UEFA Medical Regulations

WE CARE ABOUT FOOTBALL

Edition 2014

Contents

Preamble 4

I - General Provisions 5
Article 1 Scope of application 5
Article 2 Definitions 5

II - Medical examination of players 7
Article 3 Implementation in UEFA competitions 7
Article 4 Personal football history 7
Article 5 Medical history and heredity 7
Article 6 General medical examination 8
Article 7 Special cardiological examination 9
Article 8 Laboratory examination 9
Article 9 Orthopaedic examination and functional tests 10
Article 10 Radiological examination and ultrasound scan 10

III - Minimum medical requirements for players, team officials, the referee team and match officers 11
Article 11 Minimum medical requirements 11
Article 12 Pitchside medical equipment 11
Article 13 Ambulance 13
Article 14 Medical staff 14
Article 15 Emergency medical room and equipment 15
Article 16 Pre-match information provision 16
Article 17 Pre-tournament information provision 16
Article 18 Other recommended equipment 17

IV - Final Provisions 18
Article 19 Disciplinary procedures 18
Article 20 Authoritative version 18
Article 21 Adoption and entry into force 18

Index 20

Preamble

Based on Article 50(1) of the *UEFA Statutes*, the following regulations have been adopted.

I – General Provisions

Article 1 Scope of application

1.01 These regulations apply whenever expressly referred to by specific regulations governing a competition to be played under the auspices of UEFA.

1.02 They govern:

a. medical examinations and tests that players must undergo in order to be eligible to participate in UEFA competitions (see Chapter II);

b. the minimum medical requirements to be observed for UEFA competitions by the host association or club for the treatment of players, team officials, the referee team and match officers (see Chapter III).

Article 2 Definitions

2.01 For the purpose of these regulations, the following definitions apply:

- advanced life support (ALS) ambulance: an ambulance equipped to provide the highest possible level of emergency medical care. As a minimum the ambulance must contain sufficient equipment for resuscitation as well as equipment with which to manage life-threatening trauma;
- automated external defibrillator (AED): computerised device designed to provide heart defibrillation through the delivery of shock rhythms via electrodes positioned on the patient's chest;
- electrocardiogram (ECG): test to measure the electrical activity of the heart over a period of time, primarily used to detect heart disorders;
- emergency bag: a receptacle that can easily be transported by one person and that is large enough to contain all required pitchside medical equipment;
- magnetic resonance imaging (MRI): imaging technique using magnetic fields and radio waves to show detailed two and three-dimensional internal views of organs and tissues in the body;
- medical room: the room in the match stadium/hall prepared for and dedicated to the medical treatment of players, team officials, referee team and match officers;
- one-leg hop test: a horizontal single one leg hop test for distance which assesses the function and integrity of the knee, which is often applied following anterior cruciate ligament (ACL) injuries;
- paramedic: a qualified medical official trained to provide ALS treatment as well as to recognise and manage life-threatening trauma;
- pitchside emergency doctor: a physician who holds a valid ALS qualification recognised in his country of employment;
- stadium/hall medical coordinator: person with overall responsibility for the provision of medical services within a stadium/hall for a match;

- stand on one leg eyes closed (SOLEC) test: a test of balance function, used following rehabilitation, for which the patient is assessed standing in a circle on one leg with eyes closed while the balance time is measured;
- therapeutic use exemption (TUE): exemption based on a documented medical file and obtained before use or possession of a substance or method that would otherwise be prohibited by the *World Anti-Doping Code*.

2.02 In these regulations, the use of the masculine form refers equally to the feminine.

II – Medical examination of players

Article 3 Implementation in UEFA competitions

3.01 The examinations and tests set out in this chapter are strongly recommended for all matches in any UEFA competition, but are mandatory only:

a. for the whole competition in the UEFA Champions League, UEFA Europa League, UEFA Super Cup and UEFA Youth League;

b. in the final rounds of the UEFA European Football Championship, UEFA European Under-21 Championship, UEFA European Under-19 Championship, UEFA European Under-17 Championship, UEFA European Women's Championship, UEFA European Women's Under-19 Championship, UEFA European Women's Under-17 Championship, UEFA European Futsal Championship and UEFA Regions' Cup.

3.02 Where examinations or tests are mandatory, they must be completed before the start of the competition and must be updated annually.

Article 4 Personal football history

4.01 A player's personal football history represents the basis for his medical examination. This should be documented and kept up to date throughout the player's career. UEFA recommends as best practice to record:

a. the total number of matches played in the previous season (including friendly matches);

b. the player's dominant leg;

c. the player's playing position.

Article 5 Medical history and heredity

5.01 A player's general medical history and heredity are the starting points for his medical record. The outcome of the following checks must be kept up to date.

5.02 Details of the following in the player's first-generation family (parents, brothers and sisters) must be recorded:

a. hypertension, stroke

b. heart conditions including sudden cardiac death

c. vascular problems including varicose veins, deep venous thrombosis

d. diabetes

e. allergies, asthma

f. cancer, blood diseases

g. chronic joint or muscle problems

h. hormonal problems.

5.03 The player's medical history must also contain details of the following, as applicable:

a. heart problems, arrhythmia, syncope
b. concussion
c. allergies, asthma
d. recurrent infections
e. other major diseases
f. major injuries causing surgery, hospitalisation and/or absence from football of more than one month.

5.04 If the player is suffering from the following complaints, these must be recorded:

a. general (muscle or joint) pain
b. chest pain, dyspnoea, palpitation, arrhythmia
c. dizziness, syncope
d. flu-like symptoms including coughing and expectoration
e. loss of appetite, weight loss
f. sleeplessness
g. gastrointestinal upset.

5.05 The following information regarding any medication and supplements that a player is currently taking must be documented:

a. the name of the specific medication currently being taken;
b. evidence that a TUE has been granted (if required) from the correct authority and for which period it is valid;
c. details of any nutritional supplements being taken.

5.06 A vaccination record, including dates, must be available. Vaccination against tetanus and hepatitis A and B are strongly recommended.

Article 6 General medical examination

6.01 The examinations of each player completed by a doctor must obtain the following information or test the function of the following body parts:

a. height
b. weight
c. blood pressure (to ensure the validity of continuous testing, it is recommended to always use the same arm, and to specify this in the player's medical records.)
d. head and neck (including eyes, nose, ears, teeth, throat, thyroid gland)
e. lymph nodes
f. chest and lungs (inspection, auscultation, percussion, inspiratory and expiratory chest expansion)
g. heart (sounds, murmurs, pulse, arrhythmias)
h. abdomen (including hernia, scars)
i. blood vessels (e.g. peripheral pulses, vascular murmurs, varicose veins)

j. skin (general inspection)
k. nervous system (e.g. reflexes, sensory abnormalities)
l. motor system (e.g. weakness, atrophy).

Article 7 Special cardiological examination

7.01 As a principle, a standard 12-lead ECG and an echocardiography must be performed at the earliest opportunity during a player's career and in particular if indicated by clinical examination. If indicated from the medical history, or if a new clinical event occurs, it is recommended to perform the tests on a regular basis, including an exercise ECG and an echocardiography. All results must be included in the player's medical records.

7.02 All players must undergo a standard 12-lead ECG and an echocardiography before their 21st birthday at the latest. Players older than 21 who do not yet have an ECG and echocardiography in their personal medical records must also undergo these tests.

Article 8 Laboratory examination

8.01 Comprehensive laboratory screening must be conducted with the informed consent of the player and in accordance with national legislation (on confidentiality, discrimination, etc.). This screening must include:

a. blood count (haemoglobin, haematocrit, erythrocytes, leukocytes, thrombocytes) and
b. a urine test ("dipstick test" to determine levels of protein and sugar).

8.02 Tests of/for the following should also be conducted as a minimum:

a. sedimentation rate
b. C-reactive protein (CRP)
c. blood fats (cholesterol, HDL and LDL cholesterol, triglycerides)
d. glucose
e. uric acid
f. creatinine
g. aspartate amino-transferase
h. alanine amino-transferase
i. gamma-glutamyl-transferase
j. creatine kinase
k. potassium
l. sodium
m. magnesium
n. iron
o. ferritin
p. blood group

q. HIV
r. hepatitis.

Article 9 Orthopaedic examination and functional tests

9.01 Common sports medical examinations of the following areas must be conducted:

a. the spinal column: inspection and functional examination (tenderness, pain, range of movement)
b. the shoulder: pain, mobility and stability
c. the hip, groin and thigh: pain and mobility
d. the knee: pain, mobility, stability and effusion
e. the lower leg: pain (shin splint syndrome, Achilles tendon)
f. the ankle and foot: pain, mobility, stability and effusion.

9.02 Tests of the following should also be conducted as part of the rehabilitation of injured players:

a. range of motion and muscle tightness in the
    i. adductors
    ii. hamstrings
    iii. iliopsoas
    iv. quadriceps
    v. gastrocnemius
    vi. soleus;
b. muscle strength (one-leg hop test);
c. muscle balance (SOLEC test).

9.03 In addition, running tests are advised to exclude spondylolysis and spondylolisthesis.

Article 10 Radiological examination and ultrasound scan

10.01 If indicated by the clinical and functional findings of the medical examination, a radiological examination including ultrasound scan, X-ray and MRI may be appropriate.

10.02 If any of the above are performed, particularly after injury, details must be included in the player's medical records.

III – Minimum medical requirements for players, team officials, the referee team and match officers

Article 11 Minimum medical requirements

11.01 The minimum medical requirements set out in this chapter must be provided for all UEFA competitions by the host club/association for the treatment of players, team officials, the referee team and match officers.

11.02 Whenever medication set out in this chapter is required and is not allowed in a country, equivalent medication that performs the same function must be provided instead.

Article 12 Pitchside medical equipment

12.01 The following medical equipment, which should be provided in an emergency bag distinct from the one required by Paragraph 13.02, 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 stadium/hall as the matchday stadium/hall:

Airway and cervical spine

a. handheld suction device
b. respiratory resuscitators with masks and airways (this must include nasopharyngeal airways, oropharyngeal airways and laryngeal mask airways, each with a choice of sizes appropriate for the player group, together with a tie or tape)
c. lubricant
d. cervical collar set/rigid neck brace

Breathing

e. stethoscope
f. pulse oximeter
g. oxygen/trauma mask and tubing
h. pocket mask
i. bag valve mask
j. spacer device for bronchodilators
k. portable oxygen cylinder (minimum 15l/min. for 20 minutes)

Circulation

l. infusion equipment with administration sets and solutions
m. defibrillator (AED)
n. blood pressure monitor with cuff size(s) appropriate for the player group
o. blood sugar gauge and/or blood sugar test sticks

Other equipment (small)

p. tourniquet
q. adhesive fixing materials
r. pupil lamp
s. IV cannula of various gauges (e.g. 18G and 14G)
t. strong (heavy-duty) scissors
u. disinfection equipment (e.g. alcohol swabs to clean the skin)
v. disposable gloves
w. sharps box
x. protective goggles.

12.02 The following emergency drugs must also be provided in the medical bag:

a. Adrenaline 1:10,000 injection
b. antihistamine (Chlorpheniramine)
c. hydrocortisone
d. benzodiazepines (e.g. sublingual diazepam or diazemuls injection), where doctor is licensed to carry this medication
e. cardiac lifesaving drugs (including cardiac stimulants and anti-arrhythmic drugs (e.g. amiodarone/lidocaine injection))
f. epipen or anapen
g. bronchodilators (e.g. salbutamol inhaler)
h. Glyceryl Trinitrate spray
i. glucose tablets/gel
j. emergency diabetes drugs (e.g. glucagon)
k. antiemetics (e.g. stemetil injection).

12.03 The following large equipment must also be available at pitchside on matchday in all UEFA competitions and on matchday -1 in all UEFA competitions where teams train at the same stadium/hall as the matchday stadium/hall:

a. one spinal board, scoop stretcher or vacuum mattress, with compatible fixing equipment (side head supports and straps) to permit adequate and safe evacuation from the field;
b. box splints for the fixation of limbs.

12.04 The following items should also be available at pitchside:

a. cricothyrotomy set with disposable scalpel
b. intubation equipment
c. anti-hypertensive drugs
d. basket stretcher
e. defibrillator with external pacing and CO2 monitors for use in place of the defibrillator listed in Paragraph 12.01, where available.

Article 13 Ambulance

13.01 One fully equipped ALS ambulance, staffed by at least one paramedic, must be present for the sole use of the players, team officials, referee team and match officers:

a. on matchday at the stadium/hall in all UEFA competitions;

b. for matchday -1 training sessions in the UEFA Champions League, UEFA Europa League, UEFA Super Cup, UEFA European Football Championship and UEFA European Under-21 Championship, when teams train at the same stadium as the matchday stadium.

13.02 The ambulance must contain a fully equipped emergency bag containing a portable oxygen cylinder (minimum 15l/min. for 20 minutes) and an AED defibrillator and be positioned in an area that best permits quick egress from the pitch area and/or dressing rooms for emergency medical evacuation. It must be in position:

a. 1.5 hours before the match starts until 1 hour after the end of the match;

b. 0.5 hours before the first matchday -1 training session until 0.5 hours after the end of the last training session.

13.03 The location of this ambulance must be confirmed by the host club/association to the team doctors on their arrival at the stadium/hall.

13.04 For matchday -1 training sessions in competitions other than the UEFA Champions League, UEFA Europa League, UEFA Super Cup, UEFA European Football Championship and UEFA European Under-21 Championship, the host club/association must ensure that an ALS ambulance, staffed by at least one paramedic, is available at a suitable location to permit emergency medical evacuation from the venue without delay.

13.05 For all other training sessions held in connection with a UEFA match or tournament the host club/association should ensure that an ALS ambulance, staffed by at least one paramedic, is available at a suitable location to permit emergency medical evacuation from the venue without delay.

13.06 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 for the required duration.

Article 14 Medical staff

14.01 The host club/association is responsible for ensuring that one pitchside emergency doctor and one stretcher team are present and in position from at least the point at which the teams arrive at the stadium/hall and until their departure:

a. on matchday in all UEFA competitions;

b. on matchday -1 in the UEFA Champions League, UEFA Europa League, UEFA Super Cup, UEFA European Football Championship and UEFA European Under-21 Championship, when teams train at the same stadium as the matchday stadium.

14.02 The pitchside emergency doctor must have a good knowledge of English.

14.03 The pitchside emergency doctor:

a. performs the role of medical coordinator for the stadium/hall unless a specific medical coordinator is also provided;

b. is responsible for ensuring that the required pitchside medical equipment is present;

c. is responsible for the treatment of players, team officials, the referee team and match officers only;

d. must arrive at the stadium/hall in enough time to prepare equipment and medical services so that they are available and operational from when the teams arrive at the venue until their departure;

e. must know the stadium medical plan and the local medical infrastructure;

f. must familiarise himself before the match/training session with the specific types/brands of equipment provided, such as the defibrillator, airway and breathing equipment.

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

a. the team doctor holds a valid ALS qualification recognised in his country of employment;

b. another official from the host club/association is appointed to facilitate emergency medical evacuation from the stadium/hall without delay.

14.05 The stretcher team must be composed of at least two trained carriers, who must:

a. have a recognised first aid qualification;

b. have previous stretcher-carrying experience;

c. be physically fit enough to safely transport an injured player or official on the stretcher.

14.06 Two stretcher teams consisting of two trained carriers for each team should be provided on matchday for all matches.

Article 15 Emergency medical room and equipment

15.01 An emergency medical room must be provided for all matches in UEFA competitions. This medical room must be located close to the dressing rooms (on the same level) and must contain the following equipment:

a. examination and treatment table/couch
b. two chairs
c. suture materials of more than one filament size (e.g. 2-0, 3-0 and 5-0)
d. suture packs
e. sharps box
f. hand gel
g. dressing packs
h. urine rapid analysis dipsticks
i. copy of the current WADA Prohibited List
j. ice and plastic bags
k. local anaesthetics (e.g. lidocaine 2% and/or ropivacaine)
l. mirror
m. bright light
n. syringes
o. needles
p. tongue depressors
q. foil blankets
r. penlight
s. alcohol swabs
t. gloves (sterile and non-sterile)
u. bandages
v. wound cleaning solution.

15.02 The medical room should be large enough to allow stretcher access and should also include the following items:

a. stethoscope
b. nebuliser mask
c. opthalmoscope and auroscope
d. nasal tampons
e. prescription pad
f. anti-histamines (chlorpheniramine injection)
g. hydrocortisone
h. running water
i. toilet
j. benzodiazepines (e.g. sublingual diazepam or diazemuls injection)
k. Adrenaline 1:10,000 injection

l. tooth transport container (medium)
m. portable oxygen cylinder (minimum 15l/min. for 20 minutes).

Article 16 Pre-match information provision

16.01 The following 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:

a. contact details of the host club/association and stadium/hall medical staff, including at least:
   i. the name and mobile telephone number of the pitchside emergency doctor;
   ii. the name and mobile telephone number of the stadium/hall medical coordinator (if different from pitchside emergency doctor);
b. a stadium/hall map, clearly identifying:
   i. the location of the ambulance for the sole use of players, team officials, the referee team and match officers;
   ii. the emergency exit point from the pitch, tunnel and dressing room areas to the ambulance;
   iii. the location of the medical room;
c. details of the emergency evacuation plan for serious injuries occurring in the pitch area on matchday (and matchday -1 where applicable);
d. contact details and address/location of the nearest hospital with accident and emergency facilities.

16.02 The host club/association should also indicate:

a. emergency contact names and phone numbers for all stadium/hall medical staff;
b. contact details of local surgeons and their associated specialities;
c. 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).

Article 17 Pre-tournament information provision

17.01 The host association must provide the UEFA match delegate, at least two weeks before the first match in any tournament, with the name and contact details of the tournament doctor, who must be:

a. a fluent English-speaker;
b. accommodated at the tournament headquarters or in the neighbourhood of the tournament for its duration;
c. 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.

17.02 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:

a. how medical incidents will be managed, including:
   i. medical communication procedures between tournament medical staff and treatment facilities,
   ii. responsibilities of key medical personnel at the tournament,
   iii. emergency evacuation plans;
b. confirmation that teams will receive expedient treatment at all identified medical facilities, 24/7 (where applicable) for the duration of the tournament;
c. the names, locations, addresses and medical specialities of all identified treatment facilities, including emergency treatment facilities for all stadiums/halls used in the tournament.

17.03 Such a plan must also contain the following:

a. procedures for importing medication into the host country;
b. immunisation status and requirements of the host country;
c. confirmation of all medical equipment to be provided at stadiums/halls.

17.04 Any such plan should also contain:

a. named contact staff at all identified medical facilities;
b. procedures for payment of medical services by the visiting associations;
c. details of the medical equipment provided at tournament hotels and training grounds;
d. the name of at least one English-speaking member of staff as the main contact at each identified medical facility.

Article 18 Other recommended equipment

18.01 The team doctor should bring his own emergency medical kit bag to all matches.

IV – Final Provisions

Article 19 Disciplinary procedures

19.01 Any breach of these regulations may be penalised by UEFA in accordance with the *UEFA Disciplinary Regulations*.

Article 20 Authoritative version

20.01 If there is any discrepancy in the interpretation of the English, French or German versions of these regulations, the English version prevails.

Article 21 Adoption and entry into force

21.01 These regulations were adopted by the UEFA Executive Committee at its meeting on 13 May 2014 and come into force on 1 July 2014.

For the UEFA Executive Committee:

Michel Platini	Gianni Infantino
President	General Secretary

Turin, 13 May 2014

Index

A
Adoption....18
Advanced life support ambulance....5
AED....5
ALS ambulance....5
Ambulance....13
Authoritative text....18
Automated external defibrillator....5

C
Cardiological examination....9

D
Definition of terms....5
Disciplinary procedures....18

E
ECG....5
Electrocardiogram....5
Emergency bag....5, 17
Emergency doctor....14
Emergency medical room....15
Entry into force....18

F
Functional tests....10

H
Heredity....7

I
Implementation in UEFA competitions....7

L
Laboratory examination....9

M
Magnetic resonance imaging....5
Medical examination of players....7, 8
Medical room....5
Minimum medical requirements....11
MRI....5

O
One-leg hop test....5
Orthopaedic examination....10
Other recommended equipment....17

P
Paramedic....5
Personal football history....7
Pitchside emergency doctor....5
Pitchside medical equipment....11
Pre-match information....16
Pre-tournament information....16

R
Radiological examination....10

S
Scope of application....5
SOLEC test....5
Stadium/hall medical coordinator....5
Stand on one leg eyes closed test....5

T
Therapeutic use exemption (TUE)....5

U
Ultrasound scan....10

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