Falmouth & Exeter Student Union

Sport & Physical Activity Concussion Policy

A policy for sports clubs, teams, coaches, committees and members

IF IN DOUBT, SIT THEM OUT

Anyone suspected of having a concussion must be removed from play immediately and must not return that day.

Policy owner	Falmouth & Exeter Student Union
Applies to	All affiliated sports clubs, committees, coaches, and student members
Effective date	21/07/26
Review date	On update of national guidance
Based on	UK Concussion Guidelines for Non-Elite (Grassroots) Sport, November 2024 update
Version	1.0

Contents

1. Purpose and Scope

This policy sets out how Falmouth & Exeter Student Union, it's Sport Department, and all affiliated sports clubs must recognise, respond to, and manage suspected concussion. It is based on the UK Concussion Guidelines for Non-Elite (Grassroots) Sport (November 2024 update), produced in collaboration with UK sporting bodies, the Royal College of General Practitioners, the Royal College of Emergency Medicine, the Society of British Neurological Surgeons and government departments across the four UK nations.

This policy applies to all university sports clubs, teams, and their committees (including club chairs, welfare officers, captains, and vice-captains), coaches and coaching staff, and all student members and participants — across training, matches, tours, trials and any University-organised or University-affiliated sporting activity, at every level of play (intramural, club, and performance sport).

This policy does not replace clinical judgement or emergency medical care. It does not constitute medical advice. Nothing in this policy should delay a student from seeking urgent medical attention.

1.1 Policy Statement

- **Player welfare comes first.** No match result, competition, selection decision or training schedule takes priority over a student's safety.
- **If in doubt, sit them out.** Any suspected concussion results in immediate and complete removal from play, regardless of the standard of competition or how important the fixture is.
- **No same-day return.** No student may return to play, train, or take part in sport activity on the same day as a suspected concussion, even if symptoms appear to resolve.
- **A graduated, individualised return.** Return to education/work and sport must follow the Graduated Return to Activity and Sport (GRAS) programme described in Section 7, with no return to competitive play before Day 21 post-injury.

2. What Is Concussion?

Concussion is a traumatic brain injury that causes a disturbance in brain function. It affects the way a person thinks, feels, sleeps, and remembers things. It can be caused by a direct blow to the head, or by a blow elsewhere on the body that causes rapid movement of the head (for example, a whiplash-type injury).

Loss of consciousness (being 'knocked out') occurs in fewer than 10% of concussions and is not required for a diagnosis. Concussion can be difficult to tell apart from more serious injuries, such as bleeding in the brain, and can occur alongside neck or facial injuries.

Continuing to play with concussion symptoms can make them worse, delay recovery, and — if a second head injury occurs before recovery — can, in rare cases, cause severe injury or death ("second impact syndrome"). Committees and coaches must treat every suspected concussion as serious.

Concussion commonly affects four areas:

- Physical – e.g. headache, dizziness, vision changes
- Mood – e.g. short temper, sadness, being unusually emotional
- Mental processing – e.g. not thinking clearly, feeling 'slowed down'
- Sleep – e.g. difficulty sleeping, or sleeping much more than usual

A history of previous concussion increases the risk and recovery time of future concussions, and of other injuries. Some students may be at greater risk or may need adapted management, including those under 18, disabled students, and female athletes, who current evidence suggests may be at higher risk and take longer to recover (see Section 10).

3. Roles and Responsibilities

Effective concussion management depends on everyone involved in university sport understanding their responsibilities. These responsibilities apply regardless of the importance of the fixture, the seniority of the player, or the stage of the season.

3.1 Communities Department

- Own, maintain and periodically review this policy (see Section 12).
- Ensure this policy is issued to every affiliated club committee, and its acknowledgement is a condition of club affiliation/funding.
- Provide or signpost concussion-awareness training for club committees, captains, and coaches at the start of each season.
- Maintain a central log of reported concussion incidents across all clubs (Section 6) for oversight and safeguarding purposes.
- Ensure pitchside/courtside first-aid provision and emergency action plans are in place for fixtures and training.
- Support clubs and individuals in applying academic mitigation where a graduated return to study is required (Section 8).

3.2 Club Committees (Chair, Welfare Officer, Captain, Team Managers)

- Ensure every member of the club (players, coaches, volunteers) is made aware of this policy at induction and at the start of each season.
- Nominate a Club Welfare Officer (or equivalent) responsible for concussion reporting and for monitoring affected members' return.
- Ensure a completed Accident Incident Report Form exists for every suspected concussion and is submitted to the Student Union within 48 hours.
- Never select, or allow selection of, a player who has not completed the graduated return to activity and sport programme (Section 7), regardless of fixture importance.
- Ensure away trips and tours have a plan for safely getting an injured student home and supervised.
- Escalate any case of prolonged symptoms (beyond 28 days) or repeated concussion within a season to the Student Union and University wellbeing services.

3.3 Coaches, Captains and Team Staff (on the day)

- Immediately and safely remove from play/training anyone suspected of having a concussion (Section 5), using the principle: if in doubt, sit them out.
- Never allow a player to return to play or training on the same day, even if symptoms appear to resolve.
- Arrange for a responsible adult to observe the individual and ensure they are not left alone for the first 24 hours.
- Ensure the individual gets home safely and, if under 18, that a parent/guardian is informed.
- Complete or ensure completion of the Accident Incident Report Form as soon as practicable, and pass it to the Club Welfare Officer.
- Advise the individual to be assessed by an appropriate Healthcare Professional, or via NHS 111, within 24 hours.
- Support the individual's graduated return to activity and sport and never pressure early return.

3.4 Students / Players

- Stop playing or training immediately if experiencing any symptoms of concussion, and be honest about how they feel.
- Report symptoms immediately to a coach, captain, welfare officer, or first aider — under-reporting is associated with longer recovery.
- Not return to training, matches, or PE/sport until evaluated and until the graduated return to activity and sport programme is complete.
- Inform their academic department/personal tutor and other sports clubs of a suspected concussion where it may affect their studies or other activities.
- Look out for teammates and encourage them to report symptoms; raise any concerns about a teammate with the coach, match official or a Healthcare Professional.

3.5 First Aid and Wellbeing Services

- Provide onsite first-aid cover and emergency action plans for fixtures where practicable.
- Support students with assessment, red-flag screening, and onward referral where required.
- Provide guidance to clubs and committees on individual return-to-activity plans, particularly for prolonged or repeated concussion.

4. Recognising a Suspected Concussion

Spotting head impacts and the signs of concussion can be difficult, especially in fast-moving sport. It is everyone's responsibility — players, coaches, captains, committee members, officials and spectators — to watch for the following and ensure the individual is removed from play immediately if any are present.

4.1 Visible signs (what you see)

- Loss of consciousness or responsiveness
- Lying motionless on the ground / slow to get up
- Unsteady on feet, balance problems, falling over, or incoordination
- Dazed, blank or vacant look
- Slow to respond to questions, or confused / unaware of events
- Grabbing or clutching the head
- An impact seizure/convulsion, or lying rigid and motionless
- More emotional or irritable than normal for that person
- Vomiting

4.2 Reported symptoms (what you are told, or should ask about)

- Disorientation (not aware of surroundings, opponent, score, etc.)
- Headache, dizziness or feeling off-balance
- Mental clouding, confusion, or feeling slowed down
- Drowsiness, feeling ‘in a fog’, or difficulty concentrating
- Visual problems, nausea, fatigue, or ‘pressure in the head’
- Sensitivity to light or sound
- Feeling more emotional, or simply ‘not right’

- Concern expressed by a teammate, coach, official or spectator about the player

4.3 Red flags – call 999 / seek emergency care

If any of the following are present, the player requires urgent assessment by a Healthcare Professional onsite or at a hospital A&E department, using emergency ambulance transfer if necessary:

•	Any loss of consciousness because of the injury
•	Deteriorating consciousness (more drowsy)
•	Amnesia for events before or after the injury
•	Increasing confusion or irritability
•	Unusual behaviour change
•	New neurological deficit (e.g. slurred speech, weakness, loss of balance, double vision, decreased sensation)
•	Seizure/convulsion, limb twitching, or lying rigid/motionless
•	Severe or increasing headache
•	Repeated vomiting
•	Severe neck pain
•	Suspected skull fracture (cut, bruise, swelling, severe pain at site)
•	Previous history of brain surgery or a bleeding disorder
•	Current blood-thinning medication
•	Current drug or alcohol intoxication

5. Immediate Management Procedure

This is the step-by-step procedure that coaches, captains, committee members and first aiders must follow on the day of a suspected concussion.

1. Remove the individual from play or training immediately — do not allow them to continue or return to assess how they feel.
2. If a neck injury is also suspected, do not move the individual except by a trained Healthcare Professional; call 999.
3. Check for red flags (Section 4.3). If any are present, call 999 and arrange emergency transfer to A&E.
4. If no red flags are present, ensure the individual is not left alone and is monitored by a responsible adult for at least the next 24 hours.
5. Arrange for the individual to get home safely; do not let them drive, cycle, or operate machinery within 24 hours.
6. If the individual is under 18, contact their parent/guardian to inform them of the suspected concussion.
7. Advise the individual to rest and avoid alcohol for 24–48 hours, and to minimise screen time (phone, computer, TV) for at least 48 hours.
8. Advise the individual to be assessed by an appropriate Healthcare Professional onsite, or by calling NHS 111, within 24 hours of the injury.
9. Complete an Accident/Incident Report Form and submit it to the Student Union within 48 hours.

10. Do not allow the individual to return to any training or competitive activity until the graduated return to activity and sport programme (Section 7) has been completed in full.

6. Reporting and Record-Keeping

Every suspected concussion, regardless of severity or whether the student sought medical attention, must be formally recorded. This protects the student, ensures continuity of oversight as they return to activity, and allows the Student Union to monitor patterns (e.g. repeated concussion, a particular activity or venue) that may need a wider safety review.

- **Incident Report Form:** Completed by the coach, captain, or first aider present at the time, and countersigned by the Club Welfare Officer, within 48 hours
- **Central log:** The Athletic Union / Sport Department maintains a confidential central record of all reported incidents across clubs.
- **Confidentiality:** Records are held in line with the Students Union data protection policy and are only shared with those who need them to support the student's safe return (e.g. club welfare officer, medical services, academic department where relevant).
- **Repeated concussion:** Any student who sustains a second suspected concussion within the same season must be referred to medical services before any return to activity is considered, and in every case be escalated to the Students Union.

7. Graduated Return to Activity and Sport (GRAS)

A short period of relative rest (24–48 hours) followed by a gradual, stepwise return to normal life (education/work), and only then to sport, is the safe approach to recovery. Progression through each stage depends on the activity not more than mildly worsening symptoms — it is not a fixed timetable to be rushed, and it is not one-size-fits-all.

Return to education/work always takes priority over return to sport. A student should be back to full pre-injury academic/work activity before returning to unrestricted training or competition is even considered.

Medical advice via NHS 111 should be sought if symptoms deteriorate, or do not improve by 14 days after injury. Anyone with symptoms persisting beyond 28 days must be assessed by an appropriate Healthcare Professional (typically their GP) before continuing any return-to-sport process.

Stage	Focus	Education / Work	Sport-related activity
1 (Day 0–1/2)	Relative rest (24–48 hrs)	Minimise screen time; short easy mental activity	Gentle activity only if it does not more than mildly worsen symptoms
2	Gradual return to daily activities	Increase reading, TV, gradually reintroduce schoolwork/coursework at home	Light aerobic activity e.g. short walks
3 (from ~wk 1)	Increasing tolerance	20–30 min blocks of study/work with rest breaks; discuss part-time return	Light aerobic exercise (walking/cycling), building duration/intensity as tolerated
4 (from ~wk 2)	Return to study/work; non-contact training	Part-time return to education/work	Start training with NO risk of head impact, once symptom-free at rest

Stage	Focus	Education / Work	Sport-related activity
5 (not before Day 15)	Full study/work; unrestricted training	Full return to education/work	Unrestricted training (including contact/head-impact risk) only if symptom-free at rest for 14 days
6 (NOT before Day 21)	Return to competition	—	Only if symptom-free at rest for 14 days AND symptom-free through Stage 5 training

Key minimum timeframes

- **No return to any activity** on the day of the suspected concussion.
- **Stage 5 (unrestricted, head-impact-risk training)** cannot start before Day 15, and only once symptom-free at rest for a full 14 days.
- **Stage 6 (return to competition)** cannot happen before Day 21, and only if symptom-free at rest for 14 days and symptom-free through Stage 5 training.
- **No requirement for medical sign-off** to progress through the GRAS stages in most cases, but committees/coaches must still ensure the minimum timeframes and symptom-free requirements above are met.

Worked example: a student concussed on a Saturday (Day 0) whose symptoms resolve by Day 4 may enter Stage 5 no earlier than Day 15 (assuming symptom-free at rest for 14 days from around Day 1) and may return to competition no earlier than Day 21, provided they remain symptom-free throughout training.

8. Academic and Wellbeing Considerations

Because return to education takes priority over return to sport, club committees should support students to engage with University academic mitigation processes (e.g. extensions, deferred assessment, adjusted attendance) where a concussion affects their ability to study. Students should be encouraged to inform their personal tutor or department, and clubs should not require attendance at training or matches that could interfere with a graduated return to study.

Where a student is a member of more than one club or sporting activity (including casual/recreational sport, intramurals, or personal training), they should inform all relevant clubs and staff of a suspected concussion so that the same restrictions are applied consistently everywhere they participate.

9. Additional Considerations

9.1 Students under 18

Younger students may be more susceptible to concussion, may take longer to recover, and are more vulnerable to rare but serious complications, including second impact syndrome. Parents/guardians must be informed of any suspected concussion, and a cautious, individualised approach should be taken to their return.

9.2 Disabled students

The same principle — if in doubt, sit them out — applies to all disabled students. Individualised adaptations may be needed (for example, facilitating transfers for wheelchair users, or using a hand cycle rather than a stationary bike during later GRAS stages). Some students with existing neurological conditions may need a longer initial rest period, and committees should work with University disability/medical services to establish whether symptoms during the GRAS process reflect the student's normal functioning or the recent concussion.

9.3 Female athletes

Current evidence, while limited, suggests female athletes may be at higher risk of concussion and may take longer to recover. All concussions should continue to be managed individually, and clubs should ensure equivalent concussion-management resources and support are available regardless of the sex of the participant.

9.4 Enhanced/individualised care

Where a student has access to a Healthcare Professional experienced in sports concussion management (e.g. through University sport science/medical services), an individualised, structured plan may be put in place, which could permit clearance for an earlier return within the enhanced-care pathway described in the national guidance. In the absence of such a pathway, the standard GRAS timeframes in Section 7 apply in full, including the Day 21 minimum before return to competition.

10. Committee and Coach Training

- All club committee members, captains, and coaches must complete concussion-awareness training (or review this policy and confirm understanding) before the start of each season.
- The Students Union will provide access to concussion-awareness resources and, where possible, in-person or online training sessions.
- New committee members and coaches joining mid-season must complete this training/review before taking charge of any training session or fixture.
- Clubs should display or circulate the “If In Doubt, Sit Them Out” principle prominently (e.g. in changing rooms, on team group chats, in welcome packs).

11. Compliance

Compliance with this policy is a condition of club affiliation, SU funding, and use of sporting facilities. Failure to follow this policy — for example, allowing a student with a suspected concussion to continue playing, or returning a student to competition before the minimum timeframes in Section 7 — may result in disciplinary action against the individual(s) responsible and/or the club, in line with the Students Union disciplinary procedures.

Any concerns about how a suspected concussion was managed should be raised with the Students Union as soon as possible.

12. Policy Review

This policy will be reviewed annually, and sooner if the UK Concussion Guidelines for Non-Elite (Grassroots) Sport are updated, or following any serious incident. This policy is based on the November 2024 update of the UK Concussion Guidelines for Non-Elite (Grassroots) Sport, produced by a collaboration of UK sporting bodies, the Royal College of General Practitioners, the Royal College of Emergency Medicine, the Society of British Neurological Surgeons, and government departments of the four UK nations.

This policy provides general guidance and does not constitute medical advice. It is not a substitute for advice from a qualified medical practitioner or Healthcare Professional. Anyone with concerns about a specific medical matter should seek immediate medical attention and should never delay doing so because of anything contained in this policy.

Quick Reference – If In Doubt, Sit Them Out

1. REMOVE from play immediately
2. Check for RED FLAGS — if present, call 999
3. Do NOT return to play that day, even if symptoms resolve
4. Do not leave alone for 24 hours; no alcohol/driving/cycling for 24 hours
5. Seek assessment onsite or via NHS 111 within 24 hours
6. Complete the Incident Report Form (Appendix A)
7. Follow the graduated return to activity and sport programme (Section 7)
8. No return to competition before Day 21

Source: UK Concussion Guidelines for Non-Elite (Grassroots) Sport, November 2024 update — sportandrecreation.org.uk