Questions and answers on medical personnel and facilities

BAFA, May 2022 updated to 2025 rules
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Contents

What is this about?

This information sheet has been drawn up by BAFA to help clubs, leagues and other organisations to formulate good practice in the provision of medical facilities and in the assessment of the risks surrounding football activities. This is NOT medical or

legal advice. In case of doubt, please seek medical advice or legal opinion as appropriate.

How are we aiming to improve safety?

BAFA is beginning a multi-year process to improve the medical provision in all aspects of the sport. Our particular aims for the next few years are:

- improve the quality of life-saving at the pitch-side for games
- improve the level of medical cover at games for injury prevention and treatment
- develop medical provision within clubs to provide enhanced cover at practice as well as games, as well as injury prevention and performance enhancement

What are the minimum medical facilities required at a contact game?

The minimum medical facilities for contact football (whether 11-on-11 or small-sided) are listed in Rule 13-1 (http://rules.bafra.info/rulebook/bafa2025/13.pdf).

ARTICLE 1. BAFA defines three levels of healthcare practitioner:

a. An emergency first-aider (EFA) is defined to be someone who:
    1. Holds a Regulated Qualifications Framework (RQF) (or NQF or QCF or Scottish/Welsh equivalents) Level3first aid qualification.

b. A first-aid trained therapist (FTT) is defined to be a professional practitioner who meets the requirements below.
    1. The person must:
        a. Be a graduate in an appropriate discipline.
        b. Be a registered member of an appropriate professional body.
        c. Possess professional indemnity insurance (particularly if they are working outside the NHS).
        d. Hold a RQF Level 3 or higher first aid qualification.
    2. Persons in the following categories who also have appropriate experience and training in immediate care (as represented by a RQF Level 3 first aid qualification) are likely to meet the requirement:
        a. Doctor registered with the GMC.
        b. Nurse registered with the NMC.
        c. Physiotherapist registered with the HCPC.
        d. Paramedic registered with the HCPC.
        e. Sports rehabilitator registered with BASRaT.
        f. Sports therapist who is a full member of the Society of Sports Therapists, the Sports Therapy Association or the Sports Therapy Organisation.
        g. Osteopath registered with the GOC.
        h. Chiropractor registered with the GCC.

c. An immediate care practitioner (ICP) is defined to be someone who meets the criteria for a first-aid trained therapist, plus:

1. They are a HCPC-registered paramedic or have a qualification from a course endorsed by the Faculty of Pre-Hospital Care (either Commercial and voluntary courses or Corporate organisations).

ARTICLE 2. The minimum medical facilities during a game are:

a. At least the minimum number of healthcare practitioners at each level or higher specified in the following table:

Level	ICP	FTT	EFA
2022			
National Programme	1		1 per team
Adult Premier		1	1 per team
Adult Division 1		1	
Adult Other		1	
U19		1	
U16		1	
College		1	
2023			
National Programme	1		1 per team
Adult Premier	1		1 per team
Adult Division 1		1	1 per team
Adult Other		1	
U19		1	
U16		1	
College		1	
2024			
National Programme	1		1 per team
Adult Premier	1		1 per team
Adult Division 1	1		1 per team
Adult Other		1	1 per team
U19		1	1 per team
U16		1	1 per team
College Premier	1		1 per team
College Other		1	1 per team
2025			
National Programme	1		1 per team
Adult NL	1		1 per team

U19		1	1 per team
U16		1	1 per team
College	1		1 per team
2026			
National Programme	1		1 per team
Adult NL	1		1 per team
U19	1		1 per team
U16	1		1 per team
College	1		1 per team

1. Any role can be performed by a volunteer within the club or someone hired for the purpose. No role can be performed by a squad member. An EFA may be a coach.
2. If a game is played between teams from different levels, the highest level of the participating teams applies.
3. The lead ICP or FTT must have carried out a risk assessment (or agreed to game management's) and determined that they are competent and equipped to carry out emergency life saving.

b. A suitable first aid kit, approved by the lead ICP or FTT, must be available.

c. A telephone capable of use to summon the emergency services must be available (A.R. 13-1-2:II).

NOTE: Available means at the side of the field, ready immediately and fit for use.

STOP, REPORT & SANCTION -

Under no circumstances may the game commence, nor proceed if suspended. BAFA may apply sanctions for the following breaches:

- **Minimum medical requirements not met.**

The stress is that these are the minimum facilities. It is entirely appropriate for clubs to decide to provide facilities of a higher quality or quantity. For example, the medical requirement is met if there is only one ICP present, but a team might choose to have at least two.

The rulebook also contains a number of "approved rulings" that illustrate the application of the above rules.

What are the minimum medical facilities required at a flag game?

There is currently no mandatory minimum medical requirement for a flag game.

However, we recommend that at least one first aid trained person is present and they have with them a suitable first aid kit. A telephone capable of use to summon the emergency services should also be available.

Can the medical facilities for a tournament be shared across games?

If two fields are within 100 yards of each other (nearest boundary line to nearest boundary line), the game is small-sided (i.e. less than 11-a-side) and the medical

personnel have a clear view of both fields, then the medical facilities may be shared between the two games. Both games must stop if all the medical personnel are treating an injury on either field. **Medical facilities may not be shared between two 11-a-side games.**

When two or more medical personnel are used, it is recommended that they be able to communicate with each other (either by portable radios or by exchanging mobile phone numbers before the games start).

Examples:

- Club A is hosting a 5v5 contact tournament with two fields that are 90-yards apart from sideline to sideline. They have hired 2 x registered paramedics each with a first aid kit, who are set up between both fields with a clear view of each. **Legal**.
- Club B is hosting a 7v7 contact tournament with two fields that are 150-yards apart from end line to end line. The have hired a paramedic and a physiotherapist, each with a first aid kit. **Legal**, provided one of the personnel is at the side of each field.
- Club C is hosting a 7v7 contact tournament with two fields that are 70-yards apart from end line to end line. The have hired a paramedic and a first-aider, each with a first aid kit. **Legal**, provided the paramedic is within sight of both fields.
- Club D is hosting a 5v5 contact tournament with three fields that are no more than 90-yards apart from each other. They have hired a paramedic with a first aid kit, who is set up between the fields with a clear view of each. **Not legal.** Medical facilities cannot be shared between more than two games, so for three or four games there would need to be at least two lots of medical personnel/facilities.

Who is responsible for deciding whether the medical requirement is met?

By Rule 13-1-3, game management is responsible for the provision of medical facilities that meet the requirements above, and the senior game management representative shall certify to the referee prior to the game that the medical requirement has been met. Game management shall inform the referee if at any stage during the game the medical requirement ceases to be met. The game will then be suspended.

Obviously, if the referee believes that the medical requirement is not met (e.g. it is not apparent who the medical personnel are), he should query it with game management.

Game management is defined to be the BAFA organisation and associated personnel responsible for the arrangements and facilities for a BAFA game. This is normally the home team, unless the competition authority stipulates otherwise. (Rule 13-4-5-a)

It is recommended that game management train and appoint the same person to be responsible for the medical provision at every game. It is recommended that they should also have a trained deputy is who able to step in for them in their absence. They should make themselves known to the referee before the game.

What should be planned before game day?

It is recommended that the BAFA Rules on medical provision (Rule 13-1) should be referred to in any contract between game management and medical provision

suppliers. This ensures that the supplier knows the minimum standard for what they have to supply, and may provide provision for a refund if they fail to do so.

It is recommended that evidence of the following information is requested upon confirming medical provision for at least the lead person:

- up-to-date first aid certificate
- registration or membership with the appropriate professional body
- professional indemnity insurance

How do I know whether my medical personnel are professionally registered?

In most cases, you can look them up online.

To practice in the UK, a doctor must be registered with the General Medical Council (http://www.gmc-uk.org/).

Similarly, nurses must be registered with the Nursing and Midwifery Council (http://www.nmc-uk.org/).

Paramedics and physiotherapists must be registered with the Health Professions Council (http://www.hpc-uk.org/).

Sports rehabilitators must be registered with BASRaT (http://www.basrat.org/).

Osteopaths must be registered with the General Osteopathic Council (http://www.osteopathy.org.uk).

Chiropractors must be registered with the General Chiropractic Council (http://www.gcc-uk.org/)

All the above bodies allow you to check on their website to see whether an individual is registered or not.

Sports therapists must be registered as a full member with one or more of the following associations:

- the Society of Sports Therapists (SST) - https://thesst.org/
- the Sports Therapy Association (STA) - https://www.thesta.co.uk/
- the Sports Therapy Organisation (STO) - https://www.sportstherapyorganisation.net/

The STA and STO currently do not have an online registration check facility so you should use other means to check their registration and in particular that they are a graduate and have a RQF level 3 first aid qualification.

Persons with similar job titles who are registered with organisations other than those listed above are NOT qualified to meet the professional practitioner requirement for American football. Persons registered with organisations listed above but in other job roles are also NOT qualified to meet our requirements.

Note that we no longer accept members of the Sports Massage Association unless they are also registered with one of the other organisations above.

If your medical personnel are provided by an organisation (e.g. a private ambulance service or an agency), you should ensure that the provision of suitably qualified personnel is part of your formal agreement (e.g. contract) with them.

What is the insurance situation?

Game management must check that any healthcare and allied healthcare professionals engaged to provide services have their own indemnity insurance in place and that this covers them to work within American football.

Game management should be aware of their responsibility to check insurance policies and be satisfied that they have met the required minimum medical cover.

If I want a practitioner with a particular specialisation, what should I look for?

While the minimum requirement in the rules is met by any registered doctor, one trained and experienced in one or more of the following areas may have additional skills relevant to the task:

- trauma / orthopaedics
- accident & emergency
- anaesthesiology

Similarly a nurse may have undergone specialist training in one of the above areas.

Obviously, the practitioner's experience in sport is very relevant, particularly with a sport that might encounter the same sorts of injuries as occur in American football.

A therapeutic role is supplementary to the main life-saving role during games, but this might be an additional factor in your decision.

How should first aid kits be managed?

It is recommended that each pitch-side first aider has their own first aid bag. This should be suitably stocked to meet the skill set and training of the first aider.

At least one suitably stocked first aid bag or box at the training and/or game facility. It is important to have appropriate first aid equipment readily available whenever any American Football activity is taking place.

First aid kits should be checked frequently to ensure sufficient quantities and that all items are in-date and usable. Some items are marked with expiry dates. These should be replaced by the dates given and all expired items safely disposed of.

What are the recommended contents for a basic first-aid kit?

Plaster in various sizes
Elastic wraps (two, four and six inches wide)
Athletic tape (one and two inches wide)
Gauze pads
Instant ice packs
Medical gloves (latex free)
Triangular bandage
Bandages of various sizes (sterile)
Foil blanket
Crepe bandage

Scissors
Tweezers
CPR mask
Eye and wound wash
Steri-strips
Medical waste disposal bag
Vaseline
Antiseptic wipes
Eye pad sterile dressing
Cohesive tape
Micropore tape
Screwdriver (to aid removing helmets)

In addition, game management should keep the following details available:

Emergency contacts (e.g. next of kin) for each team member	So that they can be informed if someone gets injured.
List of emergency medical service numbers if 999 service is not available	If the emergency services are unable to respond in a reasonable time, what alternatives are available?

The first aid equipment available should be appropriate to the level of training of the first aider. **No-one should attempt to use equipment they have not been trained to use**.

What other equipment is recommended?

Automated External Defibrillator (AED)

It is recommended that an Automated External Defibrillator (AED) is available in or near to the playing enclosure. Either use a venue that already has one or consider investing in one.

An AED on site can save a life as the potential for saving a life is dependent on time. The sooner medical help is administered, the better the chance of survival.

There are a number of charities who can provide support to sports teams in the procurement, training and maintenance of AEDs e.g.:

- https://www.communityheartbeat.org.uk/
- https://www.aeddonate.org.uk/apply-for-funding/

The AED should ideally be located within 100 yards of the field.

If the individual administering first aid has not had specific AED training they should follow the verbal guidance provided by the AED machine.

Spinal boards, scoops and stretchers

Spinal boards, scoops and stretchers should only be used by those appropriately trained. First aiders (in most cases) are not trained to use spinal boards, scoops or stretchers.

If a board, scoop or stretcher is available, these should be used by ambulance services and/or other appropriately trained individuals **only**.

Emergency service access

Ensure there is clear vehicular access to the field for an ambulance or other emergency vehicle. If gates are locked, make sure the key is available and know who has it and their contact number.

First aid room

Where possible and practical, game management should have a suitable first aid room for use during sporting activities. Wherever possible, the room should be reserved for specifically providing first aid and with a designated individual (e.g. first aider and game manager/venue coordinator) responsible for the room.

If a first aid room is available, it should be easily accessible from the pitch and clearly signposted. The room should be suitably heated, have good lighting and along with essential first aid facilities and equipment, should ideally include:

- a sink with hot and cold running water
- drinking water and disposable cups
- soap and paper towels
- a refuse container
- a clinical waste container
- a medical couch with waterproof protection
- at least one chair

What allowances are made for players with specific medical needs?

The rules are designed to balance the protection of the players without giving any player a competitive advantage over an opponent. Some particular medical needs are specifically addressed in rules.

Tinted eyewear

The rules are explicit that players must not wear tinted visors or goggles. No medical exceptions to this rule are permitted. The rule exists for two reasons: (i) medical personnel must be able to see the player's eyes; and (ii) opponents must be able to see in which direction they are looking. (Rule 1-4-6-c)

Prosthetics

Prosthetics may only be worn with the approval in writing from a panel drawn from the Rules Committee, Sports Science and Medicine Committee and the Equality, Diversity and Inclusion Committee. (Rule 1-4-14)

Reasonable adjustments for disabled participants

Reasonable adjustments to the field, uniform and equipment rules are permitted on a case-by-case basis for disabled participants with the approval in writing from a panel drawn from the Rules Committee, Sports Science and Medicine Committee and the Equality, Diversity and Inclusion Committee. (Rule 1-4-14)

Why is there no requirement for a mandatory ambulance?

There are a number of reasons:

It is widely accepted that the most important factor is that suitably qualified medical personnel be present. The speed issue is normally about providing immediate first

aid, not usually about transporting someone to hospital. This has been confirmed by medical professionals who were consulted by the Rules Committee. There may be situations where the immediate availability of a means of conveying a patient to hospital may make a difference to their ultimate outcome, but these are said to be extremely rare.

Since mobile phones are now almost universal, it is easy to summon an ambulance quickly when needed. Ambulance services also have response time standards that reduce the likelihood of a long wait for an ambulance to arrive.

The "conventional" British sport most like American football is rugby. While the differences between the sports are significant, the sorts of injury that might occur in each are comparable. The Rugby Football Union's advice to clubs is to have appropriate medically trained personnel, first aid kit and telephone available at the game, and to have vehicular access for an ambulance or other emergency vehicle. There is no requirement for an ambulance to be present.

In the USA, there is no general requirement for an ambulance to be present at football games.

What is the minimum medical cover for contact practice?

A contact practice is whenever players are wearing game equipment and performing forcible contact with each other.

The recommended minimum provision for practice is:

Season	ICP	FTT	EFA
2022			1
2023 onwards			1 up to 30 players present 2 up to 60 players present 3 if more than 60 players present

What are the different roles involved in medical provision?

	Emergency First Aider	First Aid Qualified HCP	Immediate Care Practitioner
Description	An emergency first aider should be qualified to a minimum of level 3 emergency first aid. Emergency first aiders are trained to: • Take charge when someone is injured or ill, including calling an ambulance if required. • Provide emergency first aid to injured or ill persons until more expert help arrives. • Look after the first aid equipment e.g. restocking the first aid bag. They should not attempt to give first aid for which they have not been trained. Every team should have a nominated first aider to provide help to any injured or ill player until more help arrives. The nominated first aider might be required to assist a FFT or ICP in emergency situations.	There are a number of different health care professions and allied health care professionals (see above). These individuals may provide first aid cover with additional support and/or treatment based on their qualifications.	Immediate Care Practitioners are Health Professionals (see Health Care Professional and Allied Health Care Professional Descriptors for examples of role descriptors and requirements) who have undertaken specific training to allow them to provide enhanced pitch-side care.
Training	Courses of this level should take a minimum of 6 hours face to face training and be acknowledged by	Qualifications will vary based on the individual's experience and training. Game management	Immediate care qualifications must be endorsed by the Faculty of Pre-

	Emergency First Aider	First Aid Qualified HCP	Immediate Care Practitioner
	a certificate from a recognised awarding body (based on the Regulated Qualifications Framework). The assessment criteria should be competency based. Any courses should have a quality assurance process (shown by an accreditation mark). The course should cover rare but serious injuries (such as spinal injury) in sufficient detail.	should check that any individual taking on a first aid/immediate care role has an appropriate and current first aid qualification. Being a HCP does not automatically mean the individual has an appropriate first aid qualification.	Hospital Care and the content must be appropriate for sport. Check https://fphc.rcsed.ac.uk/course-endorsements/commercial-and-voluntary-courses and https://fphc.rcsed.ac.uk/course-endorsements/corporate-organisations for currently endorsed courses.
Insurance		Individuals should have their own insurance arrangements. This is particularly the case if they are operating outside of the NHS.	These individuals should have their own insurance arrangements as a requirement of their regulating body. This is particularly the case if they are operating outside of the NHS.
Contracts		There should be a formal agreement between the individual and the club that covers their roles and responsibilities.	
Evidence of registration		Health care professionals and allied health care professionals must be able to provide evidence of registration with or membership of their relevant regulatory body or society.	

What is the difference between level 2 and level 3 first aid?

The level of knowledge gained and skills taught differs in each qualification.

- Level 2 – A level 2 qualification or Emergency First aid at Work qualification is a basic 1 day first aid course, usually designed for those working in low hazard environments. This course normally runs across a 6-hour period.

- Level 3 – A level 3 first aid qualification is specifically designed for those who are appointed to act as first aider in their workplace. It is ideal for those who have a responsibility to provide first in community activities. This course is based around 18 hours of face to face teaching.

Other frequently asked questions

Question	Answer
Can a coach be an emergency first aider at a practice or game?	Yes, as long as they have an up-to-date relevant first aid certificate. No individual participating as a player or official in training or a game can act as medical cover.
Can a friend or family member who works for the NHS as a nurse / doctor cover our game?	Should the friend or family member meet the requirements specified above and can show supporting documents then they are able to cover the game.
What if the medical personnel disagree with each other about whether a player can return to the game?	Approved Ruling 13-1-4:I (https://rules.bafra.info/rulebook/bafa2025/13.html#LABEL13-1-4:I) covers this. The home team is responsible for game management and provides a suitable professional practitioner to meet the requirements of Rule 13-1-2. The away team also provides a professional practitioner. During the game, an away-team player leaves the field to undergo concussion assessment, and is assessed by both professional practitioners. (a) Both practitioners agree the player is not concussed. (b) Both practitioners agree the player is concussed. (c) The practitioners disagree: the home-team practitioner believes that he/she is not concussed; the away-team practitioner believes he/she is concussed. (d) The practitioners disagree: the away-team practitioner believes that he/she is not concussed; the home-team practitioner believes he/she is concussed. **RULING**: (a) No problem. The player may return to the game. (b) No problem. The player may not return to the game. (c) Although the practitioners disagree, the away team would follow their practitioner's assessment and the player would not return. (d) Although the practitioners disagree, the away team would be bound by the home-team practitioner's assessment (since they are the "official" medical provision) and the player would not return. It is hoped that disagreements between practitioners like this would not arise, or would be resolved professionally, but in rare cases there has to be a rule that can resolve it.

Question	Answer
What is the difference between a risk assessment and an emergency action plan?	A risk assessment is a process of identifying what hazards exist or may appear at training or on game day. This should include hazards which may occur on-field, in the changing room and/or the club house. It is recommended that this document be shared with the opponent and referee crew prior to each game day. An emergency action plan is a pre-determined risk management strategy to allow for proper assessment and care of athletes who have suffered from injury or sudden illness. It is recommended that the team manager works with the medical provider to develop this plan. It is recommended that this document be shared with the opponent and referee crew prior to each game day.