



**RETURN TO FOOTBALL  
A FIRST AID PERSPECTIVE GUIDANCE DOCUMENT  
FOR CLUBS AND COACHES**

## INTRODUCTION

This document has been prepared as initial advice in returning to training in line with the government guidance on phased return to sport<sup>1</sup>. Please note this guidance document will be updated regularly as we progress through this pandemic. <https://gov.wales/sport-recreation-and-leisure-guidance-phased-return-html>

Clubs will be required to review their club emergency action plans (EAPs) and standard operating procedures (SOP) to ensure they meet the minimum guidance considerations as recommended by the Welsh Government, for returning to training and the recommendations made in this document before any training is resumed and ensure that documentation is shared with coaches and those involved in training inclusive of players/parents so that informed consent is achieved.

Your first duty of care as first aider or coach is to **yourself** and it is imperative you take all advised precautions. The vast majority of incidents encountered in training may be managed with sensible precautions allowing treatment to occur effectively without breaching social distances. However, delivery of emergency first aid will include the need for the first aider to breach advised social distancing guidance and come into close contact with a potentially injured participant, and this may include cardio-pulmonary resuscitation (CPR).

This document aims to cover all non-elite football, please refer to the various sections relevant to your club.

### **Self-checks before attending a planned training session:**

Self-checks will be important to prevent transmission among people who are unaware that they are carriers of the virus. This quick check should be done before each training session. Some clubs may wish to have this completed in the form of an online or paper questionnaire at the start of sessions.

This could help identify if you have

- had a high temperature (above 37.5°C)
- some clubs may include as part of their SOP to take player temperatures as part of the pre-arrival to training, this will specifically apply where clubs have medical staff employed
- have developed a new continuous cough
- have shortness of breath or sore throat
- loss of or change in normal sense of taste or smell
- or are feeling unwell

If you (or your child for U18s) are showing symptoms of the virus or have been in contact/living in a household with someone displaying symptoms within the last two weeks, then you should stay at home until a NHS practitioner advises you that you no longer need to remain in isolation.

If none of the above apply to you then, if you wish to, you can attend a training session in your small group as arranged by your coach/club. Please remember to take with you:

- your own water bottle clearly labelled, do not share with others
- your own hand sanitizer (alcohol based)

### **What to do if you are required to come into close contact with someone as part of your first responder duties?**

There must be someone at all organised football sessions who possesses a valid 1<sup>st</sup> aid award.

First aid falls into two parts, those who respond because of an emergency arising in front of them (laypeople) and first responders/aiders with a duty of care (workplace first-aiders and sports coaches) running a training session - this will include coming into closer contact with a potentially injured player and may include CPR.

Guidance for lay responders and coaches with no duty of care/role in first aid delivery has slight deviations but still follows strict guidance<sup>6</sup> where possible we have adapted this for the football setting. Please refer to your club health and safety officer and your club's EAP for COVID-19 as well as this guidance to inform your planning and sessions.

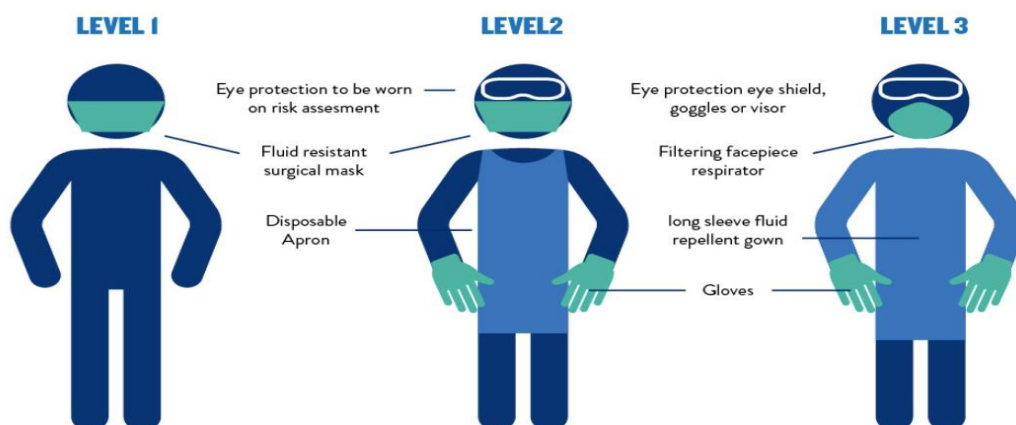
### **Additional Information for First Aid in a Football setting:**

Club emergency action plans should be updated to account for the current circumstances and plans put into place for potential injuries or emergencies that may arise due to partaking in football related activities.

Player contact will need to follow the PPE guidance

- The use of PPE is both for protecting the responders from the players but also protecting the players from the responders.
- Where it is not possible to maintain a 2 metre or more distance away from a player:
  - disposable gloves [Disposable gloves should be worn if physical contact is likely to be made]
  - and a disposable plastic apron are recommended
  - Where direct face to face contact could arise – wear a fluid resistant surgical mask (Type IIR)

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 and disposal of the PPE is a critical consideration to avoid self-contamination.



### **In the event of a sudden cardiac arrest (SCA)**

The following advice is given in line with UK Resuscitation Council's current guidelines during this pandemic

1. <https://www.resus.org.uk/media/statements/resuscitation-council-uk-statements-on-covid-19-coronavirus-cpr-and-resuscitation/covid-community/>

Because it cannot be confirmed that player do not have COVID-19, even in the presence of no symptoms, the following guidance is based upon mitigation of risk. Because it is known that there is a potential risk of a SCA occurring in football, the club should complete a risk assessment and adopt appropriate provisions before returning to training carefully considering updated precautions for this period.

- On confirming no signs of life in an adult player
- Early call for medical assistance will be vital
  - Ambulance
  - AED (refer to your club EAP for location and send someone to collect immediately)
- Chest compressions are considered as an aerosol generating procedure (AGP) and require the following precautions. To commence chest compressions a covering should be placed over the player's face, this can in the form of a hand towel or similar
- Put the hands together in the centre of the chest and push hard and fast and continue with continuous chest compressions
  - Compression-only CPR may be as effective as combined ventilation and compression in the first few minutes after cardiac arrest
- All other players should be asked to vacate the vicinity if they are not involved in the resuscitation
- If the first aider/coach as PPE it should be worn and all other helpers advised the same
  - The club EAP should account for this scenario and ensure appropriate PPE and response available for this situation
- The AED should be applied as soon as it arrives
  - Follow the guidance as advocated by the AED
  
- **Rescue breaths are considered airway management and an AGP thus rescue breathing via pocket mask or face shield would require level 3 PPE (as worn by the ambulance service) and hence considered out of the scope of the first aider or coach at this present time.**
  - In adults, it is recommended that you do not perform rescue breaths or mouth-to-mouth ventilation; perform chest compressions only<sup>6,9</sup>
- If possible, swap responders providing chest compressions as often as required and at least following every AED analysis to ensure appropriate rate and depth is achieved
- Once the ambulance service arrives please hand over the duty of care to the ambulance service
- After performing compression-only CPR, all rescuers should wash their hands 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 or medical adviser if concerned about COVID-19 symptoms.

#### **Specific reference to players under 18 years of age suffering a SCA**

- Because cardiac arrest in those below the age of 18 can be due to other reasons not just cardiac related (for example due to respiratory 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 act quickly to ensure treatment is provided.
- If a child is not breathing normally and no intervention is provided, their heart will stop and full cardiac arrest will occur, therefore please ensure early chest compressions and defibrillation (application of the AED) as soon as possible and ensure medical help/emergency services are on their way.
- It is very likely in the football setting that the child is well known to you so 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 or pocket mask with a one way filter valve.
  - If the provider is wearing a mask this will be required to be removed to provide rescue breaths
- 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.

- Should you have provided rescue breathing there are no additional actions to be taken other than to monitor yourself for symptoms of possible COVID-19 over the following 14 days.

### **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 advice. The vast majority of incidents you will encounter on the training pitch will not involve you getting 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, however The FAW's stance is one of risk mitigation and as a minimum for those with a duty of care to responder to a player (club EAP on first aid) PPE is required. The minimum is disposable gloves and apron with a fluid resistant surgical mask highly recommended. Please note: a face covering is not the same as the surgical masks used by healthcare and other workers as part of personal protective equipment and is not sufficient to form part of a clubs EAP.

### **If there is loss of consciousness**

If the mechanism of injury has not been witnessed then the assumption is a neck injury until proven otherwise. Manual inline stabilisation (MILS) will be required and there is potential for an airway compromise with a player who has lost consciousness or who has an altered level of consciousness. As a minimum the responder must approach safely wearing appropriate PPE (gloves, apron and fluid resistant face mask).

### **If there is a compromised airway (loss of consciousness tongue occluding the airway or choking)**

A simple head tilt chin lift or jaw thrust can be applied wearing appropriate PPE (gloves, apron and fluid resistant face mask) after first ensuring there is nothing occluding the players airway.

Please note: Airway management with the potential to cause a cough or sneeze would be considered an AGP and level 3 PPE would be required, hence considered out of the scope of the first aider. On recognising airway difficulty an immediate call for medical assistance/ambulance will be essential.

### **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 AGP and hence level 3 PPE required (not applicable for first aiders). If this happen in training, please ensure more than a 2m distance is maintained from the player by all concerned and seek urgent medical assistance. Where parents are close by and can assist please allow and advocate first aid practice from a distance advising parents/players on appropriate action to take.

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

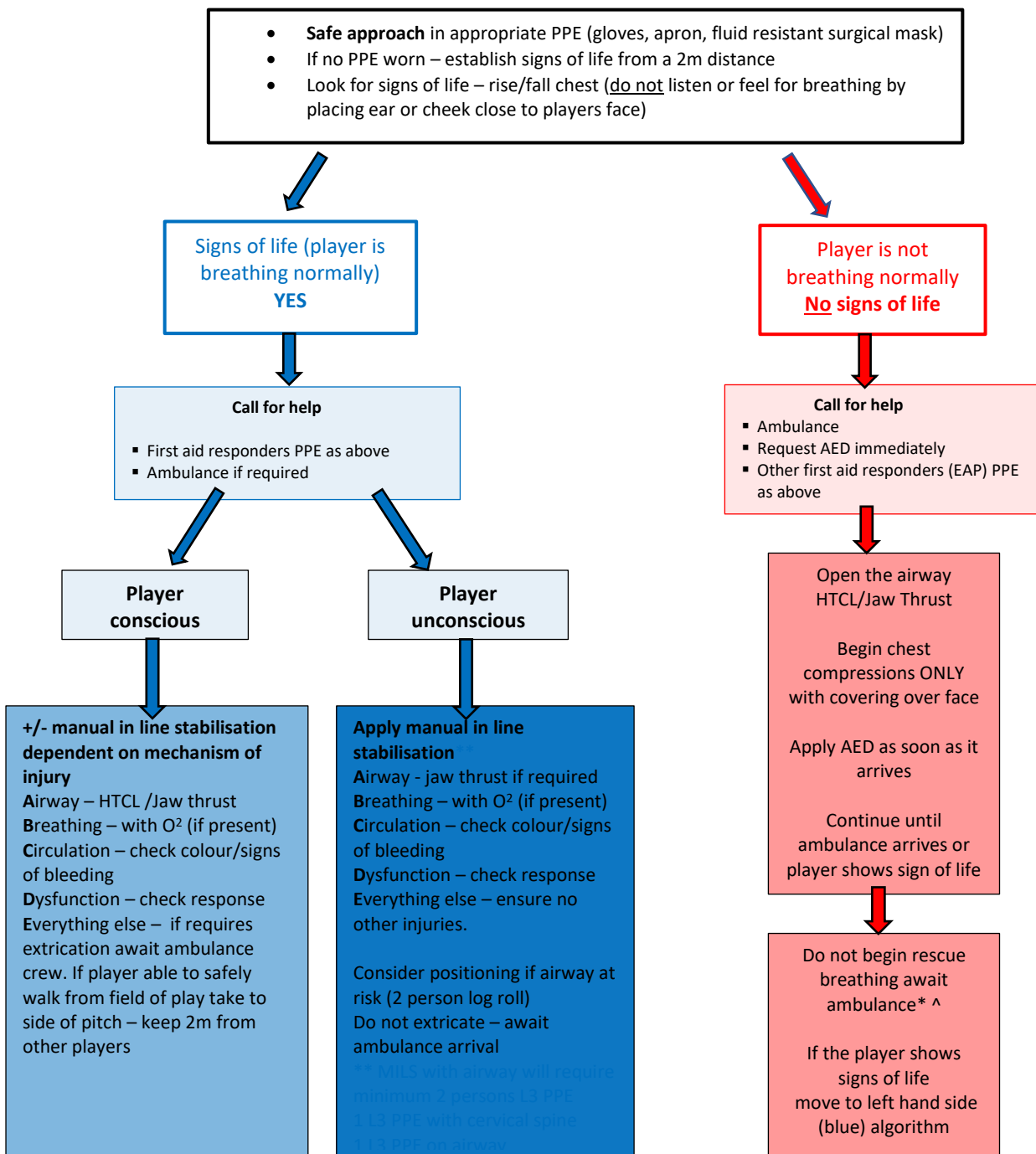
### **If there has been a blood or body-fluid spill**

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 with the spill-kit. 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 considered non AGP procedures and thus 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).

Figure 1: Emergency care guidance for adult non-elite football during COVID-19



\*if club has health care professionals on venue a face covering can be a non-rebreather mask attached to oxygen at 15L/min. If suitably qualified and L3 PPE available rescue breathing can be commenced before ambulance arrives (elite care guidance<sup>12</sup>).

Once airway intervention has occurred all staff in L2 PPE must move away 2m pitchside (or out of the room indoors)

^in a paediatric arrest, if the decision is made to provide rescue breathing this can be done at 30:2 or 15:2 via a pocket mask or face shield.

