



SEASON 2023/2024

Guide to Minimum Medical Requirements

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Guide to minimum medical requirements for UEFA competitions 2023/24 season

1. Introduction

UEFA needs to ensure that the host of a UEFA match provides not only players, but also match and team officials, with the equipment and medical facilities to deal with accidents that have the potential to threaten lives or cause permanent injury.

As part of its on-going work to protect the health of everyone involved in UEFA matches, the UEFA Medical Committee has established Minimum Medical Requirements for matches and tournaments, which have been approved by the UEFA Executive Committee. These requirements entered into force at the start of the 2012/13 season and are designed to ensure a standardised minimum level of service across UEFA competitions.

The Minimum Medical Requirements are included in the UEFA Medical Regulations (UMR) and are applicable to all UEFA competitions. The requirements are divided into seven sections:

- | | |
|---|---|
| 1. Pitchside medical equipment | 5. Pre-match information provision |
| 2. Ambulance | 6. Pre-tournament information provision |
| 3. Medical staff | 7. Other recommended equipment |
| 4. Emergency medical room and equipment | |

In order to help member associations to meet some of the costs associated with the requirements, each association may be able to use part of its existing funding from the HatTrick programme to purchase medical equipment. Please note that, as a result of synergies between the UEFA Football Doctor Education Programme and these requirements for UEFA competitions, much of the equipment can be used to satisfy both UEFA initiatives. For clubs, funding may be discussed with their national associations, particularly as regards the use of any solidarity payments.

Please note the following with regard to UEFA Minimum Medical Requirements:

- i. The equipment is required at stadiums/halls only at the times specified in the UEFA Medical Regulations. An association could therefore purchase the required kit and loan this to its regional associations or clubs hosting UEFA matches.
- ii. Much of the required equipment can be used repeatedly without replacement. However, some items will need replacing as soon as they are used or expired. In most cases, these are lower-cost items.

- iii. Compliance with the requirements will be monitored by UEFA match delegates in attendance at matches. Failure to comply with the requirements will result in the club or association in question being referred to UEFA's disciplinary services.
- iv. Annex B describes the mandatory and recommended equipment. Some parts of these lists are only recommended while other parts are mandatory (see the UEFA Medical Regulations annexes for more information).

This document is designed to help clubs and associations to meet UEFA's Minimum Medical Requirements. Please note that this document is merely a guide. In the event of any discrepancy between this document and UEFA Medical Regulations, the UEFA regulations will prevail.

In the event of queries relating to UEFA's Minimum Medical Requirements, please speak to the match delegate or contact the UEFA medical unit to medical@uefa.ch



Pic 1: The emergency medical bag

This is an example of the type of equipped emergency medical bag that should be used to transport the key items of the pitchside medical equipment

Bags may vary in size and shape but should be portable, should provide quick access to all contents, and must contain all equipment and materials as required by the UEFA Medical Regulations

2. Stadium/hall medical inspections

2.1. MD-1 inspection

The inspection of medical facilities on matchday-1 (MD-1) will take place before the visiting team's training session at the matchday stadium/hall. The UEFA match delegate will meet the medical official responsible for the stadium/hall and will inspect all items required in the Minimum Medical Requirements chapter in the UEFA Medical Regulations, checking the following:

| | | Reference in UMR | For UEFA Champions League, UEFA Women Champion's League, UEFA Europa League, UEFA Europa Conference League, UEFA European Football Championship, UEFA European Women's Football Championship, UEFA Nation's League, UEFA Super Cup, and Uefa Youth League and the final rounds of all UEFA competitions. | For all other UEFA competitions: |
|----|--------------------------------|---------------------|---|---|
| 1. | Pitchside medical equipment | Article 11 | <ul style="list-style-type: none"> Is all equipment listed in Annex B.1 present and available at pitchside? | <ul style="list-style-type: none"> Is all equipment listed in Annex B.1 present and available at pitchside? |
| 2. | Ambulance | Article 12 | <ul style="list-style-type: none"> Is an advanced life support (ALS) ambulance, staffed by at least one paramedic and a driver, available at the stadium/hall? Is it located in a suitable area of the stadium/hall to permit quick access and evacuation? Is it present at the stadium/hall from 0.5 hours before the training session to 0.5 hours after its completion? Does the ambulance contain a fully equipped emergency bag, portable oxygen cylinder and defibrillator? | <ul style="list-style-type: none"> Is an advanced life support (ALS) ambulance, staffed by at least one paramedic and a driver, available at the stadium/hall or another suitable location to permit emergency medical evacuation from the stadium/hall without delay? |

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|----|----------------------|-------------------|--|--|
| 3. | Medical staff | Article 13 | <ul style="list-style-type: none"> Is there a trained emergency doctor present at pitchside, dedicated solely to the treatment of players and officials? Is there at least one stretcher team present, with at least two experienced carriers with first aid qualifications and an appropriate level of personal fitness? Are the doctor and stretcher team present and in position from at least the point of arrival of the team(s) until their departure? | <ul style="list-style-type: none"> Not required |
|----|----------------------|-------------------|--|--|

Any failure to comply with the Minimum Medical Requirements will be notified to the medical official responsible for the stadium/hall by the match delegate on conclusion of the MD-1 inspection. It is the responsibility of the host club/association to ensure that any failures to comply with the Minimum Medical Requirements are corrected for matchday.

2.2. MD inspection

The inspection of medical facilities on matchday (MD) will take place either 120 minutes before kick-off (if missing items are identified on MD-1) or 90 minutes before kick-off (if no issues are identified on MD-1). The UEFA match delegate will meet the medical official responsible for the stadium/hall and will inspect all items required by the Minimum Medical Requirements chapter in UEFA Medical Regulations, checking the following:

| | | Reference in UMR | All competitions |
|----|------------------------------------|-------------------------|--|
| 1. | Pitchside medical equipment | Article 11 | <ul style="list-style-type: none"> Is all listed equipment of Annex B.1 present and available at pitchside? |
| 2. | Ambulance | Article 12 | <ul style="list-style-type: none"> Is an advanced life support (ALS) ambulance available at the stadium/hall and staffed by at least one paramedic and a driver? Is it located in a suitable area of the stadium/hall to permit quick access and evacuation? Is it present at the stadium/hall from 1.5 hours before the match starts to 1 hour after its completion? Does the ambulance contain a fully equipped emergency bag, portable oxygen cylinder and defibrillator? |

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| 3. | Medical staff | Article 13 | <ul style="list-style-type: none">• Is there a trained emergency doctor present at pitchside, dedicated solely to the treatment of players and officials?• If the pitchside doctor is the home team's doctor, is there another official present from the host club/association to facilitate emergency medical evacuation from the stadium/hall?• Is there at least one stretcher team, with at least two experienced carriers with first aid qualifications and an appropriate level of personal fitness?• Are the doctor and stretcher team present and in position from at least the point of arrival of the team(s) until their departure? |
| 4 | Emergency medical room and equipment | Article 14 | <ul style="list-style-type: none">• Is the medical room available, clean, accessible, and fully equipped? |

Any failure to comply with Minimum Medical Requirements identified at the MD-1 inspection will be checked at the MD inspection to ensure that this has been resolved satisfactorily. Any failure to comply with the requirements on matchday will be reported to UEFA by the match delegate for forwarding to UEFA's disciplinary services.

3. Frequently asked questions

3.1. General

Q: Do the Minimum Medical Requirements apply only to the visiting team's official MD-1 training session, or to other training sessions as well?

A: The host club/association is obliged by UEFA to meet the minimum requirements for the official MD-1 training sessions of both teams at the matchday stadium. If the official MD-1 training session is moved to a different venue for reasons outside the control of the teams (e.g. to protect the playing surface), the home team remains responsible for providing all required medical services.

Q: If the visiting team requests additional training sessions on MD-1, MD morning or MD+1, is the host club/association under any obligation to provide the facilities and equipment detailed in the Minimum Medical Requirements for these additional training sessions?

A: If the visiting team wants additional training sessions, the host club/association is advised to agree in advance with the visiting team any medical requirements and associated costs for these other training sessions.

Medical services provided at other home team training sessions are determined by the home team on the basis of its needs and local legal requirements.

Q: Do the Minimum Medical Requirements create legal (e.g. civil) obligations for a club/association that could be actionable by a visiting team outside of UEFA's disciplinary proceedings?

A: Although UEFA can provide no absolute guarantee, and cannot take responsibility for such issues, it is unlikely that a civil judge would ever hold a club/association responsible if it met reasonable requirements that were outlined in applicable sporting regulations. As UEFA's Minimum Medical Requirements are designed to provide a high standard of medical care (and to help clubs/associations limit civil liability), this should afford a good level of protection against such claims.

Q: With regard to the medical equipment checklist, will the UEFA delegate go through the list item by item together with the doctor?

A: UEFA expects the match delegate to check whether obvious items such as defibrillators, stretchers and oxygen are present, but does not expect the delegate to check all medical equipment item by item. A medical representative from the host club/association is responsible for ensuring and confirming that all required items are provided. If this representative confirms via the checklist that all Minimum Medical Requirements are met, but it is later discovered that this is not the case, UEFA will take disciplinary action against the club/association.

3.2. Medical staff

Q: If the stretcher team includes two or more paramedics, is the pitchside doctor still necessary? A: Yes. The regulations require that a pitchside doctor trained in emergency medicine be present.

Q: Can the pitchside doctor be the doctor from the ambulance? Or does the ambulance have to have an additional doctor?

A: The pitchside doctor must be an emergency doctor appointed by the club/association (in addition to the team doctors).

The minimum requirement for the ambulance is that it be staffed by one paramedic and a driver. As such, an emergency doctor arriving with the ambulance could perform this role, provided that:

- i. he/she was specifically designated as the pitchside emergency doctor by the club/association
- ii. he/she was able to meet all the requirements of the role as regards knowledge of the stadium and local medical services; and
- iii. the ambulance was permanently staffed by at least one paramedic.



Pic 2: medical staff

In all competitions, it is a requirement that a stretcher team and a pitchside emergency doctor be available on matchday from at least the point at which the teams arrive at the stadium/hall until their departure.

Q: Can the pitchside doctor also be the doctor who staffs the medical room, or does the room have to have a separate doctor?

A: There is no specific requirement for the medical room to be staffed. It is envisaged that treatment in this room will be performed by the pitchside emergency doctor and/or the team doctors, with doctors present only during treatment.

Q: Who will ask the pitchside doctor to enter the field of play during the game? Normally a team doctor does so after receiving a signal from the referee, but how would this be applied to the pitchside doctor?

A: A referee can (as allowed by the Laws of the Game) invite two doctors onto the pitch to treat a player. The team doctor would always go onto the pitch first, when called by the referee. If the emergency doctor

was also needed (i.e. there was a life-threatening emergency), the team doctor would call on the emergency doctor and other staff as required. No referee would prevent medical staff entering the field of play in an emergency situation. The emergency doctor would not be expected to go onto the pitch with the team doctor unless there was an obvious life-threatening situation.

Q: In some countries, emergency medical practitioners must have specific insurance to treat professional footballers. Is it part of the Minimum Medical Requirements that all host clubs/associations must provide an emergency doctor with the same level of training and insurance?

A: Given the absence of European standards for emergency medical practitioners or a Europe-wide insurance programme, UEFA cannot enforce such a rule. The host club/association is therefore responsible for ensuring that the emergency physician is suitably trained and insured in accordance with approved national standards. If a visiting club/association has concerns about the level of expertise in a country it is visiting, it would be wise to ensure that its team doctor is also trained to handle emergencies. UEFA is, however, working to raise emergency care standards by means of its Football Doctor Education Programme.

Currently, almost all of Europe's national associations have one doctor who has completed UEFA's Emergency Aid training module, and cascading of this training is currently taking place at national level.

Q: If the away team's doctor is emergency trained, does the home team's doctor still need to be present at the MD-1 session?

A: The home team must always provide an emergency doctor, which can be the home team's doctor (if appropriately qualified) or another appointed emergency doctor. This person must have knowledge of the stadium/hall, its emergency evacuation points for injured players, and all medical facilities identified as being on standby to treat players and officials if necessary. If the emergency doctor role is performed by the home team's doctor on matchday, another responsible official must be appointed by the host club/association to organise the immediate emergency evacuation of a player or official if required (see below).

Q: Should the pitchside doctor sit between the players' benches or in the stands? Or can he/she stay with the ambulance?

A: The pitchside emergency doctor should always be present at pitchside. The most obvious place for him/her to sit is with the stretcher teams, who should be close to the benches in any case.

Q: If the pitchside doctor is the home team's doctor, with the result that another official from the host club/association is required to facilitate emergency evacuation, does that official need to be medically trained?

A: This is preferable, but not a requirement. However, the official must be fully briefed on evacuation procedures and the location of the ambulance and must have contact details for all local hospitals. The official must also be positioned within the stadium, so that he/she can access the pitchside quickly and without delay in the event of an emergency. For this reason, the official cannot be required to perform any other function at the match that could impede his/her ability to attend to an emergency situation.

Q: If there is more than one suitable local hospital near to the stadium/hall, who decides which hospital an injured player is taken to?

A: Where a choice exists, this should be notified to the visiting team doctor via the 'pre-match information provision' document and both team doctors should agree in advance of the start of the match where the away team players will be taken to in the event of an injury that requires hospitalisation. This decision must be communicated to the ambulance team, and all officials involved in the evacuation process in advance of the match. In all cases, priority should be given to ensuring there are no delays to the emergency evacuation of an injured player.

3.3. Ambulance

Q: In the event that a player needs to go to hospital in the ambulance, is the pitchside doctor expected to join the patient and leave the stadium?

A: No. Although the pitchside doctor would be expected to manage the player's evacuation from the stadium and coordinate treatment with a local hospital, someone from the player's team would be expected to accompany the player in the ambulance. The paramedic in the ambulance would be responsible for stabilising the patient until he/she gets to the hospital.

Q: For some competitions, the ambulance must be provided for training sessions on MD-1. Does this apply also to the referees' training session on MD-1?

A: Wherever feasible (but not always), referees will train before or after the official MD-1 training session. If so, the host club/association should try to arrange for at least the emergency pitchside doctor, the pitchside medical equipment and the stretcher team (if required for the team's training session) to be present while the referee is training. Please note, however, that this is merely recommended and is not currently a regulatory requirement.

Where the referee trains some time before or after the start or finish time of the visiting team's MD-1 training session, it is for the host club/association to decide whether medical support will be provided. However, the host club/association should aim to provide suitable assistance wherever possible.



Pic 3: the ambulance

On matchday, an ALS ambulance must be in place at the stadium/hall at least 1.5 hours before the start of the match and must remain there until at least 1 hour after the end of the match.

This ambulance must be dedicated solely to players, team officials, the referee team and match officers.

Q: What happens if the host club/association provides an ambulance that has to take an injured player to hospital early in the training session or match and an immediate replacement cannot be guaranteed (i.e. it takes time for the replacement ambulance to arrive)?

A: While UEFA would accept a short period without cover prior to the arrival of the second ambulance, the host club/association should ensure that a system is in place to ensure that the replacement ambulance is immediately called to the stadium/hall and can arrive quickly. This changeover should take no more than five to ten minutes.

Q: If the visiting club/association chooses to have its training session open to spectators, and something happens to a spectator during the training session, with the result that the paramedics treat this person or take him/her to hospital, how does this affect the club/association's obligation to have an ambulance on site dedicated solely to players and officials?

A: The club/association is required by UEFA to dedicate an ambulance to the players and officials, so there must always be an ambulance present (give or take the time needed to replace an ambulance if an injured player uses the first one, which is reasonable). How the club/association manages ambulance support for spectators is determined by local authorities and should comply with national laws.

However, if a club/association chooses not to have one or more separate ambulances for the crowd and this affects its ability to meet UEFA requirements for players and officials (e.g. the ambulance drives off with an injured spectator and cannot then treat an injured player or official), this will be reported by the match delegate for consideration by UEFA's disciplinary bodies.

Q: In some countries, the ambulance crew is controlled from an off-site control centre. Consequently, were there to be an incident off site that was near the stadium/hall and was unrelated to the match or training session, that crew could be called away to that incident, and would be replaced by another ambulance. What would happen to the club/association if an injury occurred before the second ambulance arrived?

A: It is up to the club/association to ensure that the Minimum Medical Requirements are met. Arrangements must be made such that the ambulance dedicated to the players and officials is permanently in position as required by the regulations. If the ambulance is called away, this will be reported by the match delegate for consideration by UEFA's disciplinary bodies.

Q: For a mini-tournament at youth level, four MD-1 training sessions could take place at the same time at different venues. Does the host association need to provide an ambulance and an emergency doctor at each location?

A: No. For mini-tournaments at youth level, the requirements simply state that an ambulance needs to be available to ensure evacuation from a training session venue "without delay". It is therefore up to the association to manage its ambulance cover (i.e. the number and location of ambulances) such that this can be achieved for all venues. Emergency doctors are not a requirement for MD-1 training sessions at such mini-tournaments.

3.4. Medical equipment

Q: For the pitchside medical equipment, does all the equipment have to be at pitchside with the doctor, or can some items on this list be kept in the ambulance?

A: All pitchside medical equipment (i.e. the items listed in Annex B.1 of UMR) must be at pitchside, not in the ambulance. The ambulance must be equipped with its own emergency bag, in addition to what is provided pitchside. Note that the oxygen provided in the ambulance must be portable.

Q: Why is it important that every team must bring its own emergency medical bag, including a defibrillator, to all UEFA competitions, matches and training sessions?

A: All team doctors are required to bring their emergency medical bag, including a defibrillator to all UEFA competitions, matches and training sessions to ensure that at every event with the team, emergency equipment is present. It is also possible that equipment may be defective or not working properly when it should, which is why the team doctor's equipment is always needed. It is important to ensure that equipment is always available to deal with any type of emergency.

Q: Are all items listed under "emergency medical room equipment" required? What happens if a particular product is not available in the host country?

A: All host clubs/associations are required to provide all items as specified in the section "emergency medical room equipment". If a particular item is not available or cannot be sourced locally an alternative medication can be provided, but only on the condition that this performs the same medical function as the item it is replacing.

Q: Does it matter if the doctor has some of the required medical room kit with him/her at pitchside?

A: No. However, all items specified as being required at pitchside and all items specified as being required in the medical room must be provided. If the pitchside doctor chooses to have some of the medical room items with him/her at pitchside instead of keeping them in the medical room, this is acceptable, provided that this would in no way impair treatment of an injured player.



Pic4: Pitchside medical equipment

It is essential that the required medical equipment be available at pitchside for all matches and training sessions taking place at the matchday stadium/hall.

Pitchside medical equipment should ideally be provided in an emergency bag.

4. Medical room requirements

An emergency medical room is a mandatory requirement for all matches in all competitions. Medical rooms at stadiums/halls should meet the following requirements:

1. The medical room must be located close to the dressing rooms (on the same level) and should be large enough to allow stretcher access.
2. The medical room must be dedicated solely to the treatment of players and officials.
3. The room should be private and have a door, preferably lockable. Open medical/treatment areas in a dressing room should not be used, as these are not private. Please note that temporary screens should not be used to screen off such an area.
4. The medical room should be directly accessible straight from the tunnel area.
5. If the medical room is ever used for any other purpose, it should be fully cleaned and emptied prior to matches and MD-1 training sessions. Consideration should also be given to the issue of where stadium/hall staff will be treated in the event of an emergency on a day when there is no match or training session taking place.
6. Access routes from the tunnel area to the medical room and from the medical room to the ambulance should never be blocked.
7. Medical rooms contained inside team dressing rooms should not be used.
8. The medical room and the doping control station must be separate rooms.



Pic 5: the emergency medical room and equipment

The medical room must be located near the dressing rooms (on same level) and must be dedicated solely to the treatment of players and officials

Summary of an appropriate medical room:

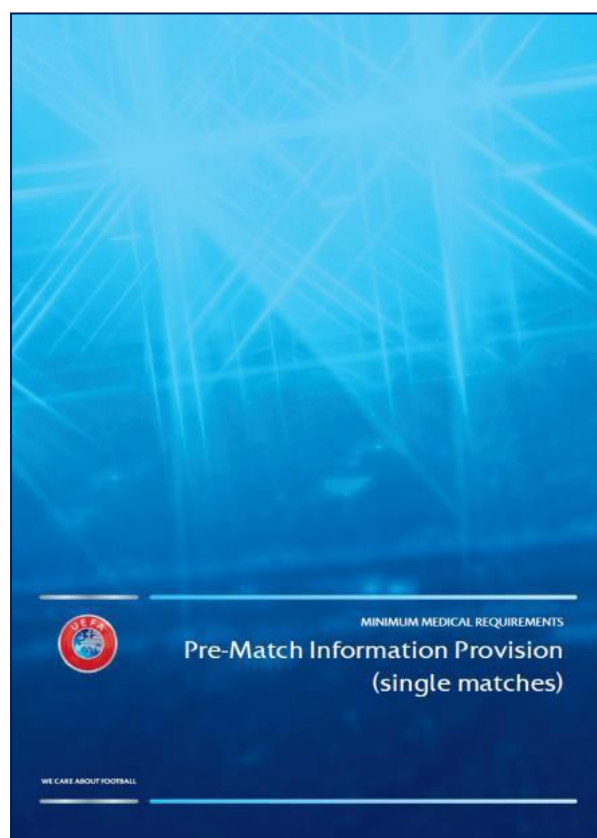
- ✓ Private
- ✓ Solely for use of players and officials
- ✓ Clearly identified/signposted
- ✓ Direct access from tunnel area
- ✓ Clean
- ✓ Lockable door

The room should contain at least:

- 1 x clean treatment table
- 1 x lockable medicine cupboard
- 1 x clean solid surface (e.g. table)
- Running water

5. Pre-match information provision

It is a mandatory requirement that the home club/association provides certain key details to the visiting team medical staff and the match delegate regarding the organisation of medical services at the stadium/hall. This information can be provided in any format, but UEFA recommends use of the pre-match information provision form to ensure that all required information is provided. Once completed, the form can be re-used for all matches provided that it is updated when any details change.



Pre-Match Information Provision Form Version 1 – June 2013

UEFA Pre-Match Information Provision Form

This form is designed to assist clubs/associations in their compliance with chapter 3, Article 16 of UEFA Medical Regulations – Pre-Match Information Provision for Minimum Medical Requirements. The form should be completed by the host club/association and must be sent to the visiting team's medical staff at least two weeks in advance of the match. A copy must also be sent to the appointed UEFA match delegate.

In this document you will find a Mandatory Section (1) and a Recommended Section (2). All items of section 1 must be completed and all items of section 2 should be completed.

The form aims to obtain the following information for visiting medical staff:

| | | |
|--|---|---|
| | <ul style="list-style-type: none"> Who are the appointed pitchside emergency medical staff at the hall/stadium? The visiting team doctor should be introduced to the pitchside emergency doctor and anyone else involved in the management and evacuation of serious medical cases. Does the club/association have a written evacuation plan and is this known to all stadium/hall medical staff? | <p>Have you provided this?</p> <p>Yes: <input type="checkbox"/></p> |
| | <ul style="list-style-type: none"> Where is the ambulance for players, referees and match officials located during the match and the MD-3 training session? How is the ambulance accessed from the pitch area and the medical room? | <p>Have you provided this?</p> <p>Yes: <input type="checkbox"/></p> |
| | <ul style="list-style-type: none"> If a player is taken to hospital, where is the hospital located? Do all stadium/hall medical staff know the contact details of the emergency hospital? | <p>Have you provided this?</p> <p>Yes: <input type="checkbox"/></p> |

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Pic 6: UEFA Pre-Match Information Provision form

6. Pre-tournament information provision

It is a mandatory requirement that the association responsible for the organisation of a tournament provides certain key details to UEFA regarding the organisation of medical services. This information must be provided via the Pre-Tournament Information Provision form.

The image displays the cover and the first page of the UEFA Pre-Tournament Information Provision form. The cover on the left is blue with the UEFA logo and the text 'MINIMUM MEDICAL REQUIREMENTS Pre-Tournament Information Provision' and 'WE CARE ABOUT FOOTBALL'. The form on the right is titled 'UEFA Pre-Tournament Information Provision Form' and includes the following text:

Pre-Match Information Provision Form Version 1 - June 2013

UEFA Pre-Tournament Information Provision Form

This form is designed to assist clubs/associations in their compliance with chapter 3 of UEFA Medical Regulations – Minimum Medical Requirements for Players, Team Officials, the Referee Team and Match Officers and with UEFA Medical Requirements for final tournaments and final matches. The form should be completed by the host club/association and must be sent to the UEFA Medical Unit within six months of the start of the tournament unless otherwise specified. A copy must also be sent to the UEFA competitions department.

The form aims to confirm the following medical services to UEFA:

- That a comprehensive tournament medical service will be in place including identified medical facilities for imaging and emergencies, medical kit and procedures at tournament venues and a medical service for VIPs and spectators (where applicable)
- That a nominated English speaking tournament doctor will be appointed to manage medical services before the tournament and will be available 24/7 during the tournament.
- Whether any legal restrictions are applicable to medical provision at the tournament such as:
 - restrictions on the import or use of medications
 - restrictions on a doctor's right to practice
- Whether there are any important medical requirements to notify to visiting teams such as:
 - Vaccination requirements
 - Sanitary information

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Pic 7: UEFA Pre-Tournament Information Provision form

7. Medical regulations

This section details the Minimum Medical Requirements for UEFA competitions as specified in the UEFA Medical Regulations. Specific requirements for each competition are detailed under each section.

7.1. Pitchside medical equipment

Mandatory requirements apply to:

- matchday in all UEFA competitions;
- matchday-1 in all UEFA competitions where teams train at the matchday stadium/hall.
- Pitchside medical equipment should ideally be provided in an emergency bag. Note that this equipment is required in addition to the ambulance emergency bag listed in Paragraph 12.02 of the UMR.

In order for the relevant UEFA competition match to take place, it is mandatory that, in addition to the material listed below, **one AED, one bag valve mask and one spinal board** must be available at pitchside on matchday in all UEFA competitions and on matchday -1 in all UEFA competitions where teams train at the same match stadium/hall as the matchday stadium/hall.

Additionally, the following equipment must be available as follows:

| ARTICLE 11/(Annex B.1): PITCHSIDE MEDICAL EQUIPMENT | | Mandatory | Recommended |
|---|--|-----------|-------------|
| Airway | | | |
| 11.01a(i) | Handheld suction device | X | |
| 11.01a(ii) | Laryngeal mask airways | X | |
| 11.01a(iii) | Oropharyngeal airway | X | |
| 11.01a(iv) | Nasopharyngeal airway | X | |
| 11.01a(v) | Lubricant | | X |
| 11.01a(vi) | Intubation equipment | | X |
| Breathing | | | |
| 11.01b(i) | stethoscope | X | |
| 11.01b(ii) | pulse oximeter | X | |
| 11.01b(iii) | oxygen/trauma mask and tubing | X | |
| 11.01b(iv) | pocket mask | | X |
| 11.01b(v) | spacer device for bronchodilators | | X |
| 11.01b(vi) | One portable oxygen cylinder is mandatory, two are recommended | X | X |
| Circulation | | | |
| 11.01c(i) | IV cannula, various size | X | |
| 11.01c(ii) | tourniquet | X | |
| 11.01c(iii) | Adhesive fixing materials | X | |
| 11.01c(iv) | Intravenous fluid (1000ml) | X | |
| 11.01c(v) | BP monitor with appropriate cuff | X | |
| 11.01c(vi) | Strong scissors | X | |
| 11.01c(vii) | Disposable gloves | X | |
| 11.01c(viii) | Intraosseous access device | | X |
| Medication | | | |
| 11.01d(i) | Adrenaline (injectable) | X | |
| 11.01d(ii) | Benzodiazepines (PR/IV) | X | |
| 11.01d(iii) | Anapen or similar | | X |
| 11.01d(iv) | Glucose tablets/gel | X | |

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|-------------------|---------------------------------|---|---|
| 11.01d(v) | Amiodarone (injectable) | X | |
| 11.01d(vi) | Bronchodilators (inhalation) | X | |
| 11.01d(vii) | Glyceryl trinitrate (GTN) | X | |
| 11.01d(viii) | Glucagon | | x |
| 11.01d(ix) | Antiemetic | | X |
| 11.01d(x) | Antihistamine | | X |
| 11.01d(xi) | Dexamethasone (injectable) | X | |
| 11.01d(xii) | hydrocortisone | X | |
| 11.01d(xiii) | S-ketamine or similar analgesia | X | |
| Extraction | | | |
| 11.01e(i) | Head blocks/hard collar | X | |
| 11.01e(ii) | Box splint/vacuum splint | X | |
| 11.01e(iii) | Privacy curtains or similar | X | |
| 11.01e(iv) | Basket stretcher | | x |

7.2. Ambulance

Mandatory requirements apply to:

- matchday at the stadium/hall in all UEFA competitions;
- matchday-1 training session at the stadium in the UEFA Champions League, UEFA Women's Champions League, UEFA Europa League, UEFA Europa Conference League, UEFA European Football Championship, UEFA European Women's Championship, UEFA Nations League, UEFA Super Cup and UEFA Youth League, and the final rounds of all UEFA competitions.

For training sessions in competitions other than the UEFA Champions League, UEFA Women's Champions League, UEFA Europa League, UEFA Europa Conference League, UEFA European Football Championship, UEFA European Women's Football Championships, UEFA Nations League, UEFA Youth League, UEFA Super Cup, and the final rounds of all UEFA competitions, it is the responsibility of the host club/association to ensure that an ALS ambulance, staffed by at least one paramedic and a driver, is available at a suitable location to permit emergency medical evacuation from the venue without delay.

Where ambulances are required at the stadium/hall, private ambulances should be used when public ones cannot be guaranteed, in order to secure the presence of the ambulance at the stadium/hall for the required duration.

MANDATORY

1 x fully equipped advanced life support (ALS) ambulance:

- For sole use of the players, team officials, referee team and match officers
- To be present 1.5 hours before the match starts and to remain for the duration of the match and until 1 hour after the end of the match
- To be present 0.5 hours before the MD-1 training session and to remain until 0.5 hours after the end of the training session
- Location to be confirmed to team doctors on arrival at the stadium/hall.
- To contain fully equipped emergency bag, AED defibrillator and portable oxygen
- To be positioned in an area of the stadium/hall that permits quick egress from pitch area and/or dressing rooms for emergency medical evacuation
- To be staffed by at least one paramedic and a driver

7.3. Medical staff

Mandatory requirements apply to:

- matchday in all UEFA competitions;
- matchday -1 in the UEFA Champions League, UEFA Women's Champions League, UEFA Europa League, UEFA Europa Conference League, UEFA European Football Championship, UEFA European Women's Championship, UEFA Nations League, UEFA Super Cup, and UEFA Youth League, and in the final rounds of all UEFA competitions where the matchday -1 training sessions are held at the match stadium/hall. The host club/association is responsible for ensuring that one pitchside emergency doctor and one stretcher team are present from at least the point at which the teams arrive at the stadium/hall and until their departure.

The pitchside emergency doctor role can be performed by the home team doctor, provided that:

- the team doctor is trained to provide ALS treatment as well as to recognise and manage life-threatening conditions and ;
- can be replaced in his function by another team doctor with the same level of qualification to facilitate emergency medical evacuation from the stadium/hall without delay.

| MANDATORY (LOCATED AT PITCHSIDE) | |
|---|--|
| 1 x pitchside emergency doctor: <ul style="list-style-type: none"> • Must have a good knowledge of English or must speak the language of the visiting team • Must be trained to provide ALS treatment as well as to recognise and manage life-threatening conditions • Performs the role of medical coordinator for the stadium/hall unless a specific medical coordinator is also provided • Responsible for ensuring that the required pitchside medical equipment detailed in Article 11 of UEFA Medical Regulations are present • Responsible for the treatment of players, team officials, referee team and match officers only | 1 x stretcher team (with hardboard stretcher(s) and at least two trained carriers (first aid qualification/stretcher-carrying experience, physically fit enough to safely transport an injured player or official on the stretcher) |

7.4. Emergency medical room and equipment

An emergency medical room must be provided for all matches in all UEFA competitions. This medical room must be located close to the dressing rooms (same level), should be large enough to allow stretcher access and must contain the following equipment:

| Article 14.01: Emergency medical room and equipment | | Mandatory | Recommended |
|---|--|-----------|-------------|
| General | | | |
| 14.01a(i) | examination and treatment table/couch | X | |
| 14.01a(ii) | two chairs | | X |
| 14.01a(iii) | Running water | | X |
| 14.01a(iv) | Toilet | | X |
| Breathing | | | |
| 14.01b(i) | Oxygen Cylinder | X | |
| 14.01b(ii) | Intubation equipment | X | |
| 14.01b(iii) | Surgical airway equipment | | X |
| 14.01b(vi) | Nebuliser mask | X | |
| 14.01b(v) | Pulse oximeter | X | |
| 14.01b(vi) | Stethoscope | X | |
| 14.01b(vii) | Spacer for bronchodilators | | X |
| Circulation | | | |
| 14.01c(i) | Defibrillator | X | |
| 14.01c(ii) | IV cannula, various sizes | X | |
| 14.01c(iii) | Tourniquet | X | |
| 14.01c(iii) | Adhesive fixing materials | X | |
| 14.01c(iv) | Intravenous infusion equipment | X | |
| 14.01c(v) | Intravenous fluid (1000ml) | X | |
| 14.01c(vi) | Intraosseous access device | | X |
| 14.01c(vii) | BP monitor with appropriate cuff | X | |
| 14.01c(viii) | Blood sugar gauge | x | |
| 14.01.c(ix) | Monitoring unit (at least 1 channel ECG) | | X |
| Personal protection | | | |
| 14.01d(i) | Sharps box | X | |

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| | | | |
|-------------------------|---------------------------------|---|---|
| 14.01d(ii) | Protective goggles | | X |
| Medication | | | |
| 14.01e(i) | Bronchodilators | X | |
| 14.01e(ii) | Antihistamine | X | |
| 14.01e(iii) | Hydrocortisone | X | |
| 14.01e(iv) | Dexamethasone | X | |
| 14.01e(v) | Glyceryl trinitrate (GTN) | | x |
| 14.01e(vi) | Antiemetic | X | |
| 14.01e(vii) | S-ketamine or similar analgesia | X | |
| Wound care | | | |
| 14.01f(i) | Suture filaments > 3 sizes | X | |
| 14.01f(ii) | Suture packs/instruments | X | |
| 14.01f(iii) | Sharps box | X | |
| 14.01f(iv) | gloves | X | |
| 14.01f(v) | Bondages | X | |
| 14.01f(vi) | Dressing packs | X | |
| 14.01f(vii) | Local anaesthetics | X | |
| 14.01f(viii) | Syringes | X | |
| 14.01f(ix) | Needles | X | |
| 14.01f(x) | Nasal tampons | | X |
| 14.01f(xi) | wound cleaning solution | X | |
| Additional items | | | |
| 14.01g(i) | Urine rapid analysis dipsticks | X | |
| 14.01g(ii) | Tooth transport container | | X |
| 14.01g(iii) | Ice and plastic bags | X | |
| 14.01g(iv) | Hand gel | | X |
| 14.01g(v) | Otoscope | | X |
| 14.01g(vi) | Ophthalmoscope | | X |
| 14.01g(vii) | Foil blankets or equivalent | | X |
| 14.01g(viii) | Copy of WADA prohibited list | X | |
| 14.01g(ix) | Penlight | X | |
| 14.01g(x) | Tongue depressors | | X |
| 14.01g(xi) | Strong scissors | X | |

7.5. Pre-match information provision

This information must be sent by the host club/association to the visiting team's medical staff and to the UEFA match delegate at least two weeks before a match:

| MANDATORY |
|---|
| <p>Contact details of the host club/association and stadium/hall medical staff, including at least:</p> <ul style="list-style-type: none"> • name and mobile telephone number of the pitchside emergency doctor; • name and mobile telephone number of the stadium/hall medical coordinator (if different from pitchside emergency doctor); |
| <p>A Stadium/hall map clearly identifying:</p> <ul style="list-style-type: none"> • the location of the ambulance for the sole use of players, team officials, the referee team and match officers; • the exit point for emergencies to the ambulance from the pitch, tunnel and dressing room areas; • the location of the medical room; |
| <p>Details of the emergency evacuation plan from the stadium/hall for serious injuries occurring in the pitch area on MD (and MD-1 where applicable);</p> |
| <p>Contact details and address/location of the nearest hospital with accident and emergency facilities;</p> |
| Emergency contact names and phone numbers for all stadium/hall medical staff |
| <p>Contact details of one representative from the host club/association who would be available to assist the visiting club/association with medical requirements once the team has left the host city (for example if a visiting doctor had to remain with an injured player)</p> |
| <p>Contact details of local surgeons and their associated specialities</p> |

7.6. Pre-tournament information provision

This information must be provided to UEFA as part of the tournament preparation process. All details must be provided to the UEFA match delegate at least two weeks in advance of the first match.

| MANDATORY |
|--|
| <p>Name and contact details of the tournament doctor who must be:</p> <ul style="list-style-type: none"> • a fluent English-speaker ; • accommodated at tournament headquarters or in neighbourhood of the tournament for its duration; • available 24 hours a day, 7 days a week from the date of the first team's arrival until the date of the last team's departure. |
| <p>A detailed plan must be issued to UEFA at least three months in advance of the tournament, providing information on the following for matches, training sessions, hotels and team excursions:</p> <p>How medical incidents will be managed including:</p> <ul style="list-style-type: none"> • medical communication procedures between tournament medical staff and treatment facilities; • responsibilities of key medical personnel at the tournament; • emergency evacuation plans ; • confirmation that teams will receive expedient treatment at all identified medical facilities, 24/7 (where applicable) for the duration of the tournament; • Names, locations, addresses and medical specialities of all identified treatment facilities, including emergency treatment facilities for all stadiums/halls used in the tournament; • procedures for importing medication into the host country (if applicable); • immunisation status and requirements in the host country (if applicable); • confirmation of all medical equipment to be provided at stadiums/halls; • procedures for payment of medical services by the visiting association; • details of the medical equipment provided at tournament hotels and training grounds. |

8. Identifying basic pitchside medical equipment

This section is designed to assist non-medical specialists with the identification of some of the mandatory items of pitchside medical equipment. Please note that this is not an exhaustive list of all equipment and the appearance of some kit may differ according to the manufacturer.

Emergency resuscitation equipment should only be used by qualified medical staff trained in the use of the equipment

Airway equipment (to assist with breathing)

Different sizes of each of the below should be available:



Bag valve mask:



Pocket mask:



Cervical collar/neck brace:



Fixing equipment for spinal board:



BP monitor:



Defibrillator:



Portable oxygen:





UEFA
ROUTE DE GENÈVE 46
CH-1260 NYON 2
SWITZERLAND
TELEPHONE: +41 848 00 27 27
TELEFAX: +41 848 01 27 27
UEFA.com

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