

**The www.CorshamRef.org.uk Newsletter No 68: March 2009**

International newsletter covering Football (Soccer) Refereeing matters.

***Welcome, with an International perspective.***

Welcome to the 68th edition of The Corsham Referee monthly International Football/Soccer Referees' newsletter.

Greetings to everyone. This edition is a little earlier than usual, and focuses on injuries.

There are over 1,000 referees of all levels from all over the world that subscribe to this newsletter. Your comments and contributions are always welcome.

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

---

**NEWSLETTER CONTRIBUTIONS SOUGHT:**

Last month I asked you for a single sentence of advice when dealing with angry players. Sadly I only received a few contributions which are listed below.

- A loud and angry player can only hear a quiet and calm referee.
- When an irate player comes up and say's "Are you kidding me?"  
I respond "Nope... if I was kidding I'd have curly hair and a red nose!" ( I'm completely bald!)
- Keep it quiet, play on.
- Dealing with angry players, I find humour usually works. When a player is angry or equally when constantly moaning I just say "Pack it in please fella, you are making me feel homesick !"
- Be the calm in the centre of the storm. It is difficult to keep shouting at someone who responds softly and calmly; also, this displays strength and confidence.
- Show a measure of sympathy to what is causing the anger, in situations where it can help.
- Apply the laws firmly and fairly, and, if you are booking the player, remind him that you are doing what the laws stipulate.

Last month I also asked you for any Referee jokes as my store of Ref jokes has finally run out. Sadly I only received a few new contributions which are listed below.

A referee desperately needs to go to the toilet during a match so when he blows for half time he runs straight off to the clubhouse. It is packed with players and officials from a previous match. The referee, becoming more desperate pushes his way to the bar and exclaims, I don't want a drink barman just direct me to the gents quickly please!"

Barman says "No problem Ref - out that door, up the stairs, along the corridor, second door on right, up the spiral staircase, first door on left....."

"Don't worry, I'll find it" says the ref becoming close to breaking point and scurries off through the crowded bar to relieve himself.

He cant find the toilet, not remembering all directions and is finding odd rooms but no WC. He is desperate now and finds a room with just a hole in the floorboards. With no one around he feels the only option is to 'drop his cargo' into the hole. He does so with seconds to spare.

On descending back to the bar area ready to re-enter the field of play he notices the bar is empty except for the barman. "This place was heaving a minute ago" the ref says to the barman.

Barman then chirps up "Where the hell were you when the s\*\*t hit the fan !?!"

---

Referee leaving the pitch at the end of the game is approached by the losing home team manager who says. "Well done ref, we have only had two bad referees all season, and you've just been both of them".

---

## "SET PIECES"

### More 'set-piece' advice by Julian Carosi.

In my previous newsletters, I reiterated how a game of football/soccer consists of many - what can best be described as 'set-pieces', or jigsaw puzzle pieces that add up to form the whole 90 minutes. Each 'set-piece', if successfully managed, will result in the Referee maintaining control. One of the first aims of every Referee should be to use 'best-practice' techniques when managing 'set-pieces'. Once the standard 'set-piece' techniques have been mastered, the players' confidence in the Referee will increase, and they will more readily accept those awkward (non-set-piece) match-changing decisions, which seem to crop up in nearly every game. Subsequently, the Referee will feel more confident in the knowledge that at least he has a structured way to deal with the majority of situations that can occur in a game of football.

In the article below, we add to the previous set-piece ideas on (1) how to manage throw-ins, (2) how to issue cards, (3) how to manage goal kicks, (4) how to build a positive image, (5) how to establish a rapport with players by gaining their trust via the TRUST triangle, (6) how to deal with simulation, (7) how to manage a penalty kick, (8) how to approach the kick-off at the beginning of each game, (9) how to manage the first 10 minutes of each game, (10) self-evaluation, (11) how best to apply advantage, (12) Assistant Referee tips, (13) using the Give and Go, Give and Sort technique during Free Kicks, (14) advice on Dealing with a Mass Confrontation Melee of players, (15) giving a standard Pre-Match brief to your Assistant Referees, (16) ideas on what to do at the Final Whistle, by (17) showing you How to Deal with Injuries via the **S.E.R.I.O.U.S.** Method.

These ideas are not prescriptive; rather, they will hopefully give you some new things to think about, and encourage you towards adopting a consistent approach by dovetailing them into your own style of refereeing to improve your performance.

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

#### **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 the Referee's duty to ensure that any player bleeding from a wound leaves the field of play (*immediately*). The player may only return on receiving a signal from the Referee, who must be satisfied that the bleeding has stopped.

Dealing with injuries is the most important duty that a Referee has to perform when he controls a game of football. One performance area surprisingly deficient in many football/soccer Referees' capabilities, is that they do not have a standard process for dealing with injury situations on the field of play. If you can show the players that you sincerely care for their well-being, they will appreciate it, and they will respect you for it.

The advice given here, is not just about how you can recognise injuries or how you should take a more considered approach when players are young children etc, it's also about encouraging you to have a set process that enables you to manage all injuries properly; whilst at the same time, keeping a watchful eye on the rest of the players. The latter is something that many Referees often forget to do when an injury occurs.

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 when there is no need to. Sensible close positioning by the Referee (whilst monitoring the injury situation) is also another consideration. The Referee has a duty to monitor **all** of the players, and not just the one who is injured. Another worrying aspect is the habit that some Referees adopt, of wandering away from the injury location, to have friendly conversations with the other players whilst the injury is being dealt with. Without a set injury process to use, it is also not surprising, that on other occasions, the Referee also 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.

Having a process for managing injuries properly is not something that Referees are often taught or even consider. If you can do this right, then you have fulfilled your part, both as a caring human being who has a duty of care towards others, and as a Referee who has the added responsibility of trying to keep the game flowing whenever it is safe to do so.

The advice shown here encourages Referees to use a set process for managing injuries, it is a basis for improving the process that YOU use when dealing with injury situations. Also included below, is a selection of relevant useful injury information included in official publications. It is not surprising to see, that the Law book contains many references to injuries. But what is surprising is that many Referees have forgotten its importance.

## CONTENTS:

**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.**

*Note: Part B is too large for this newsletter. The whole article including Part B can be found on the web page below:*

<http://corshamref.org.uk/setpieces/setpieceinjuries.htm>

---

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

1. **Serious?** (The first consideration is to decide if an injury is serious or not.)
  2. **Evaluate?** (Evaluate each injury situation as it arises. Does play need to be stopped?)
  3. **Race.** (Sprinting to the scene of the injury).
  4. **Inspect.** (Taking up a position that allows inspection of the injury **and** monitoring the remaining players).
  5. **Organise.** (Taking charge, positioning and seeking medical assistance if it is required).
  6. **Usher.** (Overseeing the safe removal of injured players).
  7. **Start.** (Starting the game again after the injury has been seen to).
- 

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

- The following are your most important duties: To preserve life, to prevent an injury worsening and to promote recovery. And finally, to prevent/minimise injuries occurring by proactively managing the players.
- In the event of an injury requiring specialist treatment, the emergency services should be called.
- When an injury situation occurs, the first consideration - is to decide if the injury is serious or not.
- Do not move someone who has a major injury. Wait for the emergency services.
- As soon as you have 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.
- You 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 your Assistant Referees, you should instruct the Assistants to make a note of the required restart. This will aid you if you forget the restart!
- If there is any discipline action to be taken as a result of the injury, you should firstly organise any treatment for the injured player, before taking any discipline action.
- There may be occasions when you 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. You must brief the Assistant Referees as to their role in such circumstances.
- If the delay for dealing with the injury is likely to be long, you can stop your watch.
- 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, you should stop play and summon the trainer/medical staff **immediately**.
- You should always stop play immediately and summon medical aid if a serious head injury is suspected or there is difficulty in breathing.

- You 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), ***you 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 are 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.
- Extra care is required when dealing with breathing, head, neck and back injuries or bleeding wounds.

### **What is serious injury?**

In an emergency do not get distracted from the essential matters. On arriving at the scene, assess the situation, take in quickly what has happened, look for dangers to yourself and to the injured player, make the area safe, an unconscious player always takes priority and needs immediate help to make sure they can breathe, only then should any other injuries be assessed.

### **The A.B.C. priorities of First Aid when a player gets an injury are as follows**

#### **A AIRWAY**

#### **B BREATHING**

#### **C CIRCULATION (and bleeding)**

#### **Followed by burns and broken bones.**

- **AIRWAY:** The airway of an unconscious player may get blocked if the tongue drops back and blocks the throat. You can lift the tongue away from the entrance to the air passage by lifting the chin and tilting the head back. If you think the neck may be injured, tilt the head back very very carefully, just enough to open the airway.
- **BREATHING:** You can check that a player is breathing by placing your head near the person's nose and mouth. Feel for breath on your cheek or moisture on the back of your hand. If a player has just stopped breathing then make sure the airway is open and head tilted back and begin mouth-to-mouth ventilation. Pinch the nostrils together, take a deep breath and blow into the mouth, firmly sealing your lips around the mouth so air is not lost. You should see the chest rise. Remove your lips and let the chest fall. Continue this, giving about ten breaths every minute until help arrives or breathing begins.
- **CIRCULATION (and bleeding):** If a player has a serious wound that is bleeding, stop the bleeding by applying firm pressure to the wound for about 15 minutes. Never use a tourniquet. If there is any suspicion of heart failure, check for circulation by sliding two fingers to the side of the windpipe (by the Adam's apple - lump on the windpipe) and feel for a pulse. If there is no pulse, use chest compressions to try to restart the heart.  
Place your hand flat just above the point where the ribs meet the breastbone. Bring the other hand on top of it and lock your fingers together. With your arms straight, press down firmly on the breastbone, pushing it down by 4-5 cm. Release the pressure and repeat the compressions at a rate of about 80 per minute. If the player is also not breathing, alternate 15 compressions with two breaths until help arrives.
- A Referee is not expected to administer First Aid; this is the prerogative of the team's medical personnel. But if you are the only person who can help save a life - save it.
- A serious injury cannot be easily defined in just a few words; but should be fairly obvious to identify.
- 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.

- 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. Note down the specific details of what happened in your notebook if required.
- A serious injury can have a major impact on the victim's earnings and lifestyle. An injury that causes a substantial loss of earnings or earning capacity would be termed "serious".
- An injury that requires a player to make major accommodations to their lifestyle is also serious.
- You must be particularly vigilant when young players are concerned - a serious injury can have a significant impact on the development of a child.
- 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.
- You should never sanction the movement of a player who has possible internal injuries without seeking the authority of the trainer/medical staff.
- If you are some distance away from the scene, you 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.

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.
- dislocations and ligament damage.
- 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.

When a non-serious injury occurs very near to a boundary line, and the injured player is capable of leaving the field, you should encourage him to do so. This will: (a) minimise the time lost (*i.e. delayed restarts*), and (b) prevent the trainer from crossing over the field to reach the scene. If you can remove the player safely, and then signal for the trainer to *skirt* the boundaries, to apply treatment off the field, it will enable you to restart the game much quicker.

**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.

You 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.

Whether or not a player who has suffered possible concussion is fit to return after receiving treatment, should be deferred to the Club's medical staff. In the absence of such a person, the Referee has the authority under Law 5 to determine if a player is still seriously injured and, if necessary, to stop play and to require that the player is once again removed from the field of play. Concussion is a serious injury that must be taken SERIOUSLY.

**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 a 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. Thankfully, this practise had almost disappeared.
- 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.

---

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

You will need to quickly evaluate each injury situation as it arises. Initial evaluation can sometimes be done from a distance, but on other occasions, you 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 for you to evaluate, is whether the injury is serious or not, and to subsequently decide if play should be stopped or not.
- Stay calm but act swiftly and observe the situation.
- 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, you should encourage play to continue. The decision for stopping play or not, is for you to make in accordance with Law 5.
- If a team purposefully kicks the ball out to allow treatment, then you 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. You must therefore be vigilant and deal with the restart carefully, so that players hopefully do not abuse 'The Spirit of this **Gesture**'. But the you have no say (in Law) in where the returned ball should go once play restarts.
- Does the injury involve a young child? Greater emphasis to stopping play should be given when young players are concerned.
- Is the injury being simulated? If so, then a caution should be issued.
- 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 an injured player will not be as seriously injured as you first thought. In fact, at the first squirt of magic water, the player is ready to play on. If players are wasting time, you will need to deal with this in accordance with the Laws.
- Is the tempo of the game such, that a forced stoppage by you will provide an opportunity that allows tempers to cool?
- Does the injury occur whilst 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?
- Is there danger of further injuries?
- 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), you will need to decide if play can be allowed to continue until a natural stoppage.
- You **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 you 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 by you to do so.
- If the player is bleeding slightly, you can instruct the player to leave the field of play immediately. The player may only return when authorised by you, after checking that the bleeding has stopped and/or is suitably covered. The Fourth Official or an Assistant Referee may assist you 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 with water and re-worn. You should never allow a player back onto the field without properly clean equipment. As yourself; " Would you wear a bloodied shirt against your skin that has been rinsed with a water bottle?" No.

---

### 3. 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) you should **RACE** sprint 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 it is required.
- Prior to summoning on the trainers/medical staff, you need to make an initial assessment before you can get to the scene. Does the injured player immediately require the trainer/medical staff assistance?
- Listen to what the injured player is saying. Ask him if he wants medical assistance.
- As mentioned above, if you are some distance away from the scene, you 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, you should use an outstretched palm to delay the entry of any over-eager trainers/medical staff. This is important, for as soon as you have 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 you, and given the option 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. You 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 and sympathising with the parents, rather than strictly adhering to the duties and responsibilities as laid out in the Laws.

---

### 4. 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, you should ask the injured player whether he requires a trainer/medical staff; using simple words to the effect of, "Do you want your trainer?"
- You should **not** say, "Do you require treatment?" Otherwise the player will assume that the you **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, you should summon aid immediately (there is no need to ask a severely distressed player if he needs treatment).
- After questioning the injured player, you can authorise 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 you **do 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. You must first seek this advice and authority for removal from the trainer/medical staff. You 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, you can summon a stretcher. If you call for the stretcher, or insists that a player be removed without recourse to the trainer/medical staff, it could have dire consequences for you, if the injury involves damage to the spine, head or is a serious fracture (and the hasty removal on your sole authority causes further trauma to the injured player).

- The bottom line is, that when a serious injury is suspected, you **MUST** seek advice from the trainer/medical staff before sanctioning the removal of an injured player.
  - Deal with the rest of the players to ensure that they are adequately supervised (see below).
- 

**5. ORGANISE.** (Taking charge, positioning and seeking medical assistance if it is required).

- When you arrive at the scene, you should position yourself so that you can still keep an eye on the rest of the players. In other words, you should not place your back to the rest of the players when you are dealing with the injury. This is the most common fault of Referees when dealing with an injury situation.
  - When managing injuries, it is not only the injured player that you should be monitoring; it is also the other 21 players. You should therefore position yourself near to the injury location, so that you have the majority of the rest of the players, in front of you. This usually means placing your back to one of the boundary lines so that you have the injury situation in front of you, and between yourself and your active Assistant Referee.
  - In moments of tension, you should also position yourself so that you can monitor the technical area occupants. This is doubly important if the injury location is very near to the technical areas, as heated tempers are prone to rise.
  - 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.
  - When an injured player is being assessed, or receiving any immediately required emergency treatment, you should stand a couple of paces back from the scene, in a position so that you 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.
  - You 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. You should allow a reasonable space between yourself and the medical staff. Close attendance by you may on some occasions, inflame tempers. Keep calm.
  - Whilst monitoring the injury assessment, you 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, you can deal with any misconduct.
  - Some trainers/medical staff when dealing with an injured player cannot refrain from berating the Referee. You must allow the injured player to be sorted out, before taking any discipline action against misbehaving trainers/medical staff.
- 

**6. USHER.** (Overseeing the safe removal of injured players).

- If the player does not require treatment, and is able to walk to the touchline unaided, you should encourage the player do so by the shortest route. In such cases, you 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.
- When or if it is safe to do so, ask the player to leave the field of play, and to await a signal from you to re-enter at a suitable time after play has been restarted.
- If an injured player is able to remove himself from the field of play, you 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, you 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, you 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, you should allow a reasonable amount of time for recovery, prior to recommencing the game.
- If you are 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, you 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 you, you can then use the two-handed hand-pumping 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.
- You **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.
- An injured goalkeeper is not required to leave the field of play and may receive treatment while on the field of play.

---

#### 7. 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.
- You 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, you can restart 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, you must be very careful when you allow the injured player to return onto the field of play. You should wait until the play action is away from the vicinity of the returning 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.
- You should always read the Competition Rules. In some competitions, the Rules forbid Referees 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, for example, in a tournament.

#### Summary:

There is a lot of information to consider in this **S.E.R.I.O.U.S** injury advice, but the words immediately below, summarise what you need to do to manage an injury situation properly. It is a very easy process to adopt. Try it.

- Your first consideration is to decide if an injury is serious or not.
- If it is serious, then you need to act immediately, stop play and summon help.
- A Referee is not expected to administer First Aid as this is the prerogative of the team's medical personnel. But if you are the only person who can help save a life - save it.

- If the injury is not serious, then you should allow play to continue if it is safe to do so.
- React to any injury, by running to the scene, rather than walking.
- Fend hasty entry by eager trainers/medic (with an open outstretched palm) until you have assessed the situation, and then summon the trainer/medic if required.
- Do not wander off, but place yourself in a position very near to the scene, where you can still monitor the other players.
- Restart the game when it is safe and proper to do so.
- You have no say in how many players attend a dropped ball, or where a ball that has been kicked out of play is subsequently returned, when play restarts.
- And finally, don't forget to add any time lost onto the end of the half.

To emphasise how important the proper management of injuries is, see Part B, for several useful excerpts from official publications regarding injuries. Read them, as it will remind you of your main duty - the safety of the players.

*Note: Part B is too large for this newsletter. The whole article including Part B can be found on the web page below:*

<http://corshamref.org.uk/setpieces/setpieceinjuries.htm>

Stay safe.

Julian Carosi [www.CorshamRef.org.uk](http://www.CorshamRef.org.uk)

Happy reffing.

---

## THE REFEREE'S SURVIVAL GUIDE

A fantastic referee book written by Jeffrey Caminsky from the USA was featured in the 2007 April edition of The Corsham Referee newsletter, where you can get details of how to buy Jeff's book entitled 'The Referee's Survival Guide'. *Can be bought from Amazon.com.* The book comes highly recommended by me (Julian Carosi) and provides answers to many of your problems on the field of play. Clearly written and easy to understand. The Referee's Survival Guide explains many of the "what's, how's, who's and why's" of life on the soccer field, as well as many of the things for a referee to avoid.

*Below is a monthly excerpt to whet your appetite for Jeff's brilliant book.*

### **Accidents and Other Misadventures**

As with any contact sport, injuries are an unfortunate part of soccer. Most common mishaps are minor, and players can usually resume playing after a few moments of recovery, often with no need to stop the game. Occasionally, however, a player's injuries go beyond a minor knock on the shin or muscle cramp. When this happens, you must be able to assess the situation and help take appropriate action, which will vary depending upon the nature and severity of the injury, and the ready availability of medical help.

### **Stopping the Play**

The Laws instruct us to let play continue despite minor injuries. When it looks like a player is seriously hurt, though, the game must stop before anyone can tell how severe the injury is, and decide what kind of treatment is called for.

While whistling to stop play for an injury is not forbidden, if you do so the restart will be a dropped ball. Complications arise if players do not know traditional soccer etiquette. The customary procedure is for the players to send the ball across a boundary line to tend to a player who needs help. If players are bringing an injury to your attention, you should direct them to kick the ball over the touch line. Note the time of the stoppage, and the appropriate restart. This may prevent embarrassment in the event that the stoppage is a lengthy one and everybody forgets how play - came to be stopped. It will also help you describe the incident on your match report. As with other noteworthy incidents, significant injuries need to be reported not only to advise the league of the event, but also to help document the injury in case of an insurance claim.

It is considered good sportsmanship for the team entitled to the restart to return the ball to the team kicking it out of bounds. Reminding younger teams of the customary protocol will help educate them in proper on-field behaviour. Failing to return the ball is not, however, a violation of the rules. This is the main reason why putting the ball into touch after an injury is usually better than whistling play to a halt. It results in fewer problems if the teams do not understand the traditions of the game.

### Help for an Inured Player

Once play is stopped, you should go to the player to make a quick assessment of the nature and severity of the injury-. If the injury needs treatment, you should summon help as soon as the seriousness of the injury is apparent. As the match official, your responsibility does not include providing medical treatment or first aid. You already have a Job on the field, and must monitor and control everyone in and around the area. Tending to an injured player is a job best left to team officials, or trained medical personnel.

### Medical Emergencies

On rare occasions, a player or other person may collapse at the field or suffer a major trauma. If this kind of emergency crops up at one of your matches, you may need to suspend the match and wait for help to arrive. Seriously injured people should only be moved by trained medical professionals. You should do nothing to jeopardize the safety of anyone in serious need of medical treatment, even if it means suspending or abandoning your match.

If the emergency arises nearby -, but not on the field where your game is being played, you should use your own common sense in deciding when and whether to continue your own match. **The needs of a game will never match the life-and-death needs of a real medical crisis.**

*Many thanks to Jeffrey Caminsky for giving his permission for this article to appear.*

---

## SOCCERPEDIA

*(A monthly extract from the brilliant book 'Soccerpedia' by my friend Andrew Ward. Arranged in A to Z format, this entertaining and authoritative book offers the chance to get to know the Laws of the Game and its history in detail. Publisher Robson . Publication Date 28 September 2006: ISBN 1861059833 Size (h x w) 234x156mm Pages 368 Normal price £10.99 (approx. \$20.35) Can be bought from Amazon.com*

## STOPPAGE-TIME

Referees have the power to add time to the end of each half to allow for time wasted, or lost, through accident or other reason (IFAB 1906). Stoppage-time includes time lost for injuries, substitutions, cautions, sendings-off, strategic time-wasting and temporary suspensions of play.

The first half of a cup tie at Bristol City lasted slightly under 67 minutes when an injury to Lloyd Owusu (Brentford) caused a long delay while an ambulance came to the side of the pitch (August 2000). A sending-off and a number of injuries led to eight minutes of stoppage-time at the end of the first half of a USA-EI Salvador international (September 2004). The second half of Liverpool-Chelsea had six minutes of stoppage-time for six substitutions and two pitch invasions by lone spectators (May 2005). The first half of Grimsby Town-Derby County was extended by about fifteen minutes after a delay caused by a serious head injury to Grimsby's Steve Livingstone (August 2002). And Barton Rovers versus Chatham Town was suspended for 45 minutes while an ambulance arrived to deal with a head injury to Barnes (Barton) in September 2005.

Stoppage-time can be a tense, controversial period with a disproportionate amount of goals. Manchester United featured in two sensational periods of stoppage-time in the 1990s. They scored in the sixth minute of added-time against Sheffield Wednesday (April 1993), and twice in two minutes of stoppage-time to beat Bayern Munich in the 1999 Champions League Final.

In the 1994 FA Vase Final, Taunton Town lead Diss Town 1-0 until nearly ten minutes of stoppage-time had been played. Then goalkeeper Kevin Maloy (Taunton) was adjudged to have fouled Stephen Miles (Diss), and Paul Gibbs scored from the penalty. Cramp and minor injuries on a wet surface accounted for so much stoppage-time. Diss won 2-1 after extra-time.

A Leicester-Arsenal match caused controversy when Leicester equalised during a lengthy period of stoppage-time (August 1997). Conversely, the Blackburn-Leeds match seemed to halt suddenly when spectators expected lengthy stoppage-time after an eventful match (September 1997). Eventually, after experiment, the major British leagues adopted an Italian system whereby the fourth official holds up a board showing the minimum number of minutes the referee would add on. However, the match referee is the person in charge of the full-time whistle. In local football, there are tales of club officials, deputising for an absent neutral referee, adding on twenty minutes of stoppage-time while their team equalises.

Time is not added on for that lost in organising restarts (providing there is no unnatural delay). An assistant referee can aid a referee by signalling when the half's 45 minutes are used up (usually by holding the free hand across the chest). Time can be added on for a penalty-kick to be taken, but there needs to be a definite outcome (as explained in the penalty-kick section).

Calculating stoppage-time is more of an art than a science. Referees use various methods. Some stop their watch and restart it when the interruption ends; others point out that this is a risky method if you forget to restart the watch. Most keep a separate watch for stoppage-time. Others keep the stoppage-time in their heads, using a rough-and-ready method (thirty seconds for a caution, etc.). And one eccentric referee, believing that he only got paid for ninety minutes, carried a watch with no stop.

*Many thanks to Andrew Ward for giving permission for his material to appear in this newsletter.*

## NEWSLETTER FEATURE:

Regular articles by Stanley Lover can be found on the [www.CorshamRef.org.uk](http://www.CorshamRef.org.uk) web site along with any respective images.

### A parody

**Football Weapons of Mass Destruction** by Stanley Lover

**From our Front Line Football War Correspondent**

*Over-flying spy cameras have caught the atrocities on film with close-up evidence of collateral damage to jaws, eyes and teeth*

Elbows are the current Football Weapons of Mass Destruction (FWMD). I've witnessed many horrific atrocities committed by elbow FWMD in the name of victory at all costs.

On every football battlefield two armies of warriors, each equipped with 22 of these deadly ready-for-immediate-launch missiles, engage in hostilities in the guise of a sporting contest - for the glories of victory, fame and fortune. Each army holds a reserve of potential FWMD in dugouts ranged along the borders of disputed territory. Football police inspectors (match officials) know of their existence but their task of detection is made impossible when the lethal weapons are secreted under long sleeves or, when exposed, are cleverly camouflaged to appear as normal arms. How to detect the use of elbow FWMD occupies much time of war directors and football police but, effectively, the police are left on their own with their limited resources of human eyesight. Elbow FWMD are most effective when arms are bent to a sharp bone crushing point and delivered to targets around the neck or face. They are employed in skirmishes disguised as legitimate attempts to claim possession of a prize object - a leather sphere.

Some cunning launchers time their strikes away from the prying eyes of the football police but, when spotted, they are signalled by a shrill blast of a whistle. Hostilities are stopped abruptly, and a temporary truce declared - to allow officers of the Medical Corps to enter the battleground and remove the dead and treat the wounded. In the meantime, the war police, confused by ham-acted claims of innocence by the assassin, are submerged in a mob of protesting fist-fighting troops. In the Official Observation Grandstand opposing Army generals and their political masters exchange verbal fire across gangway spaces. One side cries 'FOUL!'; the other claims provocation and horror that their gentleman warrior should be so victimised.

But, over-flying spy cameras have caught the atrocity on film, with close-up evidence of collateral damage to jaws, teeth and eyes. Highly paid experts, seated in front of revealing screens, interpret the ugly scenes of mayhem and apportion blame. Often the football police are accused more severely - by cynical words of weakness and incompetence - than the culprits.

After the battle, filmed reports of the skirmish are examined, dissected, and debated in Fair Play committees by men of honour, dressed sometimes in UNO-blue suits. They pronounce judgements which may result in resting the guilty warrior from front line duty to reflect on his crime for a certain period. But, his elbows are not destroyed; his FWMD remain fused, to be used again when he returns, refreshed, into the next conflict.

The Rules of War (usually referred to as the *Laws of the Game*) are strict on correct battle-dress fashion for combatants in the front line. Rule/Law 4 pronounces thus:

*'A player (combatant) must not use equipment or wear anything that is dangerous to himself or another player (combatant) - (including any kind of jewellery)*

Forbidden items of jewellery e.g., rings or religious objects which scratch, tear and blind; necklaces, which choke and slice open blood- spouting jugular veins etc., must be controlled by football police. Obligatory self-protection includes shinguards, to reduce damage inflicted by reckless studs-up assaults.

There is a simple solution to elbow FWMD, which protects both the launcher and the victim. On the principle of prevention is better than cure, elbow FWMD can be neutralized by requiring battling warriors to wear elbow pads.

Apart from reducing calls for medical services, adding 'elbow pads' to Law 4 will ease the workload of Football War Crimes Commissions because, by removing the threat of elbow FWMD from arsenals of football battalions, embedded battle lawyers will have fewer cases to argue to hang assassins and jail incompetent football police. Elbow FWMD neutralizers are available - as one supplier claims - as 'high density, lightweight, low-profile foam protection for elbows, with cotton sleeves to give comfort, support, and flexibility'.

Commercial neutralizers could be purchased for 15 to 20 US\$ for two, in black or coloured, before the *Great Bank Meltdown* crisis of 2008. If cost is a deterrent safety and eco-conscious fair-players can improvise with pairs of old socks, cut-down, stretched over arms, and stuffed with cotton-wool over sharp-boned warheads.

This proposal is tabled as just one measure to reduce casualties and reinforce the struggle for the hearts and minds of innocent football civilians - weary of violence in their favourite sport.

Yours in sport,

© Stanley Lover 2009

### **THIS MONTH'S QUESTION and ANSWER TOPICS:**

**Question 1:** In a recent match an attacking player received a ball from his team mate and then scored a goal. The defending team were adamant that the attacker had deliberately handled the ball before he scored, the attacking team was adamant that he hadn't. As the Referee, I didn't see the offence and awarded the goal, but then the attacker immediately admitted that he did deliberately handle the ball before he scored the goal. What should I do?

**Answer 1:** These things do happen in football. If a player admits that he did handle the ball before he scored the goal, and you have not restarted play, then Law 5 allows you to change your decision. In this case, if the attacker admits that he deliberately handled the ball, then restart play with a direct free kick to the defending team. Thank the perpetrator for his (*eventual*) honesty, and either give him a strong warning (*not to do it again*), or issue a caution if you really want to apply the Laws to the very extreme!"

---

**Question 2:** There used to be a ruling where if a referee realises during a match that a team has 12 players, the referee stops play and, weather/lighting permitting, re-starts the match in full. Any goals which may have been scored will not count. As this ruling does no longer apply, I'd be grateful if you could let me know when this change of ruling occurred.

**Answer 2:** There never has been a ruling as such, as there are endless scenarios that can occur when an incorrect number of players occur. I have certainly never come across a ruling that asks Referees to start the match in full again, as that would be madness, and create all sorts of problems. The advice in such situations has always been to simply dismiss the 12th player and report the facts. You are probably thinking about some of the vague old Law 4 FIFA Questions and Answers which last appeared in the Laws of the Game book for season 2006-2007.

---

**Question 3:** An incident has arisen in which some players have been wearing beanie hats or even in one case a hooded top to wear during a match as the weather is so cold. What are the restrictions as to player's clothing?

**Answer 3:** A player may use equipment other than the basic equipment provided that its sole purpose is to protect him physically and it poses no danger to him or any other player.

Beanie hats are made of wool or soft material and pose no danger, but hooded tops do not fit into the criteria that a player's basic equipment must consist of separate items; therefore, my advice is that hooded tops (which also greatly restrict sight) should not be allowed.

A Referee has some discretion to use common sense when making such decisions, so whatever you decide on, the players must comply. The age of the players, the weather conditions, whether the players are trying to dupe you, are just a few of many factors that you will need to consider.

---

**Question 4:** An Assistant Referee who is standing on the touchline 10 yards from the halfway line observes an attacking player standing in an offside position.

The attacking team plays a forward pass, high over the defence towards the defending team's penalty area. Two attacking players chase the ball (one being the offside attacker and one coming from an onside position). The Assistant Referee follows them from his touchline position waiting to see if the onside player reaches it first. Just outside of the penalty area the offside player touches the ball before his teammate and the Assistant Referee correctly flags for the infringement.

Now the question is ....

Where is the free kick taken?

1) From the original place that the attacking player was in an offside position 10 yards inside the half?

or

2) From the place he became active just outside of the defending team's penalty area?

Some Level 4 colleagues are suggesting that you would crab 30 yards back up the touchline to indicate the original offside position and the kick would be taken from there. I have never seen this in practice and I have only seen Assistant Referees flag once the player becomes active and the free kick is taken in line with where they stop.

**Answer 4:** Offside is judged at the precise moment when the ball was originally played. Therefore, the indirect free kick should be taken from where the offside attacking player was (10 yards into the half) when the ball was originally played.

You were correct to run up the touchline to monitor play. As soon as the offside player becomes active, raise your flag, wait for the Referee to stop play, and when play has been stopped, run back up the touchline to the correct position, and lower your flag to indicate the correct offside location.

**Question 5:** If a Referee realises that Team A has scored a goal when they had an extra player on the field of play (*who was interfering with play*), the goal should be disallowed (so long as the Referee has not restarted with a kick off). So how should play be restarted correctly?

**Answer 5:** The goal is disallowed because the attacking team illegally had 12 players on the field of play. It makes no odds whether the illegal player interfered with play or not; the goal is still disallowed. The last player to touch the ball was an attacking player. The ball is no longer in play because it has travelled completely over the goal line. Therefore the match should be restarted with a goal kick.

---

**Question 6:** If the sun is shining straight into an Assistant Referee's eyes, is he allowed to wear a hat?

**Answer 6:** There is nothing to stop an Assistant Referee from wearing a suitable hat so that he can shade his eyes when the sun is low and full in his face. A plain black baseball cap is the best option.

---

**Question 7:** Recently in a match, I issued a red card (DOGSO) to a goalkeeper for deliberately picking up the ball just outside of his penalty area as an attacking player was in the process of trying to gain possession and strike the ball towards goal. Was I harsh in my decision? A senior referee friend of mine indicated that a goalkeeper should only be issued a caution in this case, and that in his many years of refereeing he has never seen an example of a goalkeeper being sent off for picking up or handling the ball outside of his penalty area. Can you please clarify?

**Answer 7:** The best way to understand this, is to imagine a player (not a goalkeeper) deliberately handling the ball just outside of his own penalty area, thereby denying an attacking opponent an obvious goal scoring opportunity. The outcome would be that you must send-off the defender in accordance with Law 12. When a goalkeeper comes out of his own penalty area, he loses his goalkeeper privileges, and in essence becomes a normal outfield player. The crux is therefore, not whether it was a goalkeeper or an outfield player, but whether the offence denied an obvious goal scoring opportunity or not, and in your case it did. You were correct to send-off the goalkeeper - well done. It would be wrong to only issue a caution for the sending-off offence of 'denying an obvious goal scoring opportunity'. The confusion arises, because when a goalkeeper deliberately handles the ball outside of his penalty area, in many cases he does not actually 'deny an obvious goal scoring opportunity', for example, the incident occurs to the side of the penalty area and the attacker is therefore not necessarily moving directly towards the goal, or two or more defenders are positioned so that they can prevent an obvious shot on goal. It is in these cases, that a caution for unsporting conduct can be justified.

---

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 (Editor)

[www.CorshamRef.org.uk](http://www.CorshamRef.org.uk) Newsletter Editor, Referee, FA Licensed Referee Instructor, FA Referees' Assessor and Mentor Wiltshire, England.

If you want to contact me, go to my website and select the *Contact the Webmaster* link under the cartoon on the home page or on the top left of the page.

**Disclaimer:** The content of this newsletter is not sanctioned by or affiliated with any governing body of soccer. The opinions expressed here are sometimes those of the Corsham Referee webmaster and the readers, or from other media sources. Reference to the male gender in this newsletter is for simplification only, and applies to both males and females. All rights of the current Laws mentioned in this newsletter are reserved by FIFA, and they are the official laws of the International Football Association Board. The Editor is not obliged to publicise unsolicited manuscripts or photos.

To subscribe or to unsubscribe to this newsletter, please go to the web site [www.CorshamRef.org.uk](http://www.CorshamRef.org.uk)