

Resuscitation in community sports: a national best practice guide



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Resuscitation in community sports: Best practice guidance for grassroots and organised sport

This publication is designed to be read by anyone undertaking grassroots sporting activity in any context.

This document uses the term 'field of play' to refer to any sports or playing venue.

Collapse and cardiac arrest may not only occur in athletes undertaking a sports activity, but also in match officials, volunteers or spectators. The advice provided in this document is equally applicable to everyone.

This document does not constitute official training material, but serves as guidance and should be used alongside formal training in responding to cardiac arrest.



Check

Shout for help and gently shake the person who has collapsed to check for a response.



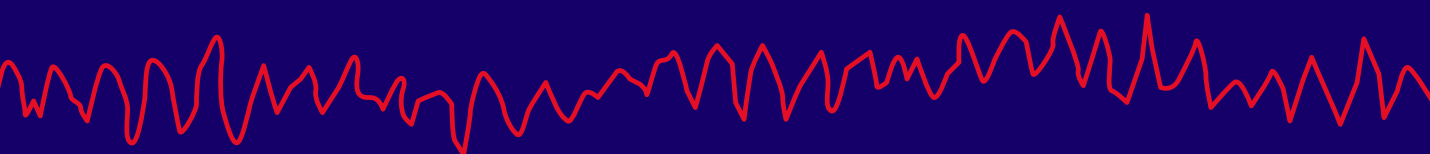
Call

Call 999. Put the phone on loudspeaker and tell them you are with someone who has collapsed and is not responding.



CPR

Begin CPR. The call handler will talk you through what to do.



Executive summary

Cardiac arrest during sport is an infrequent event. However, it is important to ensure that those taking part in grassroots sport (e.g. local clubs, community-level teams and other local events such as 'Parkrun') know what to do in the event of a cardiac arrest.

Someone who has an unexpected collapse and who remains unresponsive should be presumed to have had a cardiac arrest and be treated accordingly. **Call 999 immediately for any unresponsive person.** You do not need to wait to confirm whether they are breathing before calling 999. Following a cardiac arrest, the collapsed person may stop breathing. However, they may also have slow, laboured breathing or other abnormal patterns such as gasping or panting. They may even have near-normal breathing at the start, have seizure-like activity or have their eyes open. It is important to recognise that any of these signs can be present and that these individuals still need immediate resuscitation. Alongside calling 999, early cardiopulmonary resuscitation (CPR) and defibrillation using an AED will give the person the best chance of survival.

Every sports facility should be ready to deliver the following critical interventions:

- **Early recognition** of cardiac arrest.
- **Calling 999** and asking for the ambulance service.
- **Early CPR:** perform continuous, high-quality chest compressions.
- **Perform rescue breaths** if trained.
- **Early defibrillation:** using an AED/defibrillator as soon as possible, and ideally within two minutes of collapse.
- **Preparedness saves lives.** Everyone involved in grassroots sport should know how they would need to respond if anyone has a cardiac arrest.



Recognising a cardiac arrest

If someone on the field of play has an unexpected collapse and remains unresponsive, e.g. does not sit up or appear to move purposefully, does not interact with those around them, does not respond to being spoken to or touched, **it should be assumed that they have had a cardiac arrest unless proven otherwise.**

The collapsed person may not be breathing at all or may not be breathing normally. In the early stages following cardiac arrest, there may be slow, laboured breathing and/or short episodes of seizure-like movements, and their eyes may be open. Sometimes people who have had a cardiac arrest may pant or continue to breathe more rapidly. This should not delay the recognition of cardiac arrest.

If anyone collapses during a sporting activity and remains unresponsive, treat this as a cardiac arrest.

An unexpected collapse may occur at any time during sporting activity:

- In the warm-up, training or practice, in competition and during the post-activity recovery period.
- Immediately after blunt-force trauma to the chest, or through collision with another athlete's elbow or knee, sporting equipment, or through a ball hitting the chest.

Anyone who sees an unexpected collapse should call for help immediately. Even if the person recovers and regains consciousness quickly, they should receive prompt medical attention. **They should not continue in their sporting activity.** They should leave the field of play and seek immediate medical attention.



Immediate steps to take

If an individual is having a suspected cardiac arrest following an unexpected collapse, it is vital to take the following steps to ensure the best chance of survival:

- 1. Check: Is it safe to approach?** If the person suddenly collapses and is unresponsive, presume this is a cardiac arrest until proven otherwise.
- 2. Call for help: Call for an ambulance (999)** on speakerphone and tell the operator “cardiac arrest” and provide as many details as possible, including the location (e.g. What3Words), the nature of the emergency, and that an AED is needed. Initiate the call first, then assess breathing while waiting for the call to be answered. The ambulance service call handler will be able to assist you in identifying abnormal breathing, if needed.
- 3. CPR: Begin chest compressions immediately** and start high-quality chest compressions (CPR) without delay. If you have been trained to provide rescue breaths, alternate 30 chest compressions with 2 rescue breaths.
- 4. Attach and switch on an AED immediately:** Send someone to fetch and attach the AED as soon as it arrives. Follow the AED voice instructions. An AED should be located at sports venues and training grounds so that a first shock, if appropriate, can be delivered within two minutes of the athlete’s collapse.
- 5. Continue until help arrives:** Continue doing effective CPR and defibrillation until the ambulance service arrives and takes over, as this will give the individual the greatest chance of survival.

AEDs can be used on children and adolescents who have a cardiac arrest. Some AEDs have a separate mode for children under 25 kg (approximately eight years of age), but if it does not, use it in its standard adult mode.

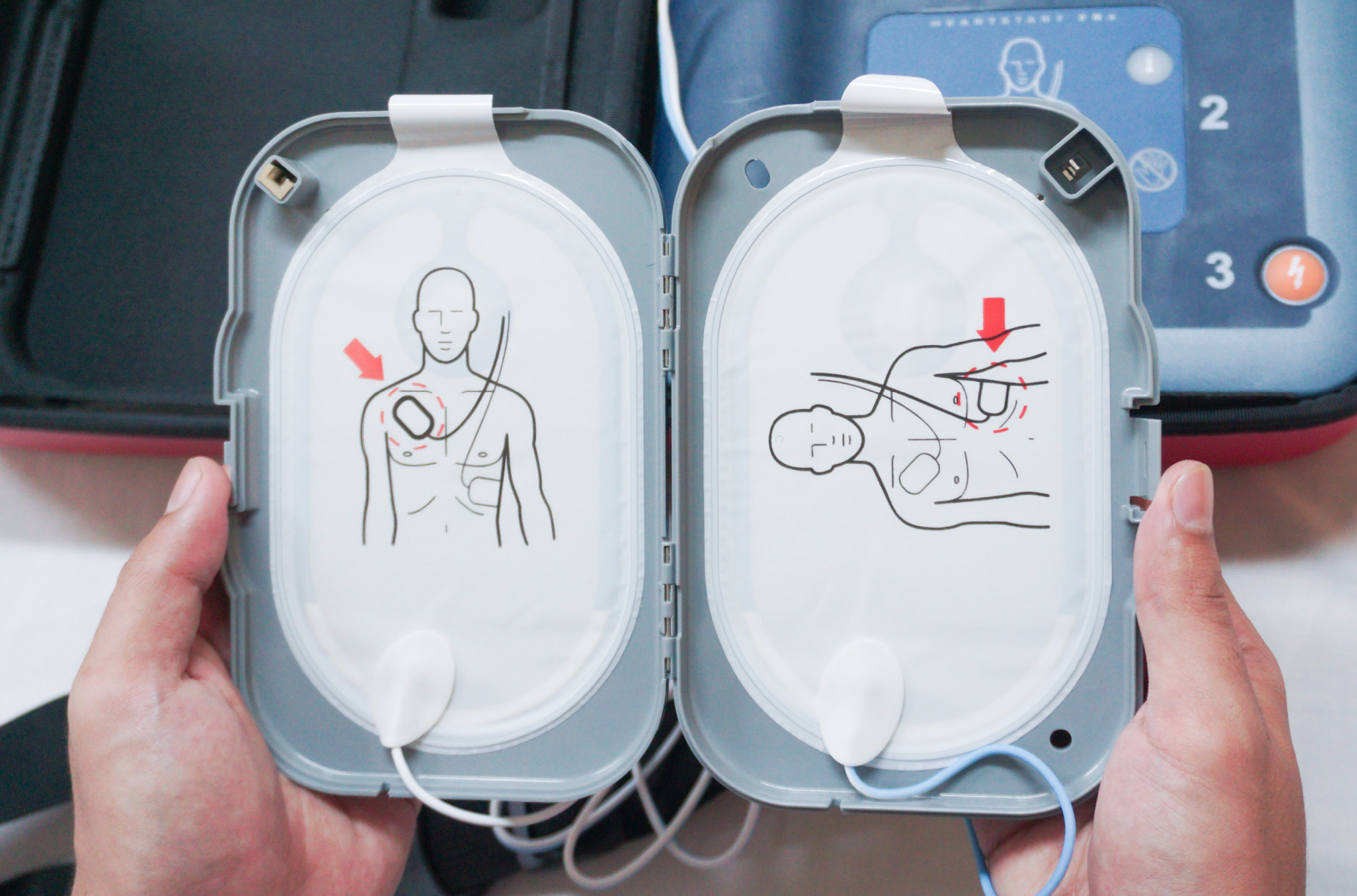
How to manage bystanders

Without the presence of a medical team, early bystander help and assistance are vital; practising this response helps ensure that roles can be allocated quickly and the situation remains controlled.

One person should take responsibility for coordinating others, giving clear and calm instructions. These may include:

- asking individuals to call for help
- collecting equipment
- organising roles for chest compressions and using the AED
- meeting the ambulance
- supporting family or friends away from the immediate area.

Players and spectators should be moved back to create space, stop play, and keep clear access routes open. **A calm, organised environment allows those giving care to focus fully on the person and supports an effective emergency response.**



Automated External Defibrillators

An **Automated External Defibrillator (AED)** (commonly referred to as a defibrillator) is a portable device that can deliver an electric shock to a person in cardiac arrest to restart their heart. AEDs are designed to be used by members of the public, not just medical professionals. AEDs give clear voice prompts once they are turned on to guide a bystander through the entire process of using them, and are simple to use.

AEDs work by:

- **detecting** the heart's rhythm through adhesive pads placed on the chest
- **advising** whether a shock is needed to restore a normal heart rhythm
- **delivering** a shock (when needed) automatically or by prompting a bystander to push a 'shock' button.

Once the AED has delivered a shock, immediately continue with CPR. An AED will sometimes advise that no shock is needed. In this case, continue CPR immediately. The AED will reassess the heart rhythm every two minutes (and prompt the bystander to pause CPR) to determine if a shock is needed or not.

For every minute that a person is in cardiac arrest without receiving CPR or defibrillation, **their chance of survival decreases by 10%**. This is why it is so important to act immediately.

We strongly recommend having an on-site AED available and immediately accessible in locations where people are engaging in exercise and/or sporting events.

We suggest that sporting organisations also have an AED positioned so that it is always accessible to the wider community (e.g. in an unlocked cabinet on a premises' external wall). The location of AEDs should be indicated using clear signage that is visible at a distance, and team members should be aware of its location. If there is no onsite AED, then sporting organisations should know where the nearest community AED is located and consider fundraising for an onsite device.

AEDs should be registered on the national database – **The Circuit**.

More information about AEDs is available at: www.resus.org.uk/publications/publication-public-access-defibrillators-guide-communities



Emergency planning

Every local sports club should have a plan in place for how to respond to a cardiac arrest. This should include who is trained to perform CPR and use an AED, how to access an AED without delay and how an ambulance could quickly access the site and the person who has collapsed. Ideally, all members of a sporting organisation should be aware of the key steps required to help save a life, including being able to access refresher resuscitation training, to ensure that as many as possible have received up-to-date training based on the latest guidelines.

Regular practice 'drills' should be incorporated into all sports clubs/organisations' training schedule.

Accessing face-to-face training

When it comes to accessing CPR and AED training for sports clubs, in-person training (rather than purely online) is beneficial, and **face-to-face, simulation-based training is recommended whenever possible.**

Special considerations for different sports

Different sports create a unique set of challenges when someone has a cardiac arrest. It is important to plan for these variations and consider the location, terrain and access. Examples are provided in the appendix; however, the list is not exhaustive.

Appendix - Special considerations for different sports

Allocate someone to guide the ambulance service to the correct place.

1. Water sports (e.g. swimming, rowing, sailing)

- Priority: Get the person out of the water quickly and safely before starting CPR.
- All water sports should have a plan for removing a casualty from the water – safe water extraction points
- Ensure responders receive specific training in safe water rescue and drowning CPR (focus on early rescue breaths for those trained).
- Keep an AED close to poolside or waterside – it is important that defibrillation is not delayed by moving the person to a clubhouse.
- An AED can be used at the poolside or waterside. Dry the chest quickly before applying the AED pads to help them adhere.

2. Contact and collision sports (e.g. rugby, cricket, football, hockey)

- If the athlete is unresponsive and not breathing normally, it is important to start chest compressions immediately, without waiting for a full injury assessment or other help to arrive.
- Have a clear plan for space management: ensuring that other players can quickly move away from the athlete.
- Have a clear plan for stopping the sport quickly and safely – will need co-operation from the field-of-play umpire/linesman.



3. Endurance events (e.g. running, cycling, triathlon)

- Cardiac arrests may occur some distance away from the main event areas or base, so it is important to plan for communication and access (e.g. who calls 999, identifying exactly where the incident has occurred and how best to access the person who has collapsed).
- AEDs should be positioned along the route or with marshals/event volunteers.
- Where the sporting arena is large (e.g. triathlon or other point-to-point events), marshals/event volunteers should know how to give an exact address when calling 999.

4. Indoor sports (e.g. badminton, basketball, gymnastics)

- AEDs should be clearly visible and easily accessible inside sports halls.
- Consider how the ambulance service will get from the entrance of the facility to the location of the cardiac arrest.

5. Equestrian and motorsports

- In equestrian and motorsports, there is an increased risk of traumatic cardiac arrest due to the likelihood of an impact or a crush.
- Do not enter the field of play until directed that it is safe.
- Only trained personnel should move the casualty if trauma is suspected. If cardiac arrest is suspected, immediate CPR takes priority.
- Wherever possible, AEDs should be kept trackside or near the arena, not just in remote medical or control rooms.

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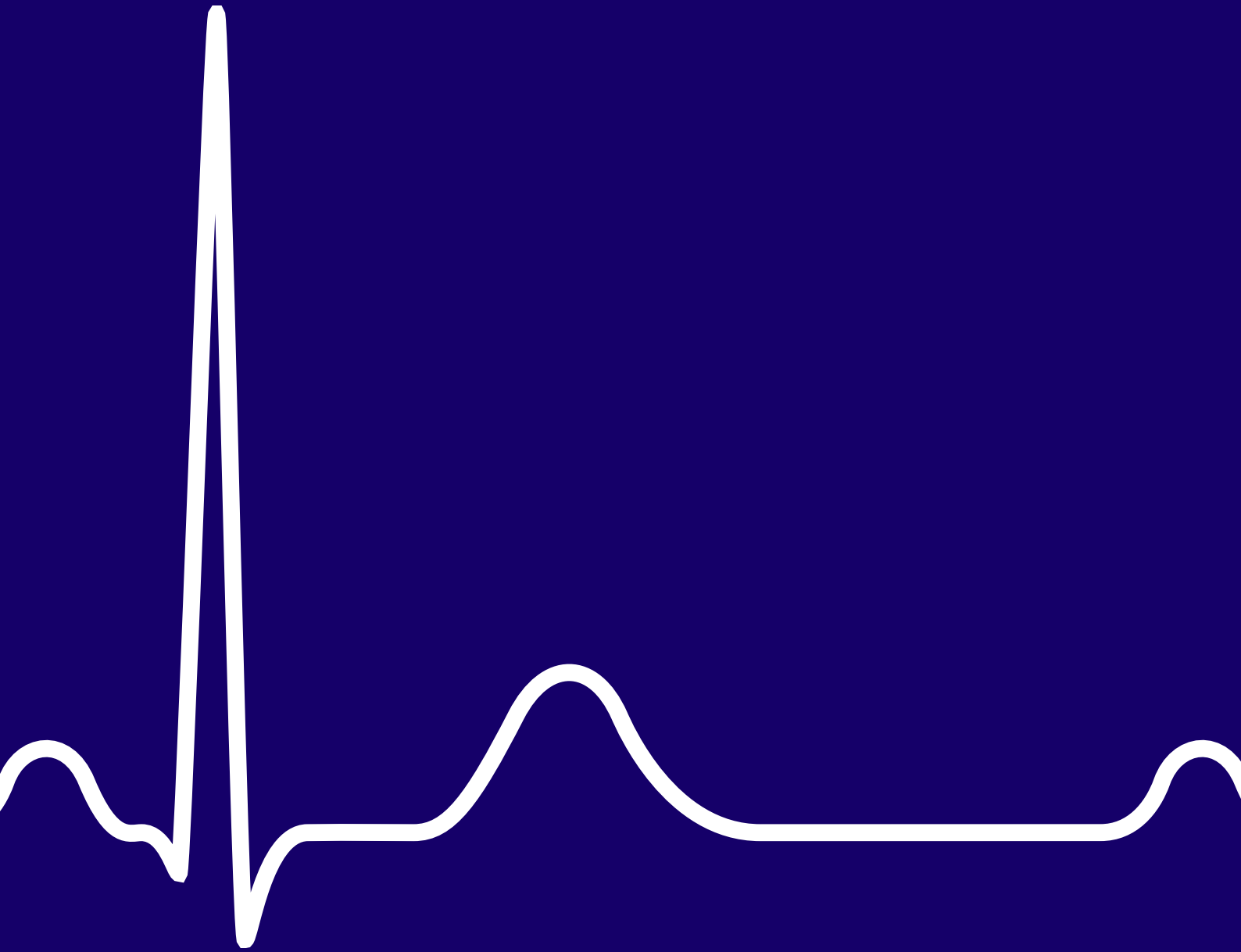


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