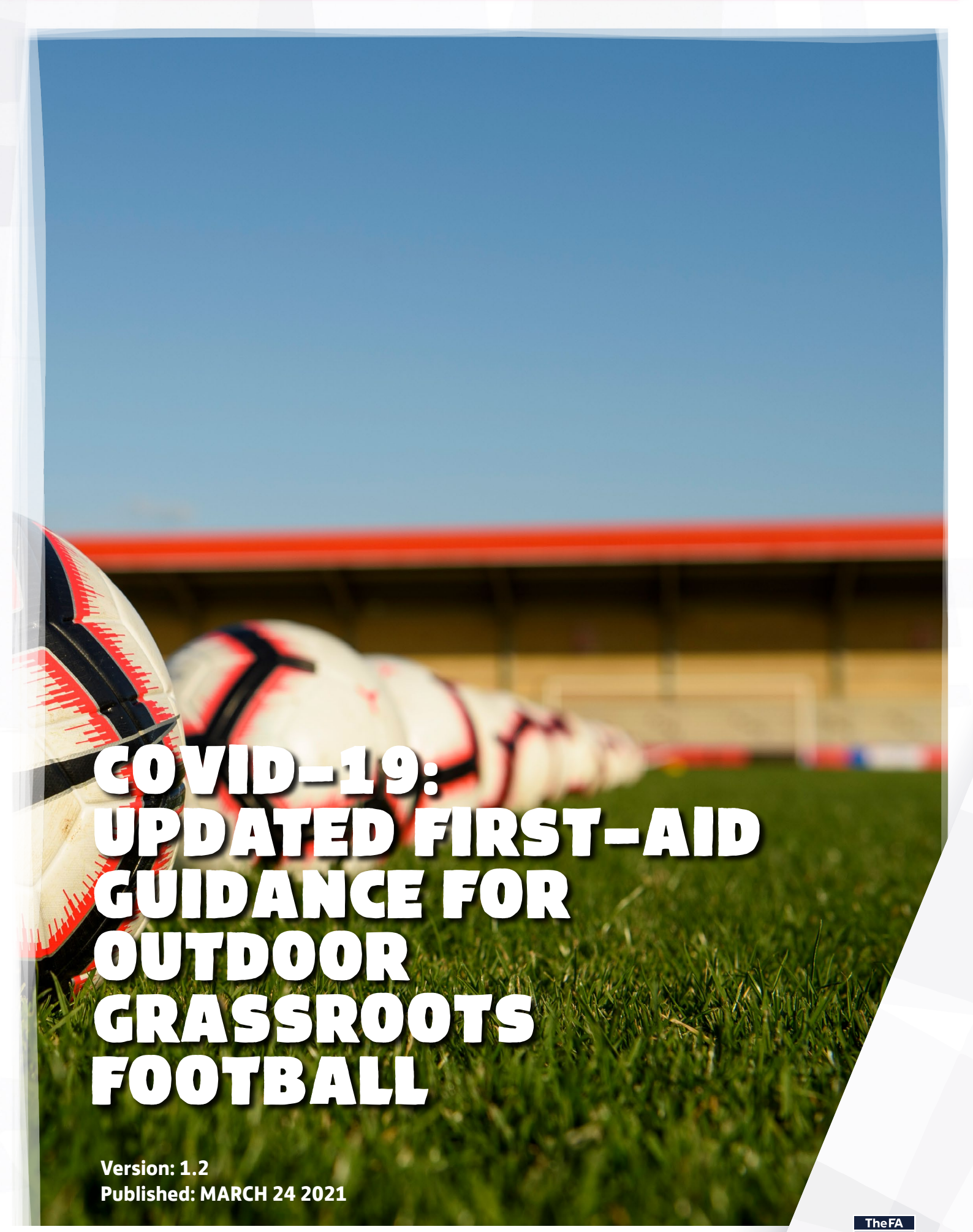


COVID-19: UPDATED FIRST-AID GUIDANCE FOR OUTDOOR GRASSROOTS FOOTBALL

Version: 1.2
Published: MARCH 24 2021

FOR CLUBS AND COACHES

The FA
FOR ALL

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

This document has been prepared as medical guidance for the return to contact group training and matchplay in outdoors settings, in line with guidance produced by the Government on a phased return to community sport[1] and by The FA[2]. 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.

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

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 use[6].

SOCIAL DISTANCING

Maintain the government advised social distance between yourself and everyone outside of your household during and between the training activities. Do not gather before or after the session, please wait in your car until the coach signals they are ready to commence training. As face-to-face contact increases the risk of transmission, please avoid this where possible even when maintaining distance.

A face-covering cloth or fabric mask has been shown to be an effective way to prevent viral transmission in a community context[7] which could apply to a community football setting and could be a consideration for players and support staff/volunteers in addition to social distancing during exercise as well as good hand hygiene.

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

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**). 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.

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
A high temperature (above 37.8°C) • 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.		
A new continuous cough.		
Shortness of breath.		
A sore throat.		
Loss of or change in normal sense of taste or smell.		
Feeling generally unwell.		
Persistent tiredness		
Been in close contact with/living with a suspected or confirmed case of Covid-19 in the previous two weeks.		
Finally, are you or anyone in your household/bubble self-isolating whilst waiting for a test or test results for Covid-19?		

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

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.

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 isolation[8].

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 training9. 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).

Returning to some grassroots football activity is something that we know many are 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. Government data currently suggests that older participants and members of the BAME community may face heightened risks from Covid-19[10]. As such, any concerns should be taken seriously and addressed sensitively.

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 players 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 waiting in the car, 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 advisable[11].
- 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.
- As a further consideration for club safety at this time, clubs may wish to follow Government guidance and consideration can be given to individuals following a community-testing programme. You can find details on this **here**.

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

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 (a further benefit for parents to stay in cars during training sessions where players are under 18), but others will still need to socially distanced 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 they 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 guidance[12]. This guidance has been adapted, where possible, for the football setting. Please refer to your club health and safety officer[3] 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, 13].

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.

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

ADDITIONAL INFORMATION FOR FIRST AID IN FOOTBALL PRACTICE

Player contact occurring while delivering first aid care will need to follow PPE guidance[14], 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 standards[6].

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-contamination[15].

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 PPE[3]. This may include providing no assistance at all until the ambulance arrives or until appropriate PPE is made available.

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

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[7] including at training	✗	✗	✗	✓	✗	✗	✗
LEVEL 1 Where government-advised distancing may not be maintained at all times	✗	✗	✗	✗	✓	✗	✗
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	✓	✓	✗	✗	✓	✗	✓
LEVEL 3/AGP Aerosol-generating procedure (AGP or high potential for aerosol)	✓	✗	✓	✗	✗	✓	✓

^ 3 layers: 1st water absorbent cotton I 2nd filter layer I 3rd is water resistant[16]

^^ Please be aware WHO[16] does recommend FFP2 mask as an alternative in FFP3. However FFP3 is included in this framework as this is in line with PHE

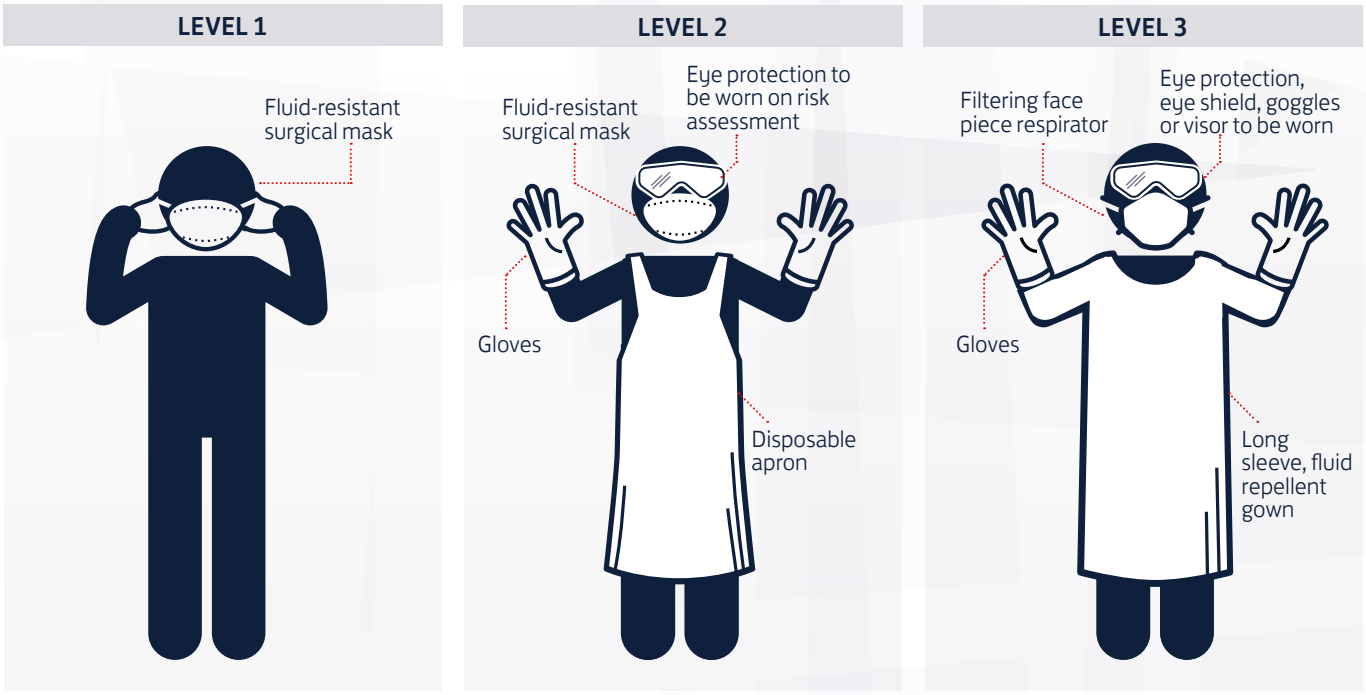
* Single use: Equipment that must be changed after each contact

** 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 reused[13].

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

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. 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 scenario[18] (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, it is recommended that you do not perform rescue breaths or mouth-to-mouth ventilation; perform chest compressions only[12,17].

- 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).

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

- Chest compressions are considered an aerosol generating procedure[17] (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 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 resuscitation[3].
- 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 arrest[12].
- 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.

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

SPECIFIC REFERENCE TO PLAYERS UNDER 18 YEARS OF AGE SUFFERING A SUDDEN CARDIAC ARREST (SCA) (see Figure 3)

- 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[12,17] 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.
- 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[11,16];
- 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[12].

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[18]. 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) PPE[12].

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.

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

Please note: Airway management with the potential to cause a cough or sneeze would be considered an aerosol generating procedure (AGP) and as such a higher level of PPE would be required, 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 PPE 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 (not applicable for first aiders). 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 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.

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)[17]. 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 PPE[3]. 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.

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 sport[23]), conducting their own risk assessment and ensuring they follow full PPE guidance[12].

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

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 room[6]. 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).

It is not recommended to manage any players in medical rooms at training grounds, thus no guidance is being provided for designated separate AGP and non-AGP rooms (depending on Covid-19 risk) as 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.

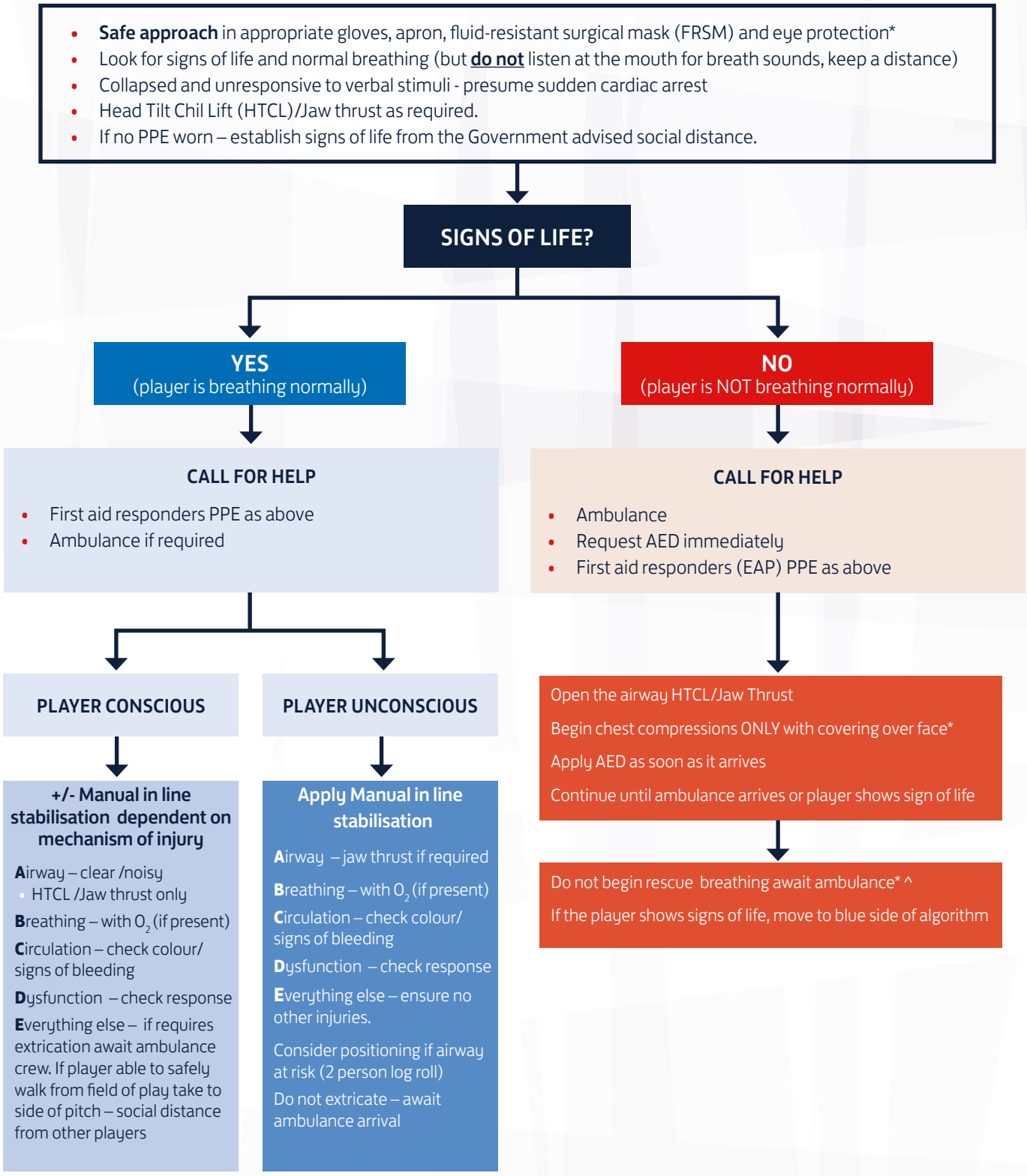
Where healthcare professionals (therapists/doctors) are providing treatment to players during training sessions they must dispose of their PPE appropriately and put on clean replacements after handwashing, before seeing another player. The face mask must be replaced once it becomes damp, damaged or soiled.

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 googles. 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 PPE[1], including donning[19,20], doffing[21], and fit testing where appropriate[22].

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.

FIGURE 2: ADULT EMERGENCY FIRST-AID ALGORITHM FOR NON-ELITE FOOTBALL DURING COVID-19 IN THE ABSENCE OF LEVEL 3 PPE

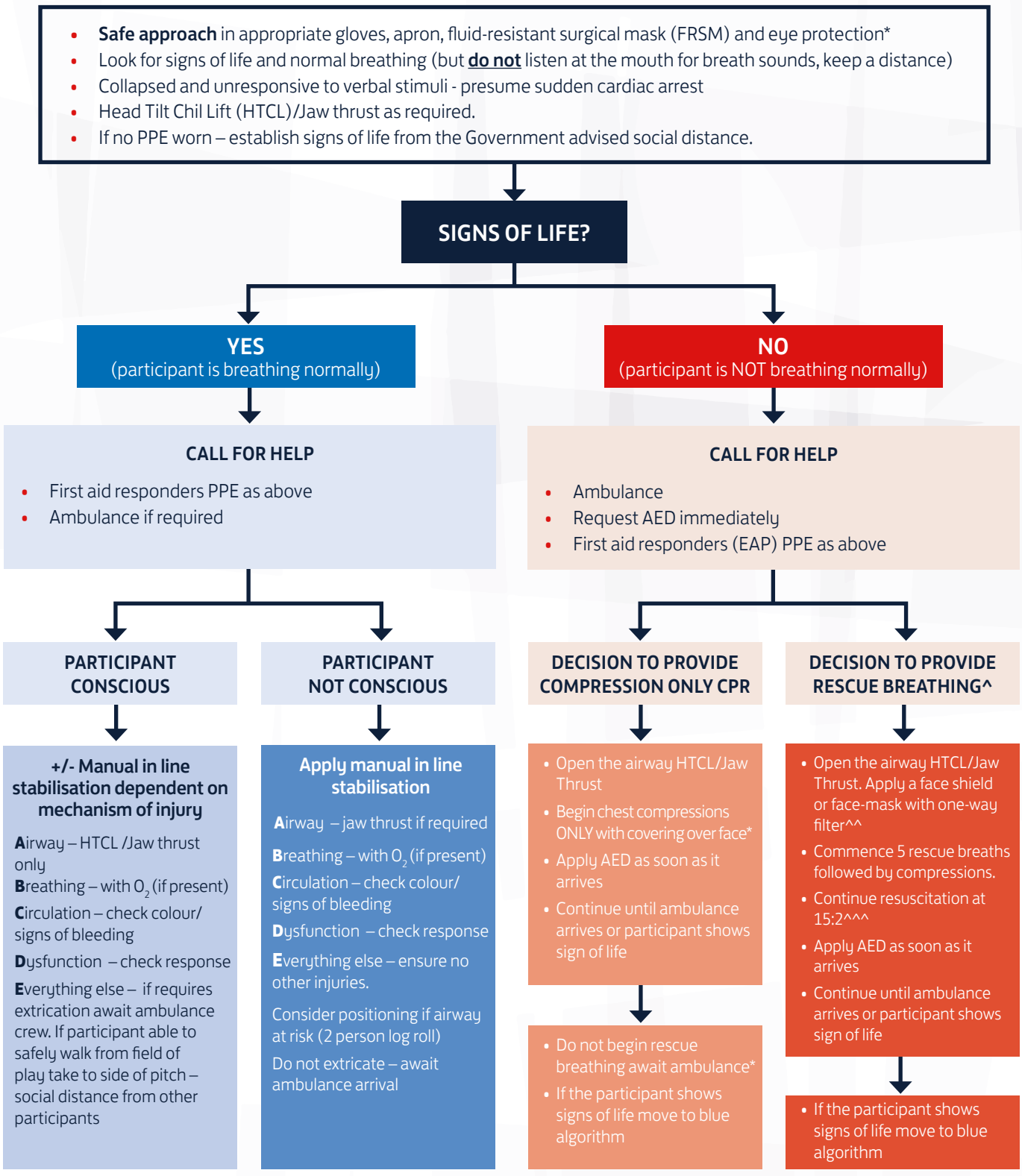


** if the club has health care professionals (HCPs) on venue a face covering can be a non-rebreather mask attached to oxygen at 15L/min. If suitably qualified and Level 3 PPE available rescue breathing with airway adjuncts can be commenced before ambulance arrives.*

Once airway intervention has occurred all staff in Level 2 PPE must move away two-metre pitchside (or out of the room indoors), leaving only responders wearing Level 3 PPE.

^ 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 with filter or face shield (if rescuer is wearing a mask this will have to be removed). HCPs can use a bag valve mask with a viral filter (elite sport framework[23]).

FIGURE 3: PAEDIATRIC EMERGENCY AND FIRST-AID CARE ALGORITHM FOR NON-ELITE FOOTBALL DURING COVID-19 IN ABSENCE OF LEVEL 3 PPE



** If the club has health care professionals (HCPs) on site a face covering can be a non-rebreather mask attached to oxygen at 15L/min. If suitably qualified and Level 3 PPE available rescue breathing with airway adjuncts can be commenced before ambulance arrives (elite sport framework[23]). Once airway intervention has occurred all staff in Level 2 PPE must move away 2m pitchside (or out of the room indoors), leaving only responders wearing Level 3 PPE.*

^ An individual decision to perform rescue breathing due to compression only CPR likely to be less effective if a respiratory problem is the cause in a child

^^ If rescuer is wearing a mask this will have to be removed. There are no additional actions to be taken after providing rescue breathing other than to monitor for symptoms of possible COVID-19 over the following 14 days. HCPs can use a bag valve mask with a viral filter.

^^^ The paediatric ratio of 15:2 (15 compressions to 2 rescue breaths) can be provided or if more familiar with the adult provision of 30:2 this can be equally applied. The emphasis is on the speedy provision of resuscitation. Breath provision is one second as per an adult and depress the chest 4-5cm in a younger child/adolescent.

Public Health England

Best Practice: How to hand wash step by step images

Steps 3-8 should take at least 15 seconds.

Adapted from the World Health Organization/Health Protection Scotland

*Any skin complaints should be referred to local occupational health or GP.

Public Health England

Best Practice: How to handrub step by step images

Adapted from the World Health Organization/Health Protection Scotland

COVID-19: UPDATED FIRST-AID GUIDANCE FOR OUTDOOR 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-healthcarre settings **here**

7 **https://blogs.bmj.com/bjsm/2020/06/12/should-people-wear-a-face-mask-during-exercise-what-should-clinicians-advise/**

8 Covid-19 government guidance **here**

9 Bhatia Retal, Eur J Prev Cardiol 2020

10 Covid-19 precautions for higher risk groups **here**

11 **https://111.nhs.uk/covid-19**

12 **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**

13 Covid-19 Routine decontamination of reusable non-invasive equipment **here**

14 Covid-19 Personal protective equipment PPE **here**

15 **https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures**

16 Covid-19 Advice for public: when and how to use masks **here**

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

18 Covid-19 advice for first aiders **here**

19 PHE covid-19 donning quick guide **here**

20 PPE covid-19 donning/doffing standards quick guide **here**

21 PHE covid-19 doffing gown version **here**

22 PPE Face mask RPE Covid-19 **here**

23 Hodgson L, Phillips G, Saggers 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**

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.

The Football Association
Wembley Stadium
London HA9 0WS
T: +44 (0)800 169 1863
F: +44 (0)800 169 1864
W: TheFA.com