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# UEFA Medical Regulations

Edition 2020

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## Preamble

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

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# I General Provisions

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## Article 1 Scope of application

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- 1.01 These regulations apply whenever expressly referred to by specific regulations governing a competition to be played under the auspices of UEFA. Such regulations may contain further requirements that add to or supersede the provisions of these regulations.
- 1.02 They govern:
- a. the 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](#)).

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## Article 2 Definitions

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- 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): a computerised device designed to provide heart defibrillation through the delivery of shock rhythms via electrodes positioned on the patient's chest;
  - echocardiography: a diagnostic test that uses ultrasound waves to create an image of the heart muscle and reveal any abnormalities;
  - electrocardiogram (ECG): a 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 is large enough to hold all the required pitchside medical equipment;
  - medical room: a room in the match stadium/hall that is prepared and reserved for the medical treatment of players, team officials, the referee team and match officers;
  - 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: the person with overall responsibility for the provision of medical services within a stadium/hall for a specific match;
  - therapeutic use exemption (TUE): an authorisation to use 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

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### Article 3 Implementation in UEFA competitions

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- 3.01 The examinations and tests set out in [Article 4](#), in [Paragraph 5.01](#) and in [Paragraph 6.01](#) are mandatory for all players participating in UEFA competitions.
- 3.02 The examinations and tests set out in [Paragraph 5.02](#), in [Paragraph 6.02](#), in [Article 7](#) and in [Article 8](#) are strongly recommended for all players participating in UEFA competitions, but are mandatory only for players participating in:
- a. the UEFA Champions League, UEFA Europa League, UEFA European Football Championship, UEFA Nations League, UEFA Super Cup and UEFA Youth League (i.e. the whole competition in each case, including any qualifying rounds);
  - b. the final rounds of the 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 and UEFA European Futsal Championship.
- 3.03 All mandatory examinations and tests must be completed before the start of the competition.

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### Article 4 Medical records

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- 4.01 Every player must have a complete medical record that is updated at least annually. It must include:
- a. details of medical conditions in the player's immediate family;
  - b. the player's complete medical history;
  - c. details of complaints currently suffered by the player;
  - d. details of any medications or supplements the player is taking, and any TUEs that the player has been granted;
  - e. the player's complete vaccination record;
  - f. the results of all cardiological examinations.
- 4.02 A player's medical record must state whether there is a history of any of the following medical conditions in the player's immediate family (i.e. parents or siblings):
- a. hypertension, stroke
  - b. heart conditions including sudden cardiac death
  - c. vascular problems including varicose veins and deep venous thrombosis
  - d. diabetes
  - e. allergies, asthma
  - f. cancer, blood diseases
  - g. chronic joint or muscle problems
  - h. hormonal problems.

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- 4.03** A player's complete medical history must state whether the player has ever suffered any of the following:
- 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.
- 4.04** Details of complaints currently suffered by the player must include any:
- 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.

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## **Article 5    General medical examination**

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- 5.01** A general physical examination must be conducted annually and must cover:
- a. height
  - b. weight
  - c. blood pressure
  - d. head and neck (including eyes, nose, ears, teeth, throat and thyroid gland)
  - e. lymph nodes
  - f. chest and lungs (inspection, auscultation, percussion, and inspiratory and expiratory chest expansion)
  - g. heart (sounds, murmurs, pulse and arrhythmias)
  - h. abdomen (including any hernias or scars)
  - i. blood vessels (e.g. peripheral pulses, vascular murmurs and varicose veins)
  - j. skin (general inspection)
  - k. nervous system (e.g. reflexes and sensory abnormalities)
  - l. motor system (e.g. weakness or atrophy).
- 5.02** Neurological baseline screening of brain functions must be conducted to improve any subsequent head injury diagnoses and follow-up in accordance with the instructions provided by the UEFA administration via circular letter.

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## **Article 6    Special cardiological examinations**

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- 6.01** A standard 12-lead ECG must be performed annually and the results included in the player's medical record.

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- 6.02** An echocardiography must be performed every two years and the results included in the player's medical record.
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#### **Article 7 Laboratory examinations**

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- 7.01** 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)
  - b. urine test ("dipstick test" to determine levels of protein and sugar)
  - c. sickle cell trait test
  - d. glucose test
  - e. creatinine test
  - f. potassium test
  - g. sodium test.
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#### **Article 8 Orthopaedic examination and functional tests**

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- 8.01** An orthopaedic examination including functional tests must be conducted annually and must include:
- a. inspection and functional examination of the spinal column (tenderness, pain and range of movement)
  - b. shoulder pain, mobility and stability
  - c. hip, groin and thigh pain and mobility
  - d. knee pain, mobility, stability and effusion
  - e. lower leg pain (shin splints or Achilles tendon injury)
  - f. ankle and foot pain, mobility, stability and effusion.



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

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#### Article 9 Minimum medical requirements

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- 9.01 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.
- 9.02 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.

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#### Article 10 Pitchside medical equipment

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- 10.01 The following medical equipment, which should be provided in an emergency bag distinct from the one required by [Paragraph 11.02](#), 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:
- a. [Airway and cervical spine](#)
    - i. handheld suction device
    - ii. 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)
    - iii. lubricant
    - iv. cervical collar set/rigid neck brace
  - b. [Breathing](#)
    - i. stethoscope
    - ii. pulse oximeter
    - iii. oxygen/trauma mask and tubing
    - iv. pocket mask
    - v. bag valve mask
    - vi. spacer device for bronchodilators
    - vii. portable oxygen cylinder (minimum 15l/min. for 20 minutes)
  - c. [Circulation](#)
    - i. infusion equipment with administration sets and solutions
    - ii. defibrillator (AED)
    - iii. blood pressure monitor with cuff size(s) appropriate for the player group
    - iv. blood sugar gauge and/or blood sugar test sticks
  - d. [Other equipment \(small\)](#)
    - i. tourniquet
    - ii. adhesive fixing materials
    - iii. pupil lamp

- iv. IV cannula of various gauges (e.g. 18G and 14G)
- v. strong (heavy-duty) scissors
- vi. disinfection equipment (e.g. alcohol swabs to clean the skin)
- vii. disposable gloves
- viii. sharps box
- ix. protective goggles.

**10.02** The following emergency drugs must also be provided in the emergency bag:

- a. Adrenaline 1:10,000 injection
- b. antihistamine (Chlorpheniramine)
- c. hydrocortisone
- d. benzodiazepines (e.g. sublingual diazepam or diazepam 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).

**10.03** 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.

**10.04** 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 10.01](#), where available.

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## Article 11 Ambulance

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**11.01** 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, UEFA Nations League and UEFA European Under-21 Championship, when teams train at the same stadium as the matchday stadium.

**11.02** 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.

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

**11.04** For matchday -1 training sessions in competitions other than the UEFA Champions League, UEFA Europa League, UEFA Super Cup, UEFA European Football Championship, UEFA Nations League 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.

**11.05** 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.

**11.06** 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.

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## **Article 12 Medical staff**

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**12.01** 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, UEFA Nations League and UEFA European Under-21 Championship, when teams train at the same stadium as the matchday stadium.

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

**12.03** 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.

**12.04** 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.

**12.05** 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.

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

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## Article 13 Emergency medical room and equipment

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**13.01** 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.

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

- a. stethoscope
- b. nebuliser mask
- c. ophthalmoscope 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).

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## Article 14 Pre-match information provision

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**14.01** 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.

**14.02** 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).

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## **Article 15 Pre-tournament information provision**

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**15.01** 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.

**15.02** 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.

**15.03** 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.

**15.04** 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.

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## Article 16 Other recommended equipment

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

## IV Final Provisions

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### Article 17 Disciplinary procedures

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

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### Article 18 Authoritative version

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

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### Article 19 Adoption and entry into force

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- 19.01 These regulations were adopted by the UEFA Executive Committee at its meeting on 2 March 2020 and come into force on 1 July 2020.

For the UEFA Executive Committee:

Aleksander Čeferin  
President

Theodore Theodoridis  
General Secretary

Amsterdam, 2 March 2020





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