

Points of emphasis

For 2006, the Rules Committee wishes coaches, players and officials to take particular note of the following points.

Game management

The Rules Committee is concerned that while the quantity of American football being played in Britain is on the increase, the quality of it in terms of facilities for games is not. The Committee is particularly concerned that an increasing number of teams:

- do not have balls, ball boys, chains and chain crew available at the appointed time prior to kickoff (Rules 1-3-2-e and 13-3-1) or they are available but of questionable quality;
- do not mark all the field and team area markings required by rule (Rules 1-2-1, 1-2-3-a and 1-2-4-a), or the lines are faint or crooked.

Sanctions against offending teams in terms of yardage penalties or loss of timeouts were considered but rejected. We appreciate that some teams find it difficult to recruit gameday personnel, and sometimes have to balance the desire for a prestigious venue with lack of total control over field markings.

We will continue to monitor game management standards, but expect BAFA to take action against teams in the future if standards do not improve.

Q & A on medical facilities and risk assessment

What is this about?

This section has been drawn up by BAFA to help teams, 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.

What is risk assessment?

No activity is totally without risk, and the nature of football means that participants can suffer injury.

Many aspects of the rules are safety related, including restrictions on how players can legally contact each other and on what equipment is required and prohibited. The rules are reviewed each year, and the safety of the participants is the number one consideration in the principles that govern making changes.

Beyond the rules, teams, leagues and organisations can perform risk assessments to seek to identify and control the other things that may influence the safety of participants and spectators.

How do I do a risk assessment and what should it cover?

UK Sport has issued a document *Safety in Sport: Guidance for UK National Governing Bodies*

(http://www.uk sport.gov.uk/images/uploaded/MOD_Guidance_document_H&S_Mar04.pdf), providing guidance on what a risk assessment should cover, and how to do one.

BYAFA have also produced specific advice for their teams. This can be found at <http://www.byafa.org/hasa.doc>.

It should cover any activity that poses a risk. For example, in football a risk assessment should cover both games and practices.

What else might I need to cover?

Teams may also need to be aware that they should be checking the Health and Safety Policy/Risk Assessment for the facilities they are using. Where a game is being played before a large crowd, sports ground safety regulations also apply. This matter is handled by the relevant local authority.

What are the minimum medical facilities required at a game?

The minimum medical facilities are listed in Rule 1-5-1.

The stress is that these are the minimum facilities. It is entirely appropriate for teams or leagues to decide to provide facilities of a higher quality or quantity. For example, the medical requirement is met if there is only one medical person 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.

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

By Rule 1-5-2, 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.

Why has the requirement for a mandatory ambulance been dropped?

There are a number of reasons:

1. 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.
2. 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.
3. 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 a first aider, 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.
4. In the USA, there is no general requirement for an ambulance to be present at football games.

How do I know whether my medical personnel are qualified?

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/>).

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

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 agreement with them.

If I want a medical professional 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.

Are there any other indicators of specialisation that may be useful?

The following is not a complete list, but some of the things you might look for include:

- a physiotherapist who is a member of the Association of Chartered Physiotherapists in Sports Medicine (<http://www.acpsm.org>)
- someone who is a certified member of the National Athletic Trainers' Association (<http://www.nata.org>) in the USA
- a first aider who is a member of a recognised first aid organisation, such as St John Ambulance (<http://www.sja.org.uk>), St Andrew's Ambulance (Scotland) (<http://www.firstaid.org.uk>) or the British Red Cross (<http://www.redcross.org.uk>)
- a first aider who has recently completed an appropriate specialist sports injury training course, such as the St John Ambulance Sports Injury course

None of the above is an absolute guarantee of quality, but may be indicative of higher levels of training, experience or interest.

Under what circumstances might it be appropriate to have an ambulance in addition to a doctor or paramedic?

If the game is being played in a remote location, or circumstances (e.g. anticipated traffic conditions) may result in a delayed response by the ambulance service to a 999 call, game management may decide that it is appropriate to have an ambulance available at the game site.