional game, may have their own medical regulations. It is important to familiarise yourself and check compliance with these if participating in these competitions.
- Where a club or organisation is keen to hire medical staff they should do so in a formal manner with appropriate consideration to safer recruitment procedures, including the relevant Disclosure and Barring Services (DBS) Check, and of an individuals education, training and qualifications for the role, registration with a regulatory body, and safeguarding training. Club medical staff should be compliant with the necessary employment regulations, including adhering to the FA's pitch-side emergency aid qualifications for the appropriate level of football.
- Where a club or organisation is looking to purchase first aid or other medical equipment, it should do so with due consideration of the suitability of the equipment and its use by appropriately trained personnel. Clubs should follow manufacturer guidelines for maintenance and servicing of any equipment purchased.
- The FA regulations, in addition to professional league guidance, state it is mandatory that all facilities in Steps 1-6 of the game have access to the provision of an Automated External Defibrillator (AED) on site. This is also highly recommended for the grassroots game.
- AEDs are safe to use without any formal training. AEDs should be clearly signposted, with 24/7 access and are encouraged to be within 200m of the playing pitch.
- Consideration should be given to providing a portable AED if no fixed AED is available or if a fixed AED location means it is unlikely that a first shock could ideally be administered within two minutes.

ENGLAND FOOTBALL

MEDICAL STAFFING AND EMERGENCY CARE PROVISION

- If the AED used by your club or football programme is a public access AED then it is important to reflect on this within your MEAP to detail how you would access this in the event of an emergency.
- The FA has developed an online course to provide additional education and training on the use of AEDs and the topic of sudden cardiac arrest (SCA) in football. This course can be accessed **here**.
- Where individual players, coaches or support staff are required to have formal education in first aid or emergency medical care, they can find information on courses on **here**.

The FA provides five levels of medical training for football:

- **LEVEL 1: Introduction to First Aid in Football (IFAiF) Course**.This is an online course suitable for anyone looking to develop their knowledge and understanding of medical care for players of all ages.
- **LEVEL 2: Emergency First Aid in Football (EFAiF) Course**. This is a one-day course to raise the standard of first aid provision within football. It is suitable for coaches, players, parents, club officials or anyone wishing to be qualified in first aid.
- **LEVEL 3: Emergency Medical First Aid in Football (EMFAiF) Course**. This is a one-day course aimed at those with more experience, providing advanced skills that can be called upon in emergency situations.
- **LEVEL 4: Intermediate Trauma Medical Management in Football (ITMMiF) Course**. This two-day course builds on advanced immediate care skills and provides an experience and certification to act as the primary care provider in the pre-hospital environment in football. This course is only for post-graduate healthcare professionals who wish to work in football.
- **LEVEL 5: Advanced Trauma Medical Management in Football (ATMMiF) Course**.This two-day course is the highest medical qualification provided by The FA and is designed specifically for doctors, physiotherapists or other disciplines responsible for the pre-hospital care of footballers. This course is only for post-graduate healthcare professionals who wish to work in football.
- The '**Green Guide**' is a guide to safety at sports grounds and is recognised as the key document related to safety operations and risk management of sports grounds. For queries related to minimum standards of emergency service provision this guide should act as the reference point. This guide extends beyond first aid to any players. A club's health and safety officer should have access to this document.

Further resources can be found here:

- **FIFA 'First Aid Manual and Related Healthcare Issues for Football'**
- **FIFA 'Football Emergency Care Manual'**
- **Sudden Cardiac Arrest**
- **Concussion Guidelines**
- **Medical Emergency Action Plan**
- **The Medical Guidance Hub**

ENGLAND FOOTBALL



4 . ENVIRONMENT AND WEATHER

ENGLAND FOOTBALL

ENVIRONMENT AND WEATHER

In extremes of weather, what can we do to make football safer?

- Taking time to consider the environment when participating in football is part of the duty of care to be proactive and not reactive. Weather (hot or cold) and ground conditions are all factors requiring consideration and may be part of a club's emergency action plan.
- Football is the most popular sport played globally. As such it is played in most geographic locations, including at different altitudes and under varying climatic conditions which include heat, cold, humidity, wind and other weather conditions.
- The human body maintains a constant core temperature range through thermo-regulation. Extreme weather conditions, especially heat and cold, can trigger physiological responses that can impact performance and be a risk to health.
- In extreme heat, players are at risk of suffering from heat-stress disorders such as heat cramps, heat exhaustion or heat strokes. Learning on how to manage this can be gained through the **Emergency First Aid in Football (EFAiF) Course**. You can also access the complete suite of FA pitchside care courses **here**.
- In extreme cold, players can be at risk of injuries from hypothermia to frostbite when their bodies experience excessive heat loss.
- FIFA has developed guidelines for the professional game to prevent or mitigate this risk. These guidelines rely on an assessment of the Wet Bulb Globe Temperature (WBGT) to measure the weather conditions.
- The WBGT is a composite temperature calculated from several relevant parameters such as air temperature, humidity, sun exposure or wind speed. It is recognised and monitored by FIFA before matches using a special temperature device.
- As a WBGT is not easy to measure, these guidelines are not easily replicated in the grassroots or youth game and so referees, coaches, managers, players and volunteers should err on the side of caution in extremely high temperatures and try to mitigate risk by introducing:
  - Cooling/hydration breaks;
  - Playing early or late in the day to avoid peak temperatures.
- FIFA's guidelines on extreme heat are that if there is a WGBT of more than 32°c (89.6 degrees Fahrenheit) cooling breaks are mandatory in both halves of a match, around the 30th minute and 75th minute. The decision on whether to suspend or cancel the match is at the discretion of the match officials and competition organisers.
- The pitch condition and its impact on health and safety is within the scope of the match officials responsibilities but should be taken into account when assessing if a training session or match is safe.
- If there are concerns about the environment and its suitability or safety then those should be raised and discussions involving all parties (referees, coaches, managers, players and volunteers) should take place to decide on what additional measures are put in place to safeguard health and wellbeing. Note: the final decision of whether the pitch/conditions are playable rests with the referee.

ENGLAND FOOTBALL

ENVIRONMENT AND WEATHER

- The FA has written guidance on the steps that should be taken in the event of a thunderstorm to protect the safety of participants in grassroots football. Please find a link for this guidance **here**.
- More information can be found in '**Football Emergency Care Manual**' in the chapter on environmental injuries in football.

If it is a very hot and sunny day, what can we do at the club to protect participants?

HYDRATION AND WATER BREAKS

- Players should be encouraged to bring their own water bottles to sessions and drink regularly, more so in hot weather. Small amounts of fluid regularly is the ideal.
- In every environment not just hot weather, where a player is already thirsty, it is too late they are already dehydrated.
- Players should be encouraged to bring and use their own bottles frequently.
- If agreed with the referee and both coaches that the game should take place, additional stoppages during hot weather for cooling and hydration breaks is important and should be in place. Water breaks can occur at time intervals or after natural stoppages if the ball is out of play or following a team goal. An example would be as a minimum halfway through each playing half in a match or every twenty minutes during a training session.
  - Where safe to do so, drink bottles can be placed behind the goal posts or at safe sections on the pitch perimeter so that players have easy access for regular drinks to be taken where there are no stoppages in play. This is easier to facilitate during training sessions. Ensure water bottles are not placed where they present a hazard or injury risk. Please be aware of the consequences of sharing water bottles on the risk of spreading infection.
  - Players should be advised to hydrate immediately after the session and drink at least one/two litres of water. Isotonic drinks can be provided during a game/session but be aware if players are not used to drinking anything other than water this can cause stomach upset and should be avoided in these circumstances.



ENGLAND FOOTBALL

ENVIRONMENT AND WEATHER

CLOTHING AND SHADE ARE THE FIRST LINE OF DEFENCE FOR SUN PROTECTION

- **Shade** during training sessions should also be a consideration which can be in the form of trees, permanent or portable structures/umbrellas and should be accessed during regular **hydration** breaks. Where weather alerts are in place, training in air conditioned indoor environments can be a consideration.
- **Protective clothing.** Sunglasses and hats are not usually worn in football related activity but individual decisions dependent on type of training activity may be a consideration or during break periods. Also of consideration may be different training attire so that players remain protected where possible, e.g. long sleeved dry-fit clothing.
- **Protection** is not just about shielding the player's skin, it is also about protecting the player's whole body from overheating. Heat stress, heat exhaustion and in extreme conditions, a head stroke can occur. There are early warning signs that are discussed in the medical courses. Players showing signs of fatigue, irritability, dizziness or headache, hot, red and dry skin (remember different skin tones make seeing redness difficult) should be removed from activity, placed in the shade, fanned with cool air, cool water towels applied and cool packs to the neck and groin applied.
  - Sweating is a natural response to heat and exercise but the inability to sweat is an emergency, call 999 without delay.

Do not be reactive, be proactive and prepare!

- The Faculty of Sport and Exercise Medicine has produced a consensus statement for heat illness, for those healthcare practitioners or those interested and wish for more details on this topic they can read **here**.

SUNSCREEN

- The NHS have guidance on sunscreen and sun safety but there are further considerations for participation in football.
- Exposure and the climate across the UK is variable and tolerance varies from player to player. Thus, it is not effective to provide specific guidance on a specific temperature, as the heat index is reliant on not just the temperature but also the humidity combined, so the following is guidance for consideration of participation in **hot weather**.
  - Sunscreen can be part of everyday life including sporting activity and not just for holidays.
  - Clubs should encourage their players and parents/guardians of youth participants to ensure their children attend training and competitive sessions with appropriate forms of sun protection.
  - Consideration for parental or carer consent for the application of sunscreen in the event it is required is part of the Medical Consent Form, which you can download **here**. The Medical Consent Form is also shown as appendix B in the document you are reading.
  - The sunscreen should have a high sun-protection factor (SPF) of at least 30 to protect against UVB and at least 4-star UVA protection.
  - High sun protection factor may help to protect against UV exposure for body parts that cannot always be protected.

ENGLAND FOOTBALL

ENVIRONMENT AND WEATHER

- Ideally sunscreen is applied 20-minutes prior to exposure and repeated every two-hours, more frequently in heavy sweating or water-based activities.

- Clubs should consider having sunscreen available for those participants that have failed to adequately prepare.

HEAT-RELATED ILLNESS

- Players, coaches, first aiders, parents/carers and club officials should be aware of heat-related illness. There are several stages, such as heat stress/cramps, heat exhaustion and in extreme conditions head stroke can occur.
- Players should be educated on the risk of dehydration and heat illness and advised if they feel dizzy, are unable to concentrate, have a headache, sweating profusely, have cramp, or are unduly fatigued. they should let you know immediately.
- Players should be monitored closely for signs and substituted if any sign or symptom is visible.
- Where there is any doubt or concern as to the suitability of participation, even if the Wet Bulb Globe Temperature (see previous page) has not reached the temperature as advised by FIFA, then the game should not go ahead.
- These pieces of advice can also form part of your club EAP to protect players during hot and sunny days:
  - Ice and cooling/wet towels can be provided in the dug-out or changing rooms at half time.
  - Areas of shade should be available for substitutes and during half-time.
  - Wear and re-apply sunscreen regularly.
  - The use of a hat by those on the sidelines (e.g. substitutes, coaches, spectators) to shield the head and face will also protect from direct exposure from the sun.
  - Regular water breaks and especially to hydrate immediately after the sessions with one-two litres of fluid.
- Where there are any greater concerns, please phone 999 and consider using the below as forms of first-aid treatments to assist while help arrives.
- Concerns escalate where there is a lack of sweating, the skin is hot and dry, the player becomes confused.
  - Remove from the source of heat (remove from field of play) or cover with an umbrella.
  - Stop all activity, rest.
  - If conscious give cool fluids.
  - Sprinkle water on the body and then use a fan to cause evaporation that will have the effect of cooling the body.
  - Place ice packs wrapped in a wet cloth onto the neck, armpit and groin areas.

ENGLAND FOOTBALL



5 .
EQUIPMENT, KIT AND TECHNOLOGIES

ENGLAND FOOTBALL

EQUIPMENT, KIT AND TECHNOLOGIES

What are the compulsory pieces of equipment for football?

- The basic compulsory equipment of a football player compromises a jersey or shirt with sleeves, shorts, socks, shin-guards and footwear.
- The FA shin pad policy can be found **here**.
- A player must not use equipment or wear anything that is dangerous. Non-dangerous protective equipment, for example headgear, facemasks and knee and arm protectors made of soft, lightweight padded material are permitted as are sports spectacles.
- **IFAB Laws of the Game – Law 4: The Players Equipment**
- **FIFA Equipment Regulations**

Can I wear additional medical equipment whilst actively involved in football?

- There will be instances and individual cases where a player, official or other support staff will require certain equipment (such as medical piercings or wearable medical devices) for their health due to a diagnosed medical condition. In such circumstances, the individual should request a 'doctor's letter' from their own GP stating that the equipment in question cannot be removed for sport. This is only to be used for medical reasons. This letter should be stored appropriately at the club, football programme or organisation and shown to the referee or session lead before any football activities.
- Where medical devices are worn they may need to be covered to keep them and other players safe from harm.
- Mouthguards can be worn during football and a **position statement** covering their use has been written by the Faculty of Sport and Exercise Medicine in conjunction with the Faculty of Dental Surgery and the Royal College of Surgeons of England.
- The responsibility is with the individual (or their parent/guardian) to get the signed GP declaration and to provide a copy to the club or organisation for evidential use.
- Where appropriate, an additional risk assessment may be required from the club or football programme with whom the individual is registered.

ENGLAND FOOTBALL



OTHER INFORMATION AND SUPPORT SERVICES

ENGLAND FOOTBALL

OTHER INFORMATION AND SUPPORT SERVICES

My child plays multiple sports for multiple teams and not just football. Should I be concerned?

- Where children are playing for multiple teams or in periods of fixture congestion, coaches and parents should take reports of tiredness, achiness and muscle or joint pain more seriously, particularly during growth spurts.
- Build in periods of rest and recovery until symptoms are resolved, taking into account the whole physical activity profile of that child's club and school week. Consider discussing any concerns with a healthcare professional and seek help from their GP where symptoms are not responding.

What pre-participation screening should take place before playing football?

- Physical activity and exercise can come with risk and some may have conditions or lifestyles that make participating in sport more prone to harm.
- Used appropriately, pre-participation screening may be able to help in the risk assessment for a football player or official and may help identify risk factors for harm, injury or illness.
- Although screening is not mandatory by law in the UK or by The FA, it has become an increasing requirement for some sports events.
- Many organisations use a questionnaire to screen participants, such as the Physical Activity Readiness Questionnaire (PAR-Q) to uncover any potential health or lifestyle issues prior to exercise. The questionnaire is short and easy to administer and if it reveals an issue then further review with a participants GP is advised.
- GPs are increasingly asked to complete medicals for sporting events that enable patients to participate in sport. Your GP may request payment for such services.

Does The FA organise cardiac screening for all footballers?

- Since 1995, The FA has administered a cardiac screening programme for male scholars entering the professional game at the age of 16. This is paid for by the Professional Footballers' Association and helps to ensure that players entering the professional game have had a **pre-employment check**.
- We know that sudden cardiac arrest (SCA) in young people is infrequent, nevertheless around 12 apparently fit and healthy young people under the age of 35 die from undiagnosed cardiac conditions each week in the UK general population. Due to the high volume of people who play football compared to other sports, there is a perceived greater exposure to SCA incidents. Based on data collected from The FA's scholar screening programme, there is some evidence that the incidence of SCA may be increased in male professional footballers compared to the general population. As a result, and as a precautionary measure, The FA's cardiac screening programme

ENGLAND FOOTBALL

OTHER INFORMATION AND SUPPORT SERVICES

now extends to several other groups of elite level players including all England national team players, professional female players, under-15 male players and as of the 2025/26 season, female professional academy players. Inclusion in the programme requires a level of medical infrastructure that allows the reliable end to end management of cases. FIFA and UEFA also have cardiac screening requirements for participation in their tournaments.

- Conducting cardiac screening can be expensive and sometimes stressful as 'false positive' results can cause worry for players who actually have nothing wrong with them but who need further investigations to confirm this. Also, a 'clear' cardiac screen does not always mean that a player will never have cardiac issues and recently-published 2026 data advises that repeat checks are essential to detect conditions that develop over time. We know that a number of players who have had SCA have had 'clear' cardiac screening previously. Routine cardiac screening outside the professional leagues in football is not currently recommended. For these reasons the important approach in all situations where football is played is to ensure that:
  - Players understand that if they have symptoms that might be linked to cardiac conditions such as palpitations (fluttering of the heart), shortness of breath that is out of proportion to the amount of training or physical effort, chest pain or any episodes of syncope (fainting) with exercise, they report these to their club medical staff, where applicable, or to their GP, even if they have previously had a normal cardiac screen.
  - Players should also consider cardiac screening if they have a family member who has experienced SCA at a young age as some conditions which cause SCA can be inherited. Further information on privately funded screenings is set out below.



OTHER INFORMATION AND SUPPORT SERVICES

- Clubs observe the 'renewal' dates associated with the first aid qualifications of their coaching and pitchside staff to ensure that appropriate first aid can be provided in the event of an emergency.
- Clubs use their pitchside first-aid qualified staff and FA resources to form a club Medical Emergency Action Plan (MEAP) which helps to outline where essential equipment is stored and who can help. You can download a template for a club MEAP **here**.
- The MEAP includes a description of where the nearest AED (defibrillator) is located and how to access it. Clubs are encouraged to have the AED accessible within 200m of the playing field so that where a shock is required it can be delivered within two minutes. The AED should be freely accessible 24/7 for anyone to use – you do not need to be trained.

- You can also access The FA's free Sudden Cardiac Arrest e-learning module **here**.
- The FA recommends that anyone responsible for the care of any player considers completing the free module, which is not just for coaches. Parents/carers and club staff will find it of assistance. For those who have completed the module in the past, The FA recommends you repeat it annually to keep your skillset up to date.

Can I pay for my own screening privately?

- If you have the above listed measures in place and are not a professional player but are interested in cardiac screening for yourself or other players, you can access screening privately. The most widely used service that specialises in SCA in young people is a charity called Cardiac Risk in the Young (CRY) which provides affordable access to cardiac screening across the UK: **https://www.c-r-y.org.uk/screening/**. Another useful website is: **https://www.testmyheart.org.uk**.
- You could also approach your local private hospital where self-funded screenings via a test called an ECG with a cardiologist report is likely to be available. You should always make sure that any test results are also forwarded to your NHS GP. There are also a number of providers who offer remote and on-site screening to clubs which can make accessing screening easier for groups of players. The FA does not have approved providers nor is The FA responsible for regulating these providers. We therefore recommend that you seek advice from your usual medical practitioner before deciding to access private screening outside the regulated hospital or clinic environment.

What bereavement services are available in football?

- The FA has a **Catastrophic Incident Referral Form** accessible online and completed via the County FA as a means of referral.
- There are various bereavement services available to children who have experienced bereavement including **Child Bereavement UK** and **Grief Encounter**.
- For the parents of a young player who dies tragically, Cardiac Risk in the Young (CRY) can offer **bereavement services** through peer-to-peer support. There are also booklets written for bereaved

ENGLAND FOOTBALL

OTHER INFORMATION AND SUPPORT SERVICES

families explaining more about conditions which can cause a sudden cardiac death. **Child Bereavement UK** also provides support for parents/carers when a baby or child of any age dies or is dying. They offer groups for bereaved parents/carers, online and in-person. You may also find other support services in your specific locality.

Should baseline concussion screening be completed on players?

- Baseline concussion testing is designed for healthcare professionals to administer and interpret, not for first aiders or laypersons to utilise. However, recording the previous medical history of players and their concussion history is always helpful. Where any concerns are raised the player should seek advice from their own healthcare provider.
- Instead of baseline concussion screening, first aiders and coaches should focus on sideline recognition.

The concussion recognition tool is a tool to help identify concussion in children, adolescents and adults: **https://bjsm.bmj.com/content/57/11/692**

What do I need to know about concussion?

- Awareness of the impact of concussion and how it should be treated has improved over recent years as medical knowledge has developed.
- The FA has published concussion guidelines designed for those who manage head injuries in football, from clubs, to schools, to parents and doctors. More information can be found **here**.
- For those footballers playing at clubs without daily access to healthcare professionals i.e. those playing in grassroots or school/college football, the Government guidance on concussion for grassroots sport should be followed and can be found **here**.
- Footballers who sustained a suspected concussion, either during training or in a game, should immediately be removed from the pitch and not allowed to return until the appropriate treatment has been administered.



ENGLAND FOOTBALL

OTHER INFORMATION AND SUPPORT SERVICES

- The FA recommends that all coaches should complete the England Football Learning's **free concussion guidelines course** annually.
- This free module will help you recognise signs (confusion or balance problems) or symptoms (like headaches, dizziness or visual problems) so that you can remove the player from the field of play/training and refer them to a healthcare professional or call 999 if required.
- Always consider red-flag warning signs such as loss of consciousness, deteriorating consciousness, memory loss and repeated vomiting to name a few. Further reading can be found **here**.

Heading in football

- The FA has introduced heading guidelines to provide grassroots clubs, coaches and players with the recommended guidance for training sessions. This covers youth football and the amateur game.
- This guidance can be found online **here** along with similar guidance for the professional game.
- Following the publication of The FA and PFA-funded FIELD study, carried out by the University of Glasgow and published in 2019, The FA established the independently-chaired research task-force to advise on future research and football's response to research findings.
- There was no evidence in the FIELD study to suggest that heading the ball was the cause to the link with incidence of degenerative neurocognitive disease, but to mitigate against any potential risks the updated heading guidance was produced in parallel with UEFA's medical committee.
- In 2022, The FA became the first national association to successfully adopt the International Football Association Board (IFAB) trial to remove deliberate heading in grassroots football matches at under-12 level and below.
- Following two seasons of the IFAB trial in English football, The FA introduced a new rule to phase out deliberate heading in all affiliated grassroots youth football, including all leagues, clubs and any affiliated school football matches. This began with the under-7 to under-9 level during the 2024/25 season, increasing to include under-10 level during the 2025/26 season, and will include the under-11 level for the 2026/27 season.
- As grassroots players move from primary to secondary school, heading the ball will be introduced at this transition point in their under-12 season. More information can be found **here**.

ENGLAND FOOTBALL

APPENDICES

A. CLUB MEDICAL EMERGENCY ACTION PLAN

Please complete the free 15-minute Medical Emergency Action Plan Module available **here**.

Consider separate MEAPs for different venues i.e. game day vs training venue.

Club name			
Club address		Postcode	
Postcode or what3words			

First-aider or helper/IFAiF trained coach information:

Name	Role at club	Days on site	Mobile number

First-aid equipment and facility:

Item/Facility	Location
First-aid room	
First-aid grab bag	
Defribillator (AED)*	

Access routes:

For Ambulance	
First-aid room to ambulance	
Pitch to ambulance	

Other information:

Nearest Emergency Department:	
Postcode and/or what3words	
Journey time	
Web address	

Nearest Walk-in Centre/Urgent Care Centre:	
Postcode and/or what3words	
Journey time	
Web address	

*Consideration should be given to providing portable AED if no fixed AED available or if fixed AED location means it is unlikely that a first shock could be administered ideally within two minutes.

A. CLUB MEDICAL EMERGENCY ACTION PLAN

Recommended contents of a first-aid kit	
	Protective disposable gloves (two pairs minimum, consider hypoallergenic)
	Resusci face shield or pocket mask for rescue breathing
	Hypoallergenic plasters
	Rescue-type scissors
	Tweezers
	Tape in a variety of sizes (elastic and zinc oxide)
	Gauze swabs (sterile and non-sterile)
	Ice packs (or access to ice on the day)
	Crepe bandages (individually wrapped so sterile)
	Triangular bandages (individually wrapped so sterile)
	Sterile trauma-type clean dressings in a variety of sizes
	Packet of sugar or full sugar jam
	Sterile water pods to clean wounds or irrigate eyes
	Sterile eye pads or suitable dressing
	Tourniquet
	Haemostatic dressings
	Burns dressings
	Foil space blankets or (preferably) ambulance-type blankets to keep injured players warm
	Automated External Defibrillator
	Yellow clinical waste bags (or similar) to dispose of soiled dressings and plasters (following local authority guidance)

Non-medical items	
	Mobile phone
	Printed directions to the nearest emergency department for any player (home or away) that requires transfer to hospital
	Postcode or what3words of and directions to your venue
	Copy of player medical record form (including players previous medical history and medication, where relevant)
	Signed consent from parents, if player is under 18
	Spare copies of your injury report form
	Paper and pen/pencil

ENGLAND FOOTBALL

B. MEDICAL CONSENT FORM

This is a consent form for the parent/carer of a child or youth player (U18 yrs). This form is to be used where a parent or guardian is not present, not contactable by phone to give verbal consent or in the event of an emergency to authorise first aid treatment in their absence.

Player's Name		Date of birth	
Name of the person completing form			
Emergency telephone No.		Mobile No.	
Email address			
Relationship to the player	Parent ☐ Carer ☐ Legal guardian ☐ Grandparent ☐ Other:		

Consent (insert player's name and delete as necessary):

- In the event that _____ is injured whilst playing football/travelling to and from football events and I cannot be contacted on the above number, I hereby give my consent for my child to receive medical attention.
- _____ has a pre-existing medical condition _____ and they carry their own medication (include medication name) _____ to any football activity (training or match). I hereby provide the pre-authority for the club first-aider to assist/administer _____ with their prescribed medication in an emergency situation.
- In the event that _____ requires minor attention i.e. the application of a plaster or sun screen, I hereby give consent for them to receive a plaster/sunscreen.

Signed: _____ Date _____

Print name: _____ This form is valid for the remainder of the current season ☐

In the event that the named person on the left form cannot be reached, please give two extra emergency contact names and numbers.

Name	Emergency contact number
Name	Emergency contact number

This form should be kept in a locked cupboard or secure cloud. Where any specific medical needs of a player are required, they should be discussed with the parents/carers and their health care provider where necessary. If required, the club MEAP should be updated to reflect an individual need. A new consent form is recommended to be completed for each new season where circumstances and medications may change.

ENGLAND FOOTBALL

C. PLAYER INJURY REPORT FORM

This form is to be completed by club first-aiders as a record of an incident that occurs in a match or training session of a player requiring first-aid or medical attention or onward referral/transfer to hospital.

Keep this document secure. Store paper forms in a locked box or use encryted cloud folders. Treat all medical notes under data protection rules (GDPR). Only share information with the club welfare officer, the ambulance crew, the players GP or parents on a need-to-know basis. Please remember to record this incident in The FA grassroots injury surveilance study if your league is participating in this.

Date		Time	
Describe the details of the injury			

MECHANISM OF THE INJURY

- Contact/ collision ☐
- Non-contact ☐
- Running ☐
- Fall ☐
- Heading ☐
- Temperature related ☐
- Previous medical condition ☐
- Unknown ☐

WHERE THE INJURY TOOK PLACE

- Match ☐
- Training ☐
- Gym ☐
- Other _____

SURFACE TYPE

- Grass ☐
- Astroturf ☐
- Indoor/ gym floor ☐
- Other _____

Injured persons details

Player's name		Address	
Date of birth			
Telephone No.			
Email address		Postcode	
Parent/ guardian name (if player is a minor (U18)		If the player is a minor, consent has been given for treatment to be provided	YES ☐ NO ☐

Previous medical history

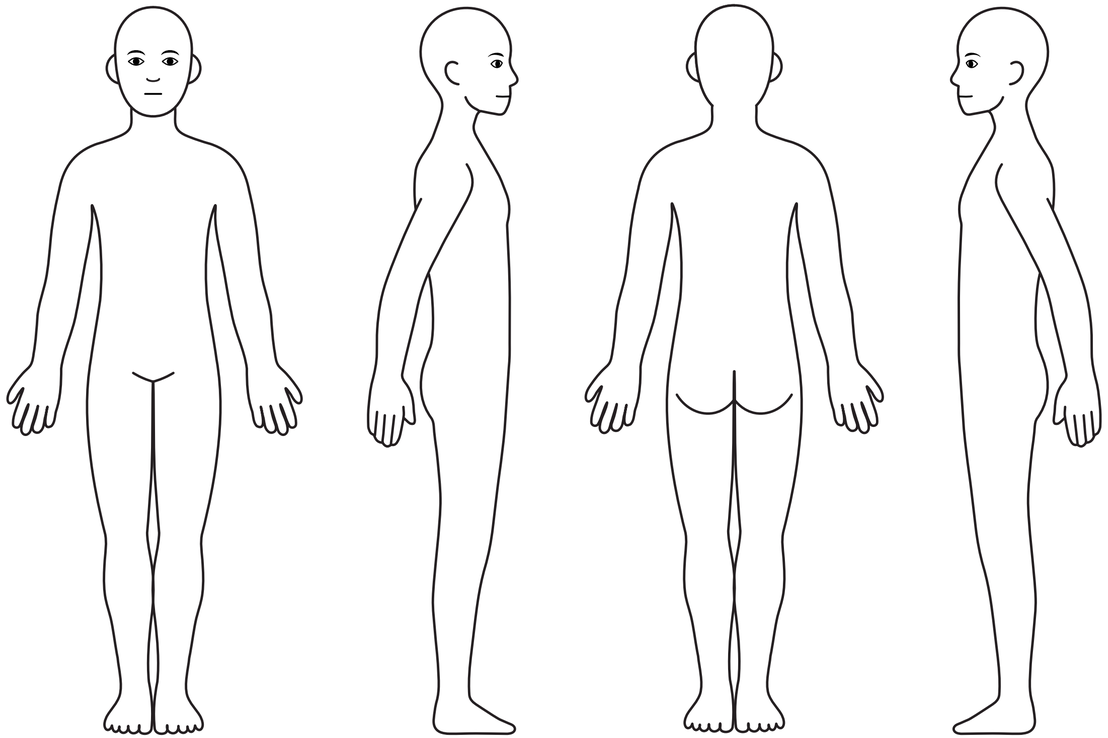
Relevant previous medical history including any medications and allergies

ENGLAND FOOTBALL

C. PLAYER INJURY REPORT FORM

Was there any equipment, either worn or external, directly related to the injury received?

Tick or circle the body part injured (if both sides then include ticks on all relevant parts).



ENGLAND FOOTBALL

C. PLAYER INJURY REPORT FORM

What is the nature of the injury?

Abrasion/ scrape ☐	Laceration/ cut ☐	Fracture (break) limb ☐	Fracture (break) rib ☐
Bruise ☐	Stud injury ☐	Dislocation ☐	Sudden cardiac arrest ☐
Grass burn ☐	Sprain of a ligament ☐	Head injury ☐	Concussion* ☐
Blister ☐	Strain of a muscle ☐	Eye injury ☐	Difficulty breathing ☐

Other (please specify) _____

** If the player suffered a suspected concussion please consider keeping a record of time off play, and number of previous concussions (if relevant). A players concussion history should follow them from club to club.*

What was the onset of the injury?

Sudden ☐	Long-standing ☐	Gradual/recurrent ☐

What are the signs and symptoms of the injury? If the sign or symptom is not listed in the examples below, please complete the free text box 'other'.

Swelling ☐	Bleeding ☐	Deformity ☐	Shortness of breath/ difficulty breathing ☐
Weakness ☐	Dizziness ☐	Altered level of consciousness ☐	Lost consciousness ☐
Pain ☐	Burning ☐	Pins and needles ☐	Tenderness to pressure/palpation ☐
Numbness ☐	Stobbing ☐	Other _____	

What first-aid treatment was provided? (Tick all that apply) If the treatment is not listed in the examples below, please complete the free text box 'other'

None ☐	Ice ☐	Sling ☐	Direct pressure ☐
Call 999 ☐	Resucitation (CPR/AED)* ☐	Transfer to Hospital ☐	Sent home with responsible adult ☐
Referral to a health care professional ☐	Removal from field of play ☐	Other _____	

** For any life threatening injury including but not limited to Sudden cardiac arrest, please complete the catastrophic injury form by following: https://bit.ly/4dbuvi6*

ENGLAND FOOTBALL

C. PLAYER INJURY REPORT FORM

The first 24 hours post injury

Who is responsible for a follow-up with the player	
What to do/who to contact if concerned	
Name/contact of who the players care was handed over to	

Details of the first-aider
Name: _____
Signature: _____ Date _____

What advice/on-going management was provided? (Tick all that apply)					
None	☐	Government concussion advice to follow GRTP	☐	Returned to the field of play	☐
Head injury/ advice card provided	☐	The FA concussion advice to follow GRTP	☐	Unable to return to the field of play	☐

ENGLAND FOOTBALL

D: CATASTROPHIC INCIDENT REFERRAL FORM

Date of the referral: _____ County FA(s): _____

Catastrophic Injury/Sudden Death (please delete as appropriate)

County FA referrer's details (please enter your details)

Name	
Role	
Telephone No.	
Email address	

Referred to the County FA by (please give details of original referral e.g. match referee, Club Welfare Officer, media etc)

Name	
Role	
Telephone No.	
Email address	

Details of person injured/or who has died (please delete as appropriate)

Name	
Date of birth	
Gender	
FAN (if relevant)	
Gender	
Ethnicity	
Parent/carer name (if under-18 or next of kin if vulnerable adult)	
Contact details (telephone number, email of next of kin if person died)	

D: CATASTROPHIC INCIDENT REFERRAL FORM

Details of incident (please provide full detail: date, time, fixture, teams involved, what is known about what happened)

Other relevant information

Further information (please include any other information that you think is relevant e.g. media reports)	

Support provided to date (please provide detailed support at the time of the event and subsequently)

Medical support (detail any on-site assistance, first aid, use of AED's, ambulance services)	
Wellbeing/welfare support (detail any immediate support to the individual, club(s), referee, and/or family and who and how this is being provided e.g. school/local authority)	
Other parties involved e.g. police	

Follow-up actions

For FA use only. Date received by FA :_____

ENGLAND FOOTBALL

ENGLAND FOOTBALL

TM4600