



Concussion Policy

1 Introduction

- 1.1 In 2023, the UK Government and the Sport and Recreation Alliance published the *UK Concussion Guidelines for Non-Elite (Grassroots) Sport*, which sets out steps to improve the understanding and awareness of the prevention and treatment of concussion in grassroots sports where trained medical professionals are less likely to be routinely present. Targeted at people of all ages, this guidance aims to enhance safety and care across all levels of the sport.
- 1.2 England Hockey (EH) have adopted these guidelines, which now applies to all hockey under EH jurisdiction, except where athletes (e.g. international athletes involved in the Central Programme, GB Elite Development Programme or similar) have access to Healthcare Professionals experienced in sports concussion management who take responsibility for an individualised, structured, multimodal, multidisciplinary management of concussion.
- 1.3 Players, parents, coaches, teachers, club leaders, umpires and officials are asked to read the guidance and familiarise themselves with the steps to:

RECOGNISE – the signs of concussion;

REMOVE – anyone suspected of being concussed immediately;

RETURN – safely to daily activity, education/work and sport.

2 What is Concussion?

- 2.1 Concussion is a traumatic brain injury resulting in a disturbance of brain function. It affects the way a person thinks, feels and remembers things. Loss of consciousness (being 'knocked out') occurs in less than 10% of concussions and is not required to diagnose concussion. However, anyone who loses consciousness because of a head injury has had a concussion. Anyone with suspected concussion should be immediately removed from the field of play and assessed by an appropriate Healthcare Professional or access the NHS by calling 111 within 24 hours of the injury.

3 'IF IN DOUBT, SIT THEM OUT'

- 3.1 No one should return to competition, training, or Physical Education (PE) lessons within 24 hours of a suspected concussion. Anyone with a suspected concussion should NOT drive a motor vehicle (e.g. car or motorcycle), ride a bicycle, operate machinery, or drink alcohol within 24 hours of the incident. Commercial drivers (e.g.

HGV drivers) should seek review by an appropriate Healthcare Professional before driving.

- 3.2 All individuals suspected of sustaining a concussion should be assessed by an appropriate onsite Healthcare Professional or by accessing the NHS by calling 111 within 24 hours of the injury. If there are concerns about other significant injuries or the presence of 'red flags', the individual should receive urgent medical assessment onsite or in a hospital Accident and Emergency (A&E) Department, using ambulance transfer by calling 999 if necessary.
- 3.3 Anyone with a concussion should generally rest for 24-48 hours but can undertake easy activities of daily living and walking while avoiding intense exercise, challenging work, or sport. They can then progress through the graduated return to activity (education/work) and sport programme. Anyone with symptoms that last longer than 28 days should be assessed and managed by an appropriate Healthcare Professional (e.g. their GP).

4 Key Points

- 4.1 All concussions should be managed individually, but there should be no return to competition within 21 days of injury, unless the concussion is being managed by Healthcare Professionals experienced in sports concussion management (see 6.2).
- 4.2 Individuals with a concussion should only return to playing sports that risk head injury after following a graduated return to activity (education/work) and sport programme.
- 4.3 Return to education/work takes priority over return to sport.
- 4.4 Anyone displaying visible signs or symptoms of a head injury must be immediately removed from play or training. They must not take part in any further physical sport or work activity, even if the symptoms resolve, until assessed by an appropriate Healthcare Professional, or by accessing the NHS (by calling 111), which should be done within 24 hours. IF IN DOUBT, SIT THEM OUT.
- 4.5 Most concussions occur without loss of consciousness (being 'knocked out').
- 4.6 Head injuries can be fatal.
- 4.7 All concussions are serious.
- 4.8 A concussion is a brain injury.

5 Graduated Return to Activity – Education, Work, and Sport

- 5.1 Generally, a short period of relative rest (first 24-48 hours) followed by a gradual stepwise return to normal life (education, work, low level exercise), then subsequently to sport is safe and effective.
- 5.2 Progression through the stages below is dependent upon the activity not exacerbating symptoms (or at least not more than mildly). Medical advice from the NHS, via 111, should be sought if symptoms deteriorate or do not improve by 14 days after the injury. Those with symptoms after 28 days should seek medical advice via their GP.

- 5.3 Participating in light physical activity is beneficial and has been shown to have a positive effect on recovery after the initial period of relative rest. The focus should be on returning to normal daily activities of education and work in advance of unrestricted sporting activities.
- 5.4 If symptoms continue beyond 28 days, remain out of sport and seek medical advice from a GP.

6 Notes

- 6.1 The graduated return to activity (education/work) and sport programme is designed to safely allow return to education, work and sport after concussion for the overwhelming majority of athletes who will not benefit from individualised management of their recovery.
- 6.2 Some athletes, as happens in Elite and Professional sport, may have access to Healthcare Professionals experienced in sports concussion management who take responsibility for an individualised, structured, multimodal, multidisciplinary management plan to include medical, psychological, cognitive, vestibular and musculoskeletal components. Athletes who are managed in such Enhanced Care pathways (e.g. Central Programme, funded, EDP, pathway or similar) who are eligible or have access to dedicated sports Healthcare Professionals may be formally cleared for an earlier return to competition.

7 Graduated Return to Education/Work & Sport Summary

7.1

GRADUATED RETURN TO EDUCATION/WORK & SPORT SUMMARY (See full table below for detail)	
Stage 1	Relative Rest for 24–48 hours <ul style="list-style-type: none"> • Minimise screen time • Gentle exercise*
Stage 2	Gradually introduce daily activities <ul style="list-style-type: none"> • Activities away from school/work (introduce TV, increase reading, games etc)* • Exercise –light physical activity (e.g. short walks) *
Stage 3	Increase tolerance for mental & exercise activities <ul style="list-style-type: none"> • Increase study/work-related activities with rest periods* • Increase intensity of exercise*
Stage 4	Return to study/work and sport training <ul style="list-style-type: none"> • Part-time return to education/work* • Start training activities without risk of head impact*
Stage 5	Return to normal work/education and full training <ul style="list-style-type: none"> • Full work/education • If symptom-free at rest for 14 days consider full training
Stage 6	Return to sports competition (NOT before day 21) as long as symptom free at rest for 14 days and during the pre-competition training of Stage 5

*rest until the following day if this activity more than mildly increases symptoms.



8 Resources

- 8.1 [UK Concussion Guidelines for Sport Non-Elite \(Grassroots\) Sport](#)
- 8.2 [CRT6 Concussion Recognition Tool](#)
- 8.3 [Graduated Return to Activity & Sport](#)
- 8.4 [Concussion Awareness Course](#) (UK Coaching)

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