

# VERWOOD TOWN FOOTBALL CLUB

## First Aid & Medical Emergency Policy

*Keeping players and volunteers safe on and off the pitch*

<b>Version</b>	Version 1.0 – April 2026
<b>Date of issue</b>	April 2026
<b>Review due</b>	Annually, or following any significant incident or change in FA guidance
<b>Policy owner</b>	Club Welfare Officer / Club Physio

### 1. PURPOSE

Verwood Town Football Club (VTFC) is committed to the health, safety and welfare of all players, coaches, officials, volunteers and spectators. This policy sets out the club's approach to first aid provision, medical emergencies and concussion management.

### 2. FIRST AID PROVISION

#### 2.1 Minimum requirements

At every training session and match involving under-18 players, at least one adult with a current First Aid qualification must be present. At every training session and match involving under-18 players, at least one adult holding a current FA-recognised first aid qualification must be present. The FA's required qualification for grassroots coaching is the Introduction to First Aid in Football (IFAiF), available at [learn.EnglandFootball.com](http://learn.EnglandFootball.com). The certificate costs £30 and is valid for three years. Coaches who wish to go further can progress to the FA Level 2 Emergency First Aid in Football (EFAiF), a one-day face-to-face course.

At adult matches and training sessions, a first aid kit must be present and accessible at all times. Team managers are responsible for ensuring the first aid kit is present, stocked and in-date before each session.

#### 2.2 First aid kits

Each team should carry a first aid kit containing, as a minimum:

- Sterile dressings and bandages
- Disposable gloves
- Antiseptic wipes
- Instant cold packs
- Emergency contact list for all squad members
- Scissors and adhesive tape

Kits must be checked and restocked at the start of each season and after each use. The Kit & Equipment Manager is responsible for coordination of club-level first aid supplies.

#### 2.3 Medical information

Team managers must hold, and have accessible at training and matches, the medical information submitted by players or their parents/carers on registration. This includes any conditions, allergies, medications or specific emergency instructions.

### 3. CONCUSSION PROTOCOL

**Important:** This protocol applies to all age groups. There is no minimum age threshold. If in doubt, sit them out.

#### 3.1 The FA's concussion guidance

VTFC follows The FA's Concussion Guidelines. Concussion is a brain injury and must be taken seriously at every level of the game.

#### 3.2 Recognise

A player may have concussion if they show any of the following signs after a head impact:

- Appears dazed, confused or stunned
- Moves clumsily or is unsteady on their feet
- Answers questions slowly or is unresponsive
- Cannot recall events before or after the impact
- Loses consciousness, even briefly
- Complains of headache, pressure in the head, dizziness, blurred vision or nausea

#### 3.3 Remove

Any player **suspected** of having a concussion must be immediately and permanently removed from play. They must not return to the session on the same day under any circumstances. No coach, parent or player should override this decision.

#### 3.4 Rest and return to play

The following graduated return-to-play protocol must be followed:

Stage 1	Complete rest. No sport, screen time or physical exertion.
Stage 2	Light aerobic exercise (walking, swimming). No contact.
Stage 3	Football-specific exercise. No contact.
Stage 4	Non-contact training drills.
Stage 5	Assessed by a doctor/Healthcare Professional
	Full contact training (only if asymptomatic).
Stage 6	Return to match play.

**A minimum of 21 days must have elapsed and players must be seen by a medical professional before returning to full contact activity.** The manager must be satisfied that the player has received medical clearance.

See <https://www.Englandfootball.com/concussion> for more information on the FA concussion protocols, page 15 of which is shown below as a quick reference guide - this should not be used in place of any medical advice.

# Graduated return to play (G RTP) programme

The pathway begins at midnight on the day of injury. Each stage must take a minimum of 24 hours. Progression to the next stage should only occur as long as symptoms are not more than mildly and briefly exacerbated. If there is a worsening of symptoms at any stage of the G RTP programme, the individual must return to the previous stage and attempt to progress again after a minimum 24-hour period.

	<b>Stage 1</b> Initial relative rest period	<b>Stage 2</b> Light exercise	<b>Stage 3</b> Football-specific exercise	<b>Stage 4</b> Non-contact training	<b>Stage 5</b> Full contact practice	<b>Stage 6</b> Return to play (RTP)	
	Combined progression through stages 1-4 must take a minimum of 14 days						
	48 hours	Minimum 24 hours	Minimum 24 hours	Minimum 24 hours	Stage 5 must only start after a minimum period of 14 days symptom free	Earliest RTP at Day 21	
<b>Exercise allowed</b>	Stage 1 is an initial relative rest period of 48 hours.  In the first 48 hours, it is ok to perform mental activities (e.g. reading) and normal activities of daily living, as well as walking for no more than 15 minutes at a time.	Light jogging, swimming, stationary cycling or equivalent.  No football, resistance training, weightlifting, jumping or hard running.	Simple movement activities (e.g. running drills)  Limit body and head movement  No head impact activities including no heading	Progression to more complex training activities with increased intensity, co-ordination and attention (e.g. passing, change of direction, shooting, small sided game)  No head impact activities including no heading - goalkeeper activities should avoid diving and any risk of the head being hit by a ball	<b>Review by doctor / healthcare professional</b>	Normal training activities (e.g. tackling, heading, diving saves etc.)  Player rehabilitated and cleared to participate in match play	
<b>% max heart rate</b>	No training	<70%	<80%	<90%			
<b>Duration (min)</b>		<15	<45	<60			
<b>Objective</b>	Recovery	Increase heart rate	Add movement	Exercise, co-ordination and skills/tactics		Restore confidence and assess functional skills by coaching staff	Return to play

It is recommended that a player undergoes a review with the healthcare professional responsible for their day to day care prior to entering stage 5 (full contact training). It must be emphasised, that these are minimum return to play times and in players who do not fully recover within these time frames, return to play times will need to be longer.

## 4. DEFIBRILLATOR (AED)

The club has an AED available at Potterne Park on the Tea Cabin/Pitch 1 as well as an additional one on the front wall of the pavilion, if training at the rec/Memorial field the nearest AED is located on the Verwood Concert Brass Band Hall. Managers should familiarise themselves with the location of the nearest public AED at each venue they use. <https://www.defibfinder.uk/>

In the event of a cardiac emergency, call 999 immediately. The emergency operator will guide you through CPR and the nearest AED location

## 5. MEDICAL EMERGENCY PROCEDURE

### Step 1: Ensure safety

Do not move a seriously injured player unless they are in immediate danger. Keep spectators and other players clear.

### Step 2: Call 999

If the situation is life-threatening (unconscious, not breathing, suspected spinal injury, cardiac event), call 999 immediately. Do not delay.

### Step 3: Notify

Notify the Club Welfare Officer and, for under-18 players, the player's parent or carer immediately. Record the incident using the club's incident report form.

### Step 4: Record

All medical incidents and near-misses must be recorded in writing and reported to the committee. For under-18 players, a copy of the incident record should be held by the Club Welfare Officer.

## 6. TRAINING QUALIFICATIONS

VTFC encourages all coaches to hold the FA's Introduction to First Aid in Football (IFAiF) and will support the cost — contact the youth treasurer. The FA also provides a free Concussion awareness resource at [learn.EnglandFootball.com](http://learn.EnglandFootball.com). Coaches wishing to go further can progress to the FA Level 2 Emergency First Aid in Football (EFAiF).

## 7. REVIEW

This policy will be reviewed annually by the Club Committee and updated in line with any changes to FA or NHS guidance on concussion or first aid.

Key Contacts	
Club Welfare Officer	Clare Nixson – <a href="mailto:welfare@vtyfc.co.uk">welfare@vtyfc.co.uk</a> / 07758 246452
Dorset FA Safeguarding	<a href="mailto:safeguarding@dorsetfa.com">safeguarding@dorsetfa.com</a> / 01202 688270
Emergency services	999
NSPCC helpline	0808 800 5000