

The Corsham Referee Newsletter No 41 (November 2006)

1st November 2006 International newsletter covering Football (Soccer) Refereeing matters.

Welcome, with an International perspective.

Welcome to the 41st edition of The Corsham Referee monthly International Football/Soccer Referees' newsletter.

I hope that all of you continue to enjoy your role in the world of refereeing. Please let me have any contributions for the newsletter, as readers are always interested in hearing about Refereeing from around the world. Please let me know if you have any difficulties in receiving or reading the newsletter; and let me have any suggestions on how it can be improved. It is issued free by email in both html (web page format), and plain text format. Previous issues (and printable pdf versions) can be seen by using the 'Previous Newsletters' link on the home page of my www.corshamref.org.uk web site. This newsletter is issued approximately on the 1st day of each calendar month.

Keep up the good Refereeing work wherever you are in the world; and my best wishes go to you all.
Editor Julian Carosi.

DEALING WITH INJURIES ON THE FIELD OF PLAY

This month's newsletter is a little bit different to the normal newsletter

As an FA Referees' Assessor and FA Licensed Referees' Instructor here in England, one of the most frustrating things that I see most weeks, is the haphazard way that Referees deal with injury situations. I am constantly having to provide advice to develop them to use a standard process that manages the situation in a sensible way. Thereby, keeping hasty trainers off the field until they are called for, actual sprinting to the scene instead of waddling there!, monitoring the situation and correct positioning etc.....

The whole of this November 2006 newsletter covers this subject. Many thanks to those few of you who have contributed. The information shown here, will be available via the www.CorshamRef.net web site, by using the SiteMap link at the top of all the web pages.

Your comments will of course be appreciated as usual.

Regards, Julian Carosi

S.E.R.I.O.U.S. method for dealing with Injuries.

*(Advice for Soccer/Football Referees by Julian Carosi FA Licenced Referees' Instructor England
www.CorshamRef.net)*

INTRODUCTION:

The Powers and Duties of the Referee listed in Law 5, state that the Referee is responsible, and has a duty to stop the match if, in his opinion, a player is seriously injured and ensures that he is removed from the field of play. An injured player may only return to the field of play after the match has restarted.

The Referee can also allow play to continue until the ball is out of play if a player is, in his opinion, only slightly injured. It is his duty to ensure that any player bleeding from a wound leaves the field of play. The player may only return on receiving a signal from the Referee, who must be satisfied that the bleeding has stopped.

One development area surprisingly deficient in many football/soccer Referees' capabilities, is a standard process for dealing with injury situations on the field of play. Invariably, the Referee (in good faith) deals with each situation with the health and safety of the injured player paramount. But very often, there is little (or no) thought given, to proactively preventing eager trainers from rushing onto the field of play. Sensible positioning by the Referee (whilst inspecting the injury) is also sometimes missing. The Referee has a duty to monitor **all** of the players, and not just the one who is injured. Another worrying aspect is the amount of times that the Referee wanders away from the injury location, to have friendly conversation with the other players whilst the injury is being dealt with. Without a set process to consider, it is also not surprising, that on some occasions, the Referee forgets to ask the treated player to leave the field of play, and to await a signal to re-enter at a suitable time after

play has been restarted. The advice shown here, encourages Referees to use a set process for managing injuries. Whilst the advice may differ from that used in other countries, it is not meant as a definitive guide, but as a basis for improving the process used when dealing with injury situations. Also included, is a selection of relevant information included in official publications.

Making contact with the trainers/medical staff before the game starts:

Prior to kick-off, the Referee (and Assistant Referees) should try and make contact with the team trainers (or medical staff) and remind them to await the Referee's signal before entering the field of play when an injury occurs. The Referee should demonstrate the outstretched beckoning arm/palm signal that he will be using to summon the trainers/medical staff onto the field of play to assess an injury. The trainers/medical staff should be reminded that if it is possible to safely remove an injured player, treatment should not be applied on the field of play. But that the players' health and safety must always be paramount.

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Part A: The S.E.R.I.O.U.S. (standard process for dealing with injuries in the field of play.)

Part B: Details contained within the Laws and other official publications concerning the safety of players and how to deal with injuries.

Part A: The S.E.R.I.O.U.S. (a standard process for dealing with injuries in the field of play.)

Serious? (The first consideration is to decide if an injury is serious or not.)

Evaluate? (Evaluate each injury situation as it arises. Does play need to be stopped?)

Race. (Sprinting to the scene of the injury).

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Start. (Starting the game again after the injury has been seen to).

Serious? (The first consideration is to decide if an injury is serious or not.)

- When an injury situation occurs, the first consideration for the Referee - is to decide if the injury is serious or not.
- As soon as the Referee has authorised the trainer/medical staff to enter the field, the injured player must leave the field, whether he receives treatment or not. If the player does not comply, he should be cautioned.
- Exceptions to this ruling are made only for:
 - (i) an injury to a goalkeeper;
 - (ii) when a goalkeeper and an outfield player have collided and need immediate attention;
 - (iii) when a severe injury has occurred e.g. swallowed tongue, concussion, broken leg etc.
- The Referee should note the position of the ball if the game has to be stopped, so that the correct restart can be applied once the injury has been dealt with. It is very easy to forget the type of restart, or the location of the restart when focusing on the injury. In the pre-match brief to the Assistant Referees, the Referee should instruct the Assistants to make a note of the required restart. This will aid the Referee if he forgets!
- If there is any discipline action to be taken as a result of the injury, the Referee should firstly organise any treatment for the injured player, before taking any discipline action.
- There may be occasions when the Referee will need to fend off angry players crowding around the injury scene. This must be done assertively and in conjunction with help from the Assistant Referees if required. The Assistant Referees must be briefed as to their role in such circumstances.
- If the delay for dealing with the injury, is likely to be long, the Referee can stop his watch.
- Referees are instructed to add the full amount of time lost for injury delays at the end of each period of play.

If the injury is serious:

- For example, if the injury is to the head or neck or is a serious bleeding injury, broken bones, concussion, torn ligaments, or involves breathing difficulties, the Referee should stop play and summon the trainer/medical staff **immediately**.
- Referees should certainly always stop play immediately and summon medical aid if a serious head injury is suspected.
- The Referee should try and recognise serious injuries by looking out for body signs such as an inert unconscious body, or obvious pain, or genuine concern expressed by other players near the scene. If there is any doubt as to the seriousness of an injury, (especially if a young child is involved), **the Referee must always err on the side of caution by summoning medical aid immediately.**
- **A player's health is far more important than a game of football/soccer.**
- Summoning the trainer/medical staff, can be done immediately by using a loud whistle, vocal instructions and by waving a beckoning arm/palm towards the Technical Area, or towards the vicinity of where the team's trainer/medical staff is located.
- If there are players injured from both teams, then waving two beckoning arms will clearly show that **both** of the competing team's trainers are urgently required.
- Assistant Referees should also play their part in summoning on trainers/medical staff in cases of urgency.
- In local Park level football, when there are no medically qualified personnel in attendance, professional assistance should be quickly obtained for serious injuries, and the advice offered, acted upon.

What is serious injury?

- A serious injury cannot be easily defined in just a few words; but should be fairly obvious to spot.
- A serious injury can have a major impact upon the life of the player and warrant possible compensation if caused by wilful misconduct or negligent treatment or movement of the player.
- Referees must be particularly vigilant when young players are concerned – a serious injury can have a significant impact on the development of a child.
- Another factor in considering the seriousness of an injury is the impact on the victim's earnings and lifestyle. An injury that causes a substantial loss of earnings or earning capacity would be termed "serious". Also, an injury that requires a player to make major accommodations to their lifestyle is also serious.
- Serious injury is when there is harm done to the body that causes severe, permanent or protracted loss of or impairment to the health or to the function of any part of the body.
- Serious injury can have devastating consequences for the player and their family.
- Serious injury affects the whole person, from physical abilities to changes in the quality of life.
- The Referee should never sanction the movement of a player who has possible internal injuries without seeking the authority of the trainer/medical staff.

Some examples of serious injury that can occur to a player in a game of football/soccer are:

- becomes unconscious.
- has trouble breathing or is breathing in a strange way.
- has swallowed his tongue
- has chest pain or pressure.
- is bleeding severely.
- has pressure or pain in the abdomen that does not go away.
- is vomiting or passing blood.
- has seizures, a severe headache, or slurred speech or blurred vision.
- has injuries to the head, neck, or back.
- has possible broken bones.
- disfigurement (significant scarring or burns)
- spinal cord injuries
- heart attack

Why is a head injury so serious?

- A head injury may cause serious injury to the brain, even when there is no visible bleeding or injury visible on the outside of the skull.
- The impact of a hard blow to the head may jar or shake the brain within the skull (closed head injury).
- The rapid movement of the brain within the skull can cause bruising, swelling, or tearing of the brain tissue. It can also stretch, pull apart, or tear nerves or blood vessels within or around the brain.
- Head injuries can sometimes be more complex when players have been taking alcohol or drugs, which can make injury evaluation and recognition difficult. Do not assume any altered behaviour is only from alcohol or drug use.
- Where serious head, neck or back injuries are suspected, any movement by untrained hands has the greatest consequences. The player should be immobilized pending arrival of medical personnel.

A serious head injury may include some of the following symptoms:

- A severe headache or a headache that continues to get worse.
- Confusion or abnormal behaviour.
- A young player with a head injury may be extremely irritable or fretful or may cry constantly.
- Difficulty with staying awake.
- Slurred speech.
- Numbness, weakness, or loss of movement in the arms or legs.
- Vision changes and changes in the pupils' size, shape, and reaction to light.
- Dizziness, nausea, vertigo, or unsteadiness that prevents standing or walking.
- Bleeding from the ears or elsewhere on the head.
- May have unequal pupils
- Altered level of consciousness

Immediately after a head injury occurs, it can be difficult to tell the difference between a mild concussion and a more serious injury. A brain bruise (contusion) or bleeding within the skull at first may cause only mild symptoms.

Players who have experienced a head injury should be watched carefully for 24 hours.

If serious head injury is suspected, an immediate visit to the hospital or to a Doctor is essential. Players who have suffered from concussion should be advised not to play any further part in the game.

What is concussion?

CONCUSSION is an internal head injury. Of all the head injuries, this is the most insidious, and many casualties have succumbed several hours after the incident.

The Referee should be especially observant when contact involves children - the myth that you can 'run off' concussion by 'playing on', is a dangerous attitude, and has caused grief and embarrassment to many players, parents and coaches when the player eventually collapses.

Concussion is potentially very serious, and an indifferent attitude is to be discouraged.

What are the signs and symptoms of fractured bones?

Some, or all, of the following:

- pale, cool, clammy skin
- rapid, weak pulse
- pain at the site
- tenderness
- loss of power to limb
- associated wound and blood loss
- associated organ damage
- nausea
- deformity
- crepitus

Are damaged ligaments more serious than a broken bone?

Bones are connected to each other in joints by ligaments. When excessive force is applied to joint, ligaments may be torn or damaged. This type of injury is a sprain.

The seriousness of a sprain depends on how badly ligaments are damaged. Sprains can occur in any joint, but they occur most commonly in the ankle, knee, and finger.

- Damaged ligaments can be more serious than a broken bone.
- Great care must be taken to isolate the injury.
- Moving unsupported and properly bandaged injuries can have a devastating effect in causing further injury and pain to the injured player.
- Where serious neck or back injuries are suspected, any movement by untrained hands has the greatest consequences. The player should be immobilized pending arrival of medical personnel.

Should the Referee allow a dirty sponge or dirty bucket of water to be used?

- Precautions for reducing the potential for transmission of infectious diseases must be considered.
 - Whilst the Referee is not responsible for administering treatment, he should advise against dirty (or previously used) water from a bucket being used to treat an injury - particularly if the injury is an open wound.
 - Dirty water is a carrier of disease, and players can become contaminated as a result of negligent treatment.
 - The soccer community is like all other segments of society. Some participants may have infectious diseases including HIV/AIDS and Hepatitis B (blood borne pathogens). Treat every person on the field, as in any area of society, with the assumption they could be HIV positive.
 - Contaminated towels, dressings, and other articles containing body fluids should be properly disposed of or disinfected.
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Evaluate? (Evaluate each injury situation as it arises. Does play need to be stopped?)

The Referee will need to quickly evaluate each injury situation as it arises. Initial evaluation can sometimes be done from a distance, but on other occasions, the Referee will need to evaluate the seriousness of an injury from close quarters. Whether to stop play or not, depends on a number of factors which will need to be taken into consideration. Some of these are listed below:

- The first consideration as mentioned above, is for the Referee to evaluate whether the injury is serious or not, and to subsequently decide if play should be stopped or not.
- Is the injured player in the way of ensuing play, which constitutes a further danger to himself or to other players; or is he in a safe location that does not involve the development of the current phase of play?
- Is the injury to a goalkeeper?
- Is blood leakage involved?
- Does it look like one of the teams are about to kick the ball out of play to allow the injury to be dealt with?
- In general terms for non-serious injuries, the Referee should encourage play to continue. The decision for stopping play or not, is for the Referee to make in accordance with Law 5.
- If a team purposefully kicks the ball out to allow treatment, then the Referee should be sympathetic to the **gesture**. Nevertheless, problems have occurred, when following the restart, the ball is not returned to the team who kicked it out of play. The Referee must therefore be vigilant and deal with the restart assertively, to ensure that the players do not abuse 'The Spirit of this **Gesture**'.
- Does the injury involve a young child?
- Is the injury being simulated?
- Is the injury likely to result in retaliation?
- Does it look like the player may make a quick recovery?
- Has the player lain himself down on the ground, thereby indicating that he requires treatment?
- Has the manager instructed the player to drop to the ground?
- Is there an element of time wasting involved? There are occasions when the Referee stops a game in order that an injured player might be attended to, and the player will not be as seriously injured as first thought. In fact, at the first squirt of magic water, the player is ready to play on. If players are wasting time, the Referee will need to deal with this in accordance with the Laws.
- Is the tempo of the game such, that a forced stoppage by the Referee will provide an opportunity that allows tempers to cool?
- Does the injury occur just as a goal scoring opportunity is developing?
- Does the injury involve the need for disciplinary action to be taken?
- Can the injured player make his own way off the field to receive treatment? (Including being near enough to the touchline/goal line to roll himself off).
- Will the weather have an adverse effect, if treatment is delayed?
- Does the injury involve a vulnerable player? For example, someone who suffers from asthma or is recovering from a previous injury.

If the player is only slightly injured.

- If the player is only slightly injured (for example, a thigh strain or cramp), the Referee will need to decide if play can be allowed to continue until a natural stoppage.
- The Referee **should allow** play to continue until the ball naturally goes out of play if a player is, in his opinion, only slightly injured.
- On some occasions, the ball may be purposefully kicked out of play by a sympathetic player, thus allowing the Referee to temporarily suspend the game to allow the injury situation to be dealt with.
- If an injured player is able to safely leave the field of play without help, then he should be encouraged to do so.
- If the player is bleeding slightly, the Referee can instruct the player to leave the field of play. The player may only return when authorised by the Referee who must check that bleeding has stopped and is suitably covered. The Fourth Official or an Assistant Referee may assist the Referee in checking the player, before they return to the field of play.
- A player cannot wear clothing with blood on it, or clothing that has been contaminated with blood.
- Players uniforms contaminated with blood should be changed. They should **NOT** be rinsed out and re-worn. Referees should never allow the player back onto the field without a clean jersey, shorts, shoes, etc., whatever has had the blood on it.

Race. (Sprinting to the scene of the injury).

- When a natural stoppage in play occurs (or if play has been subsequently stopped for a serious injury) the Referee should **RACE** towards the injured player.
 - A Referee who ambles towards an injury location, emits a signal that says, "I don't care for the well-being" of the players under my charge today", whereas a Referee who **RACES** towards the scene, shows that he is genuinely concerned, and eager to seek medical help if required.
 - Prior to summoning on the trainers/medical staff, the Referee needs to make an initial assessment before he can get to the scene. Does the injured player immediately require the trainer/medical staff assistance?
 - If the Referee is some distance away from the scene, he should look out for the body language of any players near the scene. Any signs of distress from them should be used as a trigger to seeking help immediately.
 - For non-serious injuries, whilst **RACING** towards the injured player, the Referee should use an outstretched palm to delay the entry of any over-eager trainers/medical staff. This is important, for as soon as the Referee has authorised the trainers/medical staff to enter the field, the player must leave the field whether he has received treatment on the field or not. In other words, the player should at least be evaluated by the Referee, and given the option by the Referee to request help from the trainer/medical staff if required.
 - When young children are involved, parents very often rush onto the field of play when their child gets injured. The Referee must be sympathetic to the parent's concerns, and manage each circumstance carefully (without antagonising the situation). In these situations, it's more a case of educating the parents, rather than strictly adhering to the duties and responsibilities as laid out in the Laws.
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Inspect. (Taking up a position that allows inspection of the injury **and** monitoring the remaining players).

Inspecting and assessing the injury:

- On arrival at the injury scene, and after correctly positioning himself, the Referee should ask the injured player if he requires a trainer/medical staff; using words to the effect of, "Do you want your trainer".
 - The Referee should **not** say, "Do you require treatment?" Otherwise the player will assume that the Referee **will** allow treatment on the field of play.
 - If on arrival at the scene, it is apparent that the player is in obvious need of prompt medical assistance, the Referee should summon aid immediately (there is no need to ask a severely distressed player if he needs treatment).
 - After questioning the injured player, the Referee authorises one, or at most two trainers/medical staff, to enter the field to ascertain the type of injury and to arrange the player's safe and swift removal from the field by the shortest route or by stretcher or by walking.
 - **Important Note:** It is imperative, that the Referee **does not make the decision** to remove a player with a serious injury from the field of play, or to make a decision to call for a stretcher to be provided. The Referee must first seek this advice and authority for removal from the trainer/medical staff. He can do this by engaging with the trainer/medical staff by asking them if it is possible to remove the player without incurring further injury or distress. Once this has been achieved, the Referee can summon a stretcher. If a Referee calls for the stretcher, or insists that a player be removed without recourse to the trainer/medical staff, it could have dire consequences for the Referee, if the injury involves damage to the spine, head or is a serious fracture (and the hasty removal on the Referee's sole authority causes further trauma to the injured player).
 - The bottom line is, that when a serious injury is suspected, the Referee **MUST** seek advice from the trainer/medical staff before sanctioning the removal of an injured player.
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Organise. (Taking charge, positioning and seeking medical assistance if it is required).

- When the Referee arrives at the scene, he should position himself such that he can still keep an eye on the rest of the players. In other words, the Referee should not place his back to the rest of the players when he is dealing with the injury. This is the most common fault when Referees deal with an injury situation.
- In moments of tension, the Referee should also position himself so that he can monitor the technical area occupants. This is doubly important if the injury location is near to the technical areas.
- The Referee should position himself near the injury location, so that he has the majority of the rest of the players, in front of him.
- When it is safe to do so, the emphasis should always be on the injured players receiving treatment **after** they have left the field of play, rather than whilst they are **on** it.
- Whilst an injured player is being assessed, or receiving any immediately required emergency treatment, the Referee should stand a couple of paces back from the scene, in a position so that he can communicate clearly with the participants, and in such a way that you can also keep an eye on the rest of the players whilst overseeing the assessment of the injury.
- The Referee should allow the trainer/medical staff a reasonable amount of time to make a diagnosis/verification of the injury, but they must be reminded that no (non-emergency) treatment is allowed on the field of play.
- When an injury occurs, tempers can be at a heightened state. The Referee should allow a reasonable space between himself and the medical staff. Close attendance by the Referee may on some occasions, inflame tempers.
- Whilst monitoring the injury assessment, the Referee may also have to simultaneously deal with indiscipline. The priority must always be in seeking help for the injured player. Once this has been achieved, the Referee can deal with any misconduct.
- Some trainers/medical staff when dealing with an injured player cannot refrain from berating the Referee. The Referee must allow the injured player to be sorted out, before taking any action against misbehaving trainers/medical staff.

Usher. (Overseeing the safe removal of injured players).

- If the player does not require treatment, and is able to walk to the touchline unaided, the Referee should encourage the player do so by the shortest route. In such cases, the Referee should provide a signal towards the trainer/medical staff, to indicate that their medical assistance on the field of play is not required on this occasion.
- If an injured player is able to remove himself from the field of play, the Referee should prevent any trainers/medical staff from rushing across the field of play, rather than making their way around the boundaries to reach the injured player as play resumes.
- If the player is unable to make his way to the touchline unaided, or if he requires a trainer's presence, the Referee should signal for help with a clear one arm-beckoning wave, vocal instructions and if necessary, use of the whistle to attract attention.
- Once the (one or two permitted) medical staff have arrived, the Referee should allow a reasonable amount of time for them to assess the extent of the injury.
- If the injured player does not require a trainer/medical staff, and intends to remain on the field of play to recover, the Referee should allow a reasonable amount of time for recovery, prior to recommencing the game.
- If the Referee is advised by a Doctor or other medically qualified person that a player's injury is so bad, that it would be harmful for that player to continue playing, the Referee should ask the Doctor (or other medically qualified person) to decide whether the player can be moved or not, or whether the player is able to leave the field of play.
- If the trainer/medical staff considers that the player cannot walk off, they will advise the Referee, who will use the two-handed signal for a stretcher. A seriously injured player should only be moved from the field of play on the trainer/medical staff's authority. A Referee is not medically qualified to make this decision.
- Referees **MUST** stay with the injured player to ensure whatever action is required is completed as quickly possible and that the trainers/medical staff leave the field as quickly as possible, taking the shortest practical direction from the field even if this is in the opposite direction to the technical area.

Start. (Starting the game again after the injury has been seen to).

- Play can be restarted once the injured player and any trainer/medical staff have completely left the field of play.
- The Referee can use a combination of arm and vocal communications, to signal to the injured player that he can re-enter the field of play.
- An injured player may only return to the field of play after the match has started
- An injured player may only re-enter the field from the touchline when the ball is in play.
- When the ball is out of play, the injured player may re-enter from any of the boundary lines.
- If play has not otherwise been stopped for another reason, or if an injury suffered by a player is not the result of a breach of the Laws of the Game, the Referee restarts play with a dropped ball
- The Referee alone (or if nominated, the Assistant Referee or Fourth Official) is authorised to allow an injured player to re-enter the field whether the ball is in play or not.
- When play has been restarted, the Referee must be very careful when he allows the injured player to return onto the field of play. The Referee should wait until the play action is away from the vicinity of the waiting player before signalling him to enter. The oncoming player should not become immediately involved in active play, as this may generate problems.
- The Referee (or if nominated, the Assistant Referee or Fourth Official) must check that any bleeding players have been treated properly before they are allowed to enter the field of play. A player cannot wear clothing with blood on it, and players uniforms contaminated with blood should be changed. The player's equipment should **NOT** be rinsed out and re-worn.
- The Referee should always read the Competition Rules. In some competitions, the Rules forbid the Referee from adding on time at the end of either half of the game for injuries or any other cause because of the tight schedule of games being played on many grounds.

Part B: Details contained within the Laws and other official publications concerning the safety of players and how to deal with injuries.

(Sources: Laws of Association Football, Additional Instructions for Assistant Referees and Fourth Official, and FA Advice on the Application of the Laws.)

Law 1 - The Field of Play:

Flagposts - A flagpost, must not be less than 1.5 m (5 ft) high, with a non-pointed top.

Safety - Goals must be anchored securely to the ground. Portable goals may only be used if they satisfy this requirement.

International F.A. Board Decisions:

Decision 1.

If the crossbar becomes displaced or broken, play is stopped until it has been repaired or replaced in position. If a repair is not possible, the match is abandoned. The use of a rope to replace the crossbar is not permitted.

Decision 2.

Goalposts and crossbars must be made of wood, metal or other approved material. Their shape may be square, rectangular, round or elliptical and they must not be dangerous to players.

Law 4 - The Players Equipment:

Safety: A player must not use equipment or wear anything which is dangerous to himself or another player (including any kind of jewellery).

Law 5 - The Referee:

Powers and Duties.

- stops the match if, in his opinion, a player is seriously injured and ensures that he is removed from the field of play. An injured player may only return to the field of play after the match has restarted.
- allows play to continue until the ball is out of play if a player is, in his opinion, only slightly injured
- ensures that any player bleeding from a wound leaves the field of play. The player may only return on receiving a signal from the Referee, who must be satisfied that the bleeding has stopped

Decisions of the International F.A. Board

Decision 1

A Referee (or where applicable, an Assistant Referee or fourth official) is not held liable for:

- any kind of injury suffered by a player, official or spectator
- a decision to stop or not to stop play to allow an injured player to be removed from the field of play for treatment.

Law 12 - Fouls and Misconduct:

Decisions of the International F.A. Board

Cautionable Offences

A direct free kick is awarded to the opposing team if a player is careless, reckless, or uses excessive force if he kicks (or attempts to kick), trips (or attempts to trip), jumps at, charges, strikes, or pushes an opponent.

Sending-Off Offences:

A player, substitute or substituted player is sent off and shown the red card if he is guilty of violent conduct, serious foul play or spitting.

Decision 4 - A tackle, which endangers the safety of an opponent, must be sanctioned as serious foul play.

Kicks from the Penalty Mark:

A goalkeeper who is injured while kicks are being taken from the penalty mark and is unable to continue as goalkeeper may be replaced by a named substitute provided his team has not used the maximum number of substitutes permitted under the competition rules.

The Technical Area:

The coach and other officials must remain within the confines of the technical area except in special circumstances, for example, a physiotherapist or doctor entering the field of play, with the Referee's permission, to assess an injured player.

Additional Instructions for Referees and Assistant Referees and Fourth Officials:

Serious Foul Play

A player is guilty of serious foul play if he uses excessive force or brutality against an opponent when challenging for the ball when it is in play.

Any player who lunges at an opponent in challenging for the ball from the front, from the side or from behind using one or both legs, with excessive force and endangering the safety of an opponent is guilty of serious foul play.

Violent Conduct

Violent conduct may occur either on the field of play or outside its boundaries, whether the ball is in play or not. A player is guilty of violent conduct if he uses excessive force or brutality against an opponent when not challenging for the ball.

He is also guilty of violent conduct if he uses excessive force or brutality against a team-mate or any other person.

Scissors or bicycle kick

A scissors kick is permissible provided, in the opinion of the Referee, it is not dangerous to an opponent.

Attitude towards Referees

A player who assaults a Referee or who is guilty of using offensive, insulting or abusive language or gestures must be sent off.

Jewellery

Referees are reminded that, in accordance with Law 4, players may not wear any kind of jewellery, which is dangerous for himself or another player. If it is dangerous must be removed. It cannot be tapped.

All items of jewellery are potentially dangerous. The term "dangerous" can sometimes be ambiguous and controversial; therefore in order to be uniform and consistent any kind of jewellery has to be forbidden.

Players are not allowed to use tape to cover jewellery. Taping jewellery is not adequate protection.

Rings, earrings, leather or rubber bands are not necessary to play and the only thing they can bring about is injury.

In order to avoid "last minute" problems, teams should inform their players in advance.

Please avoid injuries! Necklaces, rings, bracelets, earrings, leather or rubber bands etc. *are not allowed*.

Dealing with injured players

Referees must follow the instruction below when dealing with injured players:

- play is allowed to continue until the ball is out of play if a player is, in his opinion, only slightly injured
- play is stopped if, in his opinion, a player is seriously injured
- after questioning the injured player, the Referee authorises one, or at most two doctors, to enter the field to ascertain the type of injury and to arrange the player's safe and swift removal from the field
- the stretcher-bearers should enter the field with a stretcher at the same time as the doctors to allow the player to be removed as soon as possible
- the Referee ensures an injured player is safely removed from the field of play
- a player is not allowed to be treated on the field
- any player bleeding from a wound must leave the field of play. He may not return until the Referee is satisfied that the bleeding has stopped. A player cannot wear clothing with blood on it.
- as soon as the Referee has authorised the doctors to enter the field, the player must leave the field, either on the stretcher or on foot. If a player does not comply he is cautioned for unsporting behaviour
- an injured player may only return to the field of play after the match has started
- an injured player may only re-enter the field from the touch line when the ball is in play. When the ball is out of play, the injured player may re-enter from any of the boundary lines
- the Referee alone is authorised to allow an injured player to re-enter the field whether the ball is in play or not
- if play has not otherwise been stopped for another reason, or if an injury suffered by a player is not the result of a breach of the Laws of the Game, the Referee restarts play with a dropped ball
- the Referee allows for the full amount of time lost through injury to be played at the end of each period of play

Exceptions

Exceptions to this ruling are made only for:

- injury to a goalkeeper
- when a goalkeeper and an outfield player have collided and need immediate attention
- when a severe injury has occurred e.g. swallowed tongue, concussion, broken leg etc.

The aim is to support fair play and to have a uniform and consistent interpretation of the Laws of the Game in order to avoid misunderstandings, injuries and controversial situations.

Non-Basic Equipment

- A player must not use equipment or wear anything that is dangerous to himself/herself or another player
- Modern protective equipment such as headgear, facemasks, knee and arm protectors made of soft, lightweight, padded material are not considered to be dangerous and are therefore permitted
- New technology has made sports spectacles much safer, both for the players themselves and for other players

Safety

A player must not use equipment or wear anything that is dangerous to himself/herself or another player (including any kind of jewellery).

Liquid Refreshments

Players are entitled to take liquid refreshments during a stoppage in the match but only on the touchline. It is not permitted to throw plastic water bags or any water containers onto the field.

Advice on the Application of the Laws of the Game (FA Learning booklet advice):

Goalpost Safety

It is the responsibility of the match Referee to point out to the participating clubs or pitch users before a game that any metal cup hooks on either the goalposts or crossbar could constitute a danger. This could constitute finger entrapment due to the wearing of a ring or create severe neck injuries due to other jewellery being worn such as earrings or necklaces. Whilst the Laws of the Game clearly state that jewellery should not be worn during any part of a match, such dangers could also exist prior to, or immediately after matches, where nets need to be fitted or removed by any user or club personnel.

If both teams are prepared to play, having had this fact pointed out to them, then it is The FA's view that the Referee can be considered to have done as much as might be reasonable in the circumstances to the relevant League and County FA.

LAW 4 - The Player's Equipment

Safety

Referees should ensure that players do not wear articles which may constitute a danger to other players or to themselves. Referees should set a good example by removing or taping their own rings and jewellery. Referees, however, should make allowances for religious symbols (e.g. a player of the Sikh religion wearing a Kara in a match), provided that they are not dangerous and that adequate covering be applied as protection.

Footwear

Competition Rules may require Referees to examine footwear and/or players' equipment. Referees may do so additionally either during a match or at half-time if they have any reason to doubt their safety.

LAW 5 - The Referee

Injury to players or the Referee

A player who has left the field of play for treatment for an injury when he is bleeding from a wound may only return to the field of play after inspection by the Referee, neutral Assistant Referee or the 4th Official, which, through necessity, will normally be during a stoppage of the play and at the touchline. The player is only allowed to return to the field of play on receiving a signal from the Referee.

Care needs to be exercised before a seriously injured player is removed from the field of play and Referees must continue to be vigilant and err on the side of safety, accepting the advice of those who are medically qualified or claim to have similar skills. There is a particular need for a rapid assessment and action in cases of head injuries. However, in local football, when there are no medically qualified personnel in attendance, professional assistance should be quickly obtained and the advice offered acted upon. Referees are reminded to add the full amount of time lost to the end of each period of play.

Particular attention is drawn to Decision 1 of the International FA Board in relation to the liability of Referees, Assistant Referees and fourth officials.

If a Referee becomes incapacitated and an Assistant Referee replaces him, the "new" Referee has the authority to reverse a decision made by his colleague, provided the game has not been restarted.

A club trainer or physiotherapist who has been guilty of misconduct should still be granted permission to enter the field of play to treat an injured player. However, a player sent from the field of play, by a Referee, for misconduct, cannot return to the field in any official capacity. Suitable reports must be sent to the appropriate authority.

Players felt to be under the influence of alcohol or drugs

Referees should always exercise extreme care in their choice of words to describe players who may be under the influence of alcohol or drugs, especially in connection with drug influence. In such circumstances, the matter should be considered as a team responsibility and suitable attention be drawn to a club official, perhaps suggesting that a player was too ill to continue/participate or seemed to have a problem.

Restarting by a dropped ball

Occasions do occur in a game when a player having fallen to the ground, has the ball locked between his feet and legs. To dispossess him of the ball may not only be difficult, but fraught with danger of injury. The Referee may, therefore, feel justified in halting play and restarting by dropping the ball appropriately, in accordance with the relevant Law. Similarly, there will be occasions when the goalkeeper, in taking possession of the ball, is injured and no offence has occurred. In this situation, the welfare and safety of the goalkeeper is paramount and the game should be stopped immediately. Once the goalkeeper, or his replacement, is ready to take part in the game, the ball must be dropped by the Referee in accordance with Law. In keeping with the spirit of the game, Referees should ensure that no unfair advantage accrues in favour of either team. Referees are reminded that it is not essential to have a player from either side present at the dropping of the ball.

As a means of restarting the game after a temporary suspension, Referees should not bounce the ball or throw it in the air. The ball should simply be released from no higher than waist level and allowed to fall to the ground.

Playing dangerously

Football is a game where body contact occurs and the Laws are framed so that the players can play without danger to themselves, if their opponents respect both the letter and spirit of the Laws. Each incident must be judged by the Referee as it happens and the question of danger rests entirely on his opinion.

(a) The "Scissors" kick:

This is a clear example of the importance of judging an action according to the situation in which it is performed. A player who kicks or attempts to kick the ball in this way, with no other player near him, cannot be penalised for dangerous play. The same action with a player nearby could be dangerous and would be punished by the award of an indirect free kick. If contact is made, then a direct free kick must be awarded against the offending player.

(b) Playing dangerously close to goalkeepers:

Kicking or attempting to kick the ball whilst it is in the goalkeeper's possession is universally considered to be dangerous; raising the foot to block the ball as he kicks it from his hands is equally dangerous. Attempts to kick the ball powerfully as it is about to come into the goalkeeper's possession are also a common source of danger to goalkeepers. Depending on the degree or intensity of the offender's action, the Referee may have to caution or send off the player committing such an offence.

(c) Goalkeepers:

Goalkeepers, when advancing to catch the ball, sometimes raise one leg in an outward direction to keep opposing players at a distance. If an opponent is in close proximity to the goalkeeper, the Referee may well consider such action constitutes careless or even reckless play, but if the opponent is further away then it would be deemed dangerous play and be punished accordingly.

(10) Tackling

Fair tackling (e.g. making direct contact with the ball) is permitted as it is a skill similar to passing the ball, shooting for goal, etc. However, if a player makes contact with an opponent before touching the ball, then he must be punished by the award of a direct free kick. Depending on the degree and intensity of the challenge, a player may receive an additional punishment in the form of a caution or a sending off.

(a) Tackling with the foot lifted from the ground:

This may be dangerous, but is not necessarily so. Using the sole of the foot is an effective method of controlling the ball, but a player who lifts his foot should be penalised if the Referee considers he is endangering an opponent by doing so. If the player deliberately plays over the ball and makes contact with his opponent's leg, this is a serious foul.

(b) Tackling with two feet together:

The ball acts as a natural "cushion" between the players. If the two-footed tackle is controlled and made from a short distance away, there is no danger to the opponent. If it is an uncontrolled jump at the ball from a distance, the tackle certainly entails a large element of danger to the opponent.

(c) Tackling by sliding:

This tackle is carried out with one or both legs outstretched, and the same considerations as for the two-footed tackle apply. The player tackling in this way, whether or not he may bring his opponent down, should be penalised if he connects with the opponent before the ball.

(d) Tackling which endangers the safety of an opponent

A tackle which is violent with little or no attempt to play the ball and which endangers the safety of an opponent is prohibited and must be sanctioned as serious foul play.

Referees should watch for players who tackle the ball with one foot but trip the opponent with the other foot. In these circumstances, a penal offence has been committed.

(13) Serious foul play and violent conduct

Football is a bodily contact sport. However, the contest to gain possession of the ball should nonetheless be fair. Where play is vigorous, but fair, the Referee must recognise this and allow play to proceed.

Serious foul play and violent conduct are, however, strictly forbidden and the Referee must react to them by stringently applying the Laws of the Game.

Players who, in the Referee's opinion, are guilty of serious foul play or violent conduct shall be sent off the field of play, even if they have not already been cautioned.

The difference between serious foul play and violent conduct can be defined as follows:

(a) Serious foul play can only occur when the ball is in play and when a player unfairly challenges for the ball against an opponent using excessive force.

(b) Violent conduct occurs when a player is guilty of aggression towards an opponent even if he is not challenging for the ball. The ball can be in or out of play. If the ball is in play he shall be sanctioned with a direct free kick in favour of the team of the player who was attacked, from the place where the offence was committed, or with a penalty kick if it took place within the penalty area. If the ball is out of play, the game shall be resumed at the stage where it was interrupted prior to the offence (throw-in, free kick, etc.).

Moreover, if a player, substitute player or substituted player attacks one of his team-mates, the Referee, an Assistant Referee, a spectator, etc., this shall also be considered violent conduct. As mentioned above, this offence can arise when the ball is in or out of play. If the ball is in play, the player shall be penalised by the award of an indirect free kick against his team from the spot where the violent conduct occurred or with a dropped ball taken at the place where the ball was situated at the time of the offence, if this occurred beyond the boundaries of the field of play. If the ball is out of play the game shall be resumed at the stage where it was interrupted prior to the offence (throw-in, free kick, etc.).

Any player, substitute player or substituted player, whether he is within or outside the field of play, whose conduct is unsporting or violent, whether or not it is directed toward an opponent, the Referee, an Assistant Referee, colleague or other person, or who uses offensive or insulting or abusive language and/or gestures is guilty of an offence and shall be dealt with according to the nature of the offence.

Regards Julian Carosi _____

This newsletter remains free to subscribers.



This newsletter will **always** remain free to **all** members.



I hope that you have enjoyed this issue of the newsletter, and that you are all continuing to enjoy your refereeing roles. All the very warmest wishes to you all, wherever you are in the world.

Regards, Julian Carosi (Newsletter Editor):

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