



Ms. Valerie Charbit, HM Assistant Coroner
West London Coroner's Office
25 Bagley's Lane
Fulham
SW6 2QA
By email only
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Response to Regulation 28 Report to Prevent Future Deaths

1. We write in response to the Prevention of Future Deaths Report ("the Report") dated 16 April 2026.
2. We fully recognise the significance of the issues arising from this inquest. The FA views the issuance of the Report as an opportunity to review its training and processes to ensure that they remain world-leading and in line with best practice. As a governing body, we are committed to addressing these concerns rigorously and our thoughts and condolences remain with Adam's family and friends.
3. We set out below the actions that were taken by The FA immediately following the inquest, together with a number of proposed further steps which remain the subject of ongoing work.

Summary of steps taken and planned since the Inquest

4. In overview, since the Report was issued The FA has taken, or will take, significant steps to more widely disseminate and increase visibility of its important Sudden Cardiac Arrest ("SCA") module, which include the following:
 - i. High-visibility advertising during the Women's FA Cup Final which significantly boosted engagement with SCA module enrolments.
 - ii. A prominent banner on the England Football Learning website raising awareness of SCA and concussion training among its 1.5 million annual users.
 - iii. A coordinated digital and social media campaign ahead of the 2026/27 grassroots season to drive uptake of the SCA module.
 - iv. Multiple participant newsletters will promote SCA module to an audience exceeding 800,000 players and families.
 - v. County Football Associations will be equipped with a dedicated asset pack to amplify SCA module promotion across local digital channels.

More detail in relation to the above is set out at paragraph 11 of this letter.

5. In addition to the above steps regarding dissemination:
 - i. The FA has conducted a comprehensive review of its Sudden Cardiac Arrest module and defibrillator resources to ensure learning from this case and the relevant guidelines are fully reflected. The details of this review are at paragraphs 13 to 19 below.
 - ii. The FA has committed to a feasibility study to examine strategies that will consider the practicability and efficacy of a phased approach to the introduction of mandating training for certain categories of participants. Details of the feasibility study are provided at paragraphs 20 to 23 of this letter.

The FA's training framework

6. Before addressing the specific concerns raised in the Report, it may assist to summarise The FA's existing SCA and defibrillator training framework, which is as follows:
 - i. The FA designed its SCA training module in 2017 and made it available for completion online by any person, free of charge;
 - ii. The training sets out the signs of an SCA, explains the steps to be taken in response and reminds learners that an SCA can happen to anyone, including young persons who are seemingly fit and healthy;
 - iii. The SCA module is part of the FA's 'Introduction to First Aid in Football' course. At the time of Adam's death, the SCA was part of the most basic entry-level football course, called 'EE Playmaker by England Football'. It is also signposted to other participants across football;
 - iv. The FA's training suite includes comprehensive information regarding the use of defibrillators in the event of cardiac arrest, as well as resources on defibrillator maintenance and preparedness;
 - v. Every accredited football club is required to have at least one qualified coach for each team who has completed both the SCA module and the more advanced first aid training course;
 - vi. 93.89% of all affiliated youth teams have a qualified coach who has undertaken a minimum of the FA's 'Introduction to Coaching Football' training (which incorporates the SCA module).

Concerns addressed to The FA in the Regulation 28 Prevention of Future Deaths Report

Point B: That the Football Association's Sudden Cardiac Arrest training is not more widely disseminated or mandatory for all FA Accredited and Affiliated leagues and clubs and all grassroots football coaches and referees.

Dissemination of SCA training

7. The FA is committed to the wide dissemination of the SCA module. The SCA module remains available to all participants in football and to the general public online and free of charge. The course is pass/fail and a score of 100% is required to achieve a pass. 143,249 coaches at accredited teams (of a total 170,337) are recorded as having completed the SCA module in the 2025/2026 football season.
8. The training is embedded as a mandatory element of the Introduction to First Aid in Football ("IFAiF"), which must be completed as part of the Introduction to Coaching Football ("I2CF") qualification and renewed every 3 years in order for I2CF coaches to retain their licences.
9. The SCA training module is also an essential component of 'EE Playmaker by England Football' ("EE Playmaker"). EE Playmaker is a free online entry level football course for those interested in a more active role in grassroots football. Between January 2026 and June 2026, the SCA module was temporarily signposted for completion by participants as part of EE Playmaker rather than being integrated into the module itself. However, the SCA module will be fully integrated back into EE Playmaker from 12 June 2026. Over 12,000 learners who had either completed or enrolled on EE Playmaker between January 2026 and June 2026 have been contacted by The FA and informed that they are required to complete the SCA module in order for their EE Playmaker certificate to remain valid.
10. The SCA module is mandated across the medical pathway from Level 1 to Level 4. While it is difficult to ascertain precise statistics, there have been more than 430,000 completions of FA medical courses since 2021 (more than 300,000 are completion of IFAiF). From 19 May 2026,

the SCA module has also been added to the Advanced Trauma Medical Management in Football training to further widen the learner pool.

11. The following additional steps have been, or will be, taken by The FA to promote the SCA module since the issuance of the Report:
 - i. Advertisements were run on perimeter boards at Wembley Stadium promoting the SCA training module and raising awareness of the risk of SCA at the Women's FA Cup Final on 31 May 2026. This event had an in person audience at Wembley Stadium of 43,917 and combined average broadcasting figures for the UK of 753,000 and the peak broadcasting figure of 960,000 across Channel 4 and TNT Sports 1. Throughout May 2026 there were an average of 10 daily enrolments on the SCA training module. On 1 June 2026, the day after the Women's FA Cup Final, there were 240 enrolments;
 - ii. A banner was added to the England Football Learning website in the week commencing 1 June 2026 to raise awareness of the SCA and concussion modules. There are 1.5m visitors to this website annually;
 - iii. The FA will actively promote the SCA module on The FA and England Football websites and across its social media platforms before the start of the 2026/2027 grassroots season to encourage engagement. The FA has 262,000 social media followers and England Football has 2.3 million social media followers. There are an average of 542,000 monthly active users on thefa.com and 583,000 monthly active users on EnglandFootball.com.
 - iv. The FA will include information about the SCA module and risks of SCA in its Clubs and Leagues newsletter, to be sent on Friday 26th June, asking recipients to encourage everyone involved in their respective clubs and leagues to complete the free SCA module. The Clubs and Leagues newsletter is sent to an audience of 132,700 contacts at affiliated clubs and leagues;
 - v. Information about the SCA module will be included as an advertisement in the Coaching Newsletter in June 2026, which is distributed to 125,000 grassroots coaches;
 - vi. The SCA will be promoted in the next editions of the Adult Players Newsletter, the Parents of Youth Players Newsletters and the England Football Family, which together are distributed to more than 560,000 participants;
 - vii. Dedicated communications by email and social media will target completion by referees (The FA's Refereeing Team has roughly 37,000 followers across a range of social media platforms);
 - viii. An asset pack was collated and will be shared with County Football Associations in July 2026 to ensure cascading promotion of the SCA module across their social media and digital channels.
12. Further to the actions above, The FA also continues to explore opportunities to promote the SCA module further, including by way of communications directed to primary and secondary schools and advertisements in match programmes.

Review of SCA training

13. Following the Inquest, the FA has undertaken a review of its IFAIF course and the SCA module to ensure learning from best practice guidelines and this case are fully reflected in the content delivered. A member of the FA's Medical Team was a contributor to the Resuscitation Council UK 'Resuscitation on the Field of Play' Guidelines and the new 'Resuscitation in Community Sports: A National Best Practice Guide' (dated April 2026).
14. The 'Resuscitation on the Field of Play' Guidelines are of limited application in this context, as they are primarily intended to apply to formal organised sports where there is a dedicated field-of-play medical team available rather than grassroots or community sports. The Guidelines may

not be relevant or applicable where collapse occurs in an environment without trained response teams or professional medical staff in attendance at each match (as in this case).

15. In contrast, 'Resuscitation in Community Sports: A National Best Practice Guide', which was released on 27 April 2026, sets out minimum standards for grassroots sports. The FA is a formal Supporter of this guide and current FA training goes over and above the requirements of the guide. This guide is directly referenced on the SCA module for the benefit of SCA learners.
16. Aside from the review of training prompted by learning from this case, The FA's medical pathway training is updated on a regular basis and certification is undertaken every three years. The SCA, concussion and medical emergency action planning modules advise that they should be refreshed annually.
17. As a result of the review of training, a number of amendments have been made to The FA's training and a copy of the updated materials can be provided to the Coroner on request. The changes include:
 - i. Incorporating information from the 'Resuscitation in Community Sports' Guide dated 27 April 2026;
 - ii. Stronger emphasis on refreshing the SCA module annually;
 - iii. Additional information about agonal breathing and distinguishing normal breathing from abnormal breathing, including the words "Agonal breathing is a sign of cardiac arrest and should not be mistaken as a sign of life";
 - iv. Restating information about seizures as an element of cardiac arrest, including the words "Fits are a common feature of SCA, 40% of cardiac arrests present as a seizure (fitting episode)";
 - v. Reminder that the risk of harm from CPR is low and emphasis that CPR should be commenced when unsure whether the subject is breathing normally;
 - vi. Further clarification regarding the AVPU scale, used to assess an individual's consciousness, and degrees of responsiveness, with a reminder to call 999 as soon as it is determined that a person is unresponsive;
 - vii. Reminders to call 999 immediately and start CPR if a person is not breathing normally;
 - viii. The addition of the following banners across different forms of FA medical training emphasising specific information:
 - "witnessed sudden collapse for no apparent reason is an SCA until proven otherwise".
 - "agonal breathing in an unresponsive player is not normal breathing. Any abnormal breathing requires CPR to be commenced immediately".
 - "Agonal breathing (occasional gasps, slow, laboured or noisy breathing) is common in the early stages of cardiac arrest".
 - "Common signs of an SCA. 3 bullets listed, sudden collapse for no reason / agonal breathing/ seizure like activity".
 - "Fits are common feature of SCA. 40% of cardiac arrests present as a seizure (fitting episode)".
18. The FA has also taken steps to ensure that learning from this case is incorporated into delivery of training by tutors across all in-person courses. Tutors have been advised to promote the relevant points and asked to show a video distinguishing normal breathing from abnormal breathing/agonal breathing at every face-to-face course.
19. The FA intends to launch a new Learning Management System for referees in August 2026. The use of a dedicated platform will enable greater tracking of training completion statistics for referees (as distinct from other participants) and this will also provide a platform by which The FA will be able to communicate directly with referees and therefore provides an additional opportunity to promote completion of the SCA module.

Mandating training for certain categories of participants

20. The Report refers to the introduction of mandatory training requirements for certain categories of participants. The FA has given careful consideration to this alternative.
21. The FA has committed to undertaking a feasibility study in the coming season to examine strategies that could lead to every game being attended by at least one individual who has completed the SCA module. The feasibility study will consider the practicability and efficacy of a phased approach to the introduction of mandating training for certain categories of participants.
22. The purpose of the feasibility study is to establish the guidance which will be required to facilitate increased training requirements, explore potential options for mandating further training (for example, across accredited football, applicable to specified levels of qualification, levels of monitoring, powers of enforcement etc.). The results of the study will be reviewed by The FA to inform long-term proposals for first aid requirements across grassroots football.
23. The feasibility study is intended to consider the practicability and efficacy of the following proposed requirements, which could be brought in on a phased basis:

Phase 1

- i. All games to have 1 person on site who has completed the SCA module, the concussion module and the medical emergency action planning module;
- ii. Affiliated games to have one person on site who has in date completion of the IFAiF training OR a manager/coach from each team who has completed the SCA module, the concussion module and the medical emergency action planning module;
- iii. Accredited games to have an IFAiF-qualified named person present on site for each team for training and match days. For youth matches, there must be an IC2F-qualified coach present for each team.

Phase 2

- i. All games to have 1 person on site who has completed the SCA module, the concussion module and the medical emergency action planning module;
- ii. Affiliated games to have one person on site who has in date completion of the IFAiF training;
- iii. Accredited games to have a named qualified first-aider on site ('Emergency First Aid in Football' ("EFAiF") or recognised equivalent) who takes responsibility for pitch-side care.

Point C: That there is a need for better understanding of the use of defibrillators particularly by lay persons and trained first aid persons.

24. In Adam's case, the 999 call handler advised those administering first aid not to utilise the defibrillator which was present at the scene. This is a challenging factor for The FA to address, as it would not be appropriate for The FA to train participants to override or disregard the instructions of call handlers. On 31 January 2024 there was a defibrillator available at the pitch, staff were aware of the location of the defibrillator and there was no delay in obtaining it. The witnesses present at the hearing explained that they would have used the device as and when instructed by the call handler.
25. Having reflected on the learning from this case, The FA has incorporated additional information regarding the use of defibrillators as part of the review of training undertaken in May 2026, including:
 - i. Added emphasis on the absence of risk of applying defibrillators when not required;
 - ii. Inclusion of the wording: "*RCUK advocated that you do not need formal training to use an AED in an emergency. AEDs are designed for public use, providing clear, voice-*

guided instructions and visual prompts that walk you through every step. The device will not allow a shock to be given unless it is needed”;

- iii. Information aimed at dispelling myths about risks posed by defibrillators, for example interference by bra underwires or unnecessary shocking;
 - iv. Additional information about defibrillator pad placement.
26. While the Resuscitation Council UK do not recommend formal training for the use of a defibrillator and the HSE removed approval for formal training in October 2013, the FA took proactive steps to increase the presence of defibrillators (or “AEDs”) at football matches and to ensure participants were appropriately trained in how to use an AED, how to store it, register it and check it. For example, The FA participated in three AED roll-outs and provided free AED training courses, delivered by the FA’s IFAIF and EFAIF tutors, to all those in receipt of an AED (paid for by FA Education).
27. In addition to the information about use of a defibrillator in the SCA module, The FA has a separate Emergency Action Planning Module which is available online free of charge. This contains information about the location and use of AEDs at football grounds. Following the issuance of the Report, the FA has amended its downloadable resources to support preparedness and familiarity with defibrillators across each club and venue. The amended resources (such as “How To Use An AED” and “Your Club’s Nearest AED”) support club staff in identifying the location of each defibrillator and prompt thinking about maintenance and access. The resources emphasise that no harm can be caused by the application of an AED and that it will not shock unless required.

Conclusion

28. This response is not exhaustive, but it is intended to demonstrate to the Coroner the scale and complexity of the work which has been undertaken by The FA in order to raise awareness of the risk of SCA within grassroots football and to ensure that participants are equipped to respond, should they witness the collapse of a player or spectator.
29. While there are some limitations on what can be achieved because of the scope of The FA’s powers, the scale and nature of grassroots football and restrictions imposed by statute and national guidance, The FA is confident that it remains at the cutting edge of first aid, with its pioneering training and its support for the development of national guidelines (such as the ‘Resuscitation in Community Sports’ Guide dated April 2026). Work in this field will continue, with ongoing updates to training and delivery as best practice continues to evolve.
30. As part of this work, The FA welcomes arrangements to meet with Adam’s family, including to engage in further discussion regarding the work which has been undertaken by The FA and the risks posed by underlying genetic heart conditions in football.

Yours sincerely

The Football Association