



UEFA

Pitchside Emergency Briefing

WE CARE ABOUT FOOTBALL

Российский футбольный союз
№ Вх-3556-2022
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Why?



Aims of the UEFA briefing

- Pre-Match Roles and Responsibilities
Rehearse
 - Match Recognize
React and Respond
 - Post-Match Review/Debrief
Re-stock
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Pre-Match

- **Define the Roles and Responsibilities**

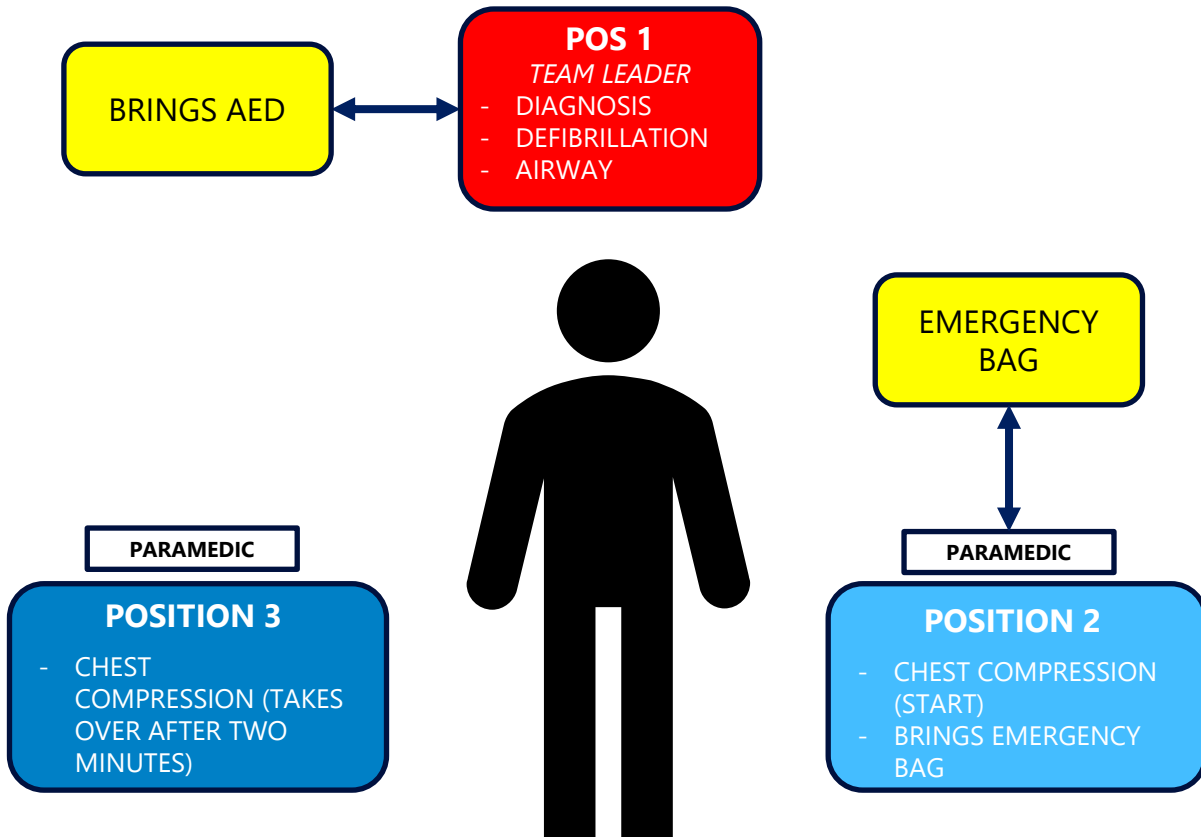
- Establish the role of each **Team Doctor** and **Pitchside Emergency Doctor** BEFORE THE MATCH!
 - **Team Leader** - the person in charge
 - must be agreed and defined at the briefing
 - **Allocations** - all roles and responsibilities in the Plan **must** have a name beside it.
 - One person may have multiple roles on the Plan.
 - No one should be allocated a role they cannot perform.
 - **Each team member must be able to state if not feeling up to the task**
 - Ensure that **all equipment is present, clean, working normally and NOT EXPIRED**
 - report this back to the Team Leader
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Team Leader:

Phone number:

Ensure that the ambulance is called

EMERGENCY PHYSICIAN WITH AED



Home team:

Away team:

Venue:

KO time:

Nearest hospital:

Phone number of the hospital:



Position	Cardiac Arrest/Collapsed Player
Team Leader	Brings AED Assess signs of life Airway management Airway opening maneuvers Apply Bag/ Valve and squeeze 2 times every 30 compressions
Position 2	Brings emergency bag Starts chest compressions Assist with AED positioning
Position 3	Assist where needed Takes over chest compression after two minutes

Pre-Match

- **Rehearse**

- Scenario / simulation
 - The team should undertake scenario training once roles and responsibilities have been allocated
 - it may not be possible for every person at the briefing to be involved in a physical simulation
 - as a minimum the Team Leader and the team should perform a “**Walk-through Case**” of a cardiac arrest scenario
 - The aim is to **clarify roles, expectations and minimize assumptions**
 - The “Walk-through Case” should include **details of the physical extraction** process including location of medical room/ambulances and routes from the pitch into the medical room and/or ambulance
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- Inform the **Team Doctor(s)**

Match

- **Recognise**

- Recognising Sudden Cardiac Arrest (SCA) **early** is the key element in a successful resuscitation.

- Sudden Cardiac Arrest

- Not common

- Common human response can often be denial

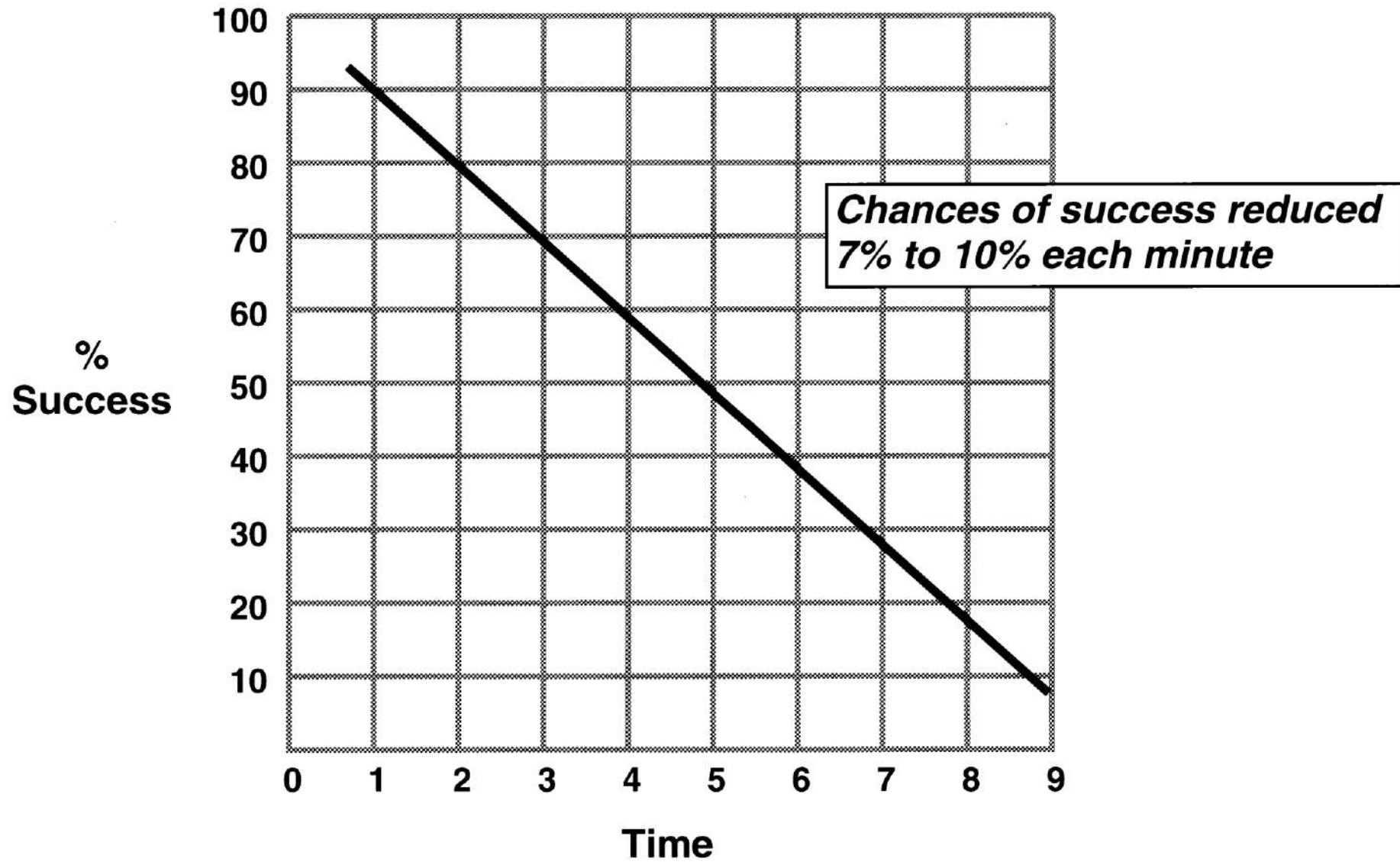
- **“This can't be happening, therefore it isn't happening”**

- A potential delay to diagnosis and a delay to treatment



- **Every collapse without physical contact must be treated as SCA until proven otherwise**

- European Resuscitation Council



Match

- **Recognize – “Red Flags”**
 - **Collapse**
 - **Every collapse without physical contact must be treated as SCA** until proven otherwise
 - Especially if the player falls forward without protecting their face
 - **Abnormal Breathing**
 - Breathing may appear to be present as the player takes occasional **gasping/agonal** breaths.
 - Evidence of abnormal breathing in an unresponsive player may indicate cardiac arrest
 - **Seizure**
 - Quite common in sudden cardiac arrest
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Match

- **React and Respond**

- Ensure the Team Leader has recognized that SCA has occurred:
 - Everyone in the team should feel empowered to speak up
 - **Speak up and you may save a life**
- Start **proper chest compressions** immediately
- Chest compressions stop **ONLY** while defibrillator is analyzing
- The defibrillator must be brought to the player and shock delivered **as soon as possible**



Match

- **Extraction**
 - Circumstances dictate
 - Decide: medical room or ambulance
- **When?**
 - When the player is back and stabilized
 - When the player is NOT stabilized after **3 shocks** and according to algorithm
 - When there is a safe way to extract the player earlier, without stopping the chest compressions





Post Match

- **Review/Debrief**

- Should include ALL involved, including respective Team doctor and others (if present/participating).
- The cardiac arrest will have an impact on the entire team.
- Find time and make sure everyone is ok.
- Discuss learning points:
 - dependent on how the team feel able to talk through these immediately after an event.



Post Match

- **Review/Debrief** (should include ALL involved, including Team doctor)
 - Reinforce the good
 - How did we do?
 - What did we do good?
 - What can we do better?
 - Stress the importance of **not discussing the case publicly**, outside the team
 - Reiterate the importance of **not talking to media** about the case



Post Match

- **Restock**

- Restocking equipment is **vital** and should be done **as soon as possible** after the event.
- If items are not able to be restocked immediately, a list should be created of missing items, and this should be given to the person who has overall responsibility to undertake all restocking



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Thank you

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