



GIGGLESWICK
SCHOOL

Head Injury Concussion and Management Policy

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Reviewed by	Headmaster
Last review	September 2025
Review frequency	Annually
Next review	September 2026

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1 AIMS AND ETHOS

At Giggleswick School we take our responsibility for the health and welfare of pupils extremely seriously. We recognise the dangers presented by a head injury that results in a diagnosis of concussion. To ensure that pupils receive medical care of the highest standard.

The document summarises current best practice and recommendations to ensure all pupils who sustain a head injury whilst at the school receive the best possible care and attention. Whilst a head injury can be sustained at any time, this policy has been put together with a specific focus on dealing with injuries sustained during a sporting activity.

The policy deals with the process from the point of impact, through determination of the severity of the injury and required actions, to diagnosis of concussion and the subsequent treatment, care and recuperation required during the graduated return to play or return to learn protocols.

This policy is guided by Government and National Governing Body initiatives and information. All of which can be found below:

- UK Concussion Guidelines for Non-Elite (Grassroots) Sport (April 2023) - [9ced1e1a-5d3b-4871-9209-bff4b2575b46.pdf \(sramedia.s3.amazonaws.com\)](https://www.sramedia.s3.amazonaws.com/9ced1e1a-5d3b-4871-9209-bff4b2575b46.pdf)
- England Rugby (Headcase Guidance) - [07. HEADCASE \(keepyourbootson.co.uk\)](https://www.keepyourbootson.co.uk/07-HEADCASE)

Introduction

This document contains general medical information, but this does not constitute medical advice and should not be relied on as such. Nor is this guidance a substitute for medical advice from a qualified medical practitioner or healthcare provider. You must not rely on this guidance as an alternative to seeking medical advice from a qualified medical practitioner or healthcare provider. In particular, if you have any questions or concerns about a particular medical matter you should immediately consult a qualified medical practitioner or healthcare provider. If you think you may be suffering from a medical condition you should seek immediate medical attention. You should never delay seeking medical advice, disregard medical advice or discontinue medical treatment because of information contained in this guidance.

Application of this policy

This policy applies to Pupils, Parents, Pastoral staff, Academic staff, Wellbeing Centre staff and all those who are engaged in coaching, teaching and overseeing other co-curricular activities in the School.

All those above are expected to familiarise themselves with the contents of this policy in view of their various roles in caring for pupils within the School.

This policy also applies to visiting teams and coaches.

Definitions

What is Concussion – is a traumatic brain injury that alters the way the brain functions. Although concussions are usually caused by a blow to the head, they can occur when the head and upper body are violently shaken (such as a whiplash injury). There is usually a rapid onset of symptoms but occasionally these can be delayed by hours and days. Effects are usually temporary with around 80% resolving within 7- 10 days. Concussion results in a range of signs or symptoms which may not include loss of consciousness. In all cases of concussion, the risk to short term and long term health exists where the injury is not managed properly.

Head Injury – is a trauma to the head that may or may not include injury to the brain (MOSA)

Concussions can affect people in four main areas:

Physical – Headaches, dizziness, vision changes

Mental Processing – Not thinking clearly, feeling slowed down

Mood – Short tempered, sad, emotional

Sleep – Not being able to sleep or sleeping too much

2 Giggleswick School Concussion and Management Personnel

Senior Nurse: Cathy Chuey

Director of Sport: Edward Buck

Director of Rugby: Dan Cook

The wider Sports Department and other associated coaches and academic staff

3 Prevention and Education Protocols

It is the aim of Giggleswick School to protect students participating in sports and ensure that proper supervision will help to minimise the risk to the pupil. The school will also make sure they are educated and given the correct information with regard head injury / concussion and to ensure they are aware of the correct pathways to follow.

- All staff associated with sport are issued with information on signs and symptoms of concussion.
- All staff attend first aid training organised on site every 3 years and have an understanding of school protocols and available resources of concussion including RFU guidelines *don't be a Head Case*.
- Following a head injury pupils and parents are given written handouts informing them of the signs and symptoms of concussion and follow up advice following all head injuries.
- It is important that all pupils / parents can recognise the signs and symptoms of concussion and are aware of the importance of informing staff if their son/daughter has sustained a head injury during outside clubs and to inform clubs of injuries that have occurred at school.
- The importance to understand the risks associated with concussion and risk of long term disabilities is vital for the safety of each pupil.
- Academic staff will inform the Wellbeing Centre if they notice any concentration issues in any of their pupils.
- To encourage all pupils, parents and staff to share with Wellbeing Staff any concerns they may have in regard to a pupil, this maybe behavioural in class or at home or of any known injury which may not have been reported to Wellbeing Centre i.e. from outside clubs activities.
- Class or team mates are encouraged to report injuries or concerns which they have in regard to class/social behavioural changes in their friends.
- All staff must recognise the importance of the need for medical intervention to ensure ongoing evaluation of injury throughout graduated return to play (GRAS).
- Pupils should recognise the importance of reporting their injury and symptoms to their parents/guardians and informing their team coaches to ensure current guidelines are followed. All such instances must be passed onto the Wellbeing Centre
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- Parents are advised that appropriate staff are informed of any Head Injuries which have occurred at outside clubs and to pass such information to the Wellbeing Centre staff in all incidences.
- Parents will be informed of any head injury which has occurred at School and are encouraged to inform any outside clubs that their son/daughter attend.
- Pitch side care is operated through EMS a local first aid provider.

4 Concussion Awareness

Concussions can affect people in four main areas:

- Physical – Headaches, dizziness, vision changes
- Mental Processing – Not thinking clearly, feeling slowed down
- Mood – Short tempered, sad, emotional
- Sleep – Not being able to sleep or sleeping too much

There may be times when the person may have no visible signs such as looking blank and being off balance. It can be very difficult to differentiate concussion from other more serious injuries, such as bleeding in the brain. Other significant injuries such as injuries to the neck or face can also occur along with concussion. Playing on with symptoms of concussion can make them worse, significantly delay recovery, and, should another head injury occur, result in more severe injury and in rare cases, death (known as second impact syndrome). This is why it is so important to remove anyone with suspected concussion from the at-risk activity immediately.

What causes concussion: Concussion can be caused by a direct blow to the head but can also occur when knocks to other parts of the body result in rapid movement of the head (e.g. whiplash type injuries).

What can be the consequences of concussion?

A history of previous concussion(s) increases the risk of sustaining a further concussion, which may then take longer to recover. A history of a recent concussion also increases the risk of other sport related injuries (e.g. musculoskeletal injuries). Concussions can happen at any age. However, children and adolescents:

- May be more susceptible to concussion.
- Take longer to recover and returning to education too early may exacerbate symptoms and prolong recovery.
- Are more susceptible to rare and dangerous neurological complications, including death caused by a second impact before recovering from a previous concussion.

Initial Assessment:

All those 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 injury or the presence of 'red flags' then the player should receive urgent medical assessment onsite or in a hospital Accident and Emergency (A&E) Department using ambulance transfer by calling 999 if necessary.

Red Flags – requiring urgent medical assessment:

If any of the following 'red flags' are reported or observed, then the player should receive urgent medical assessment from an appropriate Healthcare Professional onsite or in a hospital Accident and Emergency (A&E) Department using emergency ambulance transfer if necessary:

<ul style="list-style-type: none"> • Any loss of consciousness because of the injury • Deteriorating consciousness (more drowsy) • Amnesia (no memory) for events before or after the injury • Increasing confusion or irritability • Unusual behaviour change • Any new neurological deficit e.g. – Difficulties with understanding, speaking, reading or writing –Decreased sensation – Loss of balance –Weakness –Double vision 	<ul style="list-style-type: none"> Seizure/convulsion or limb twitching or lying rigid/ motionless due to muscle spasm • Severe or increasing headache • Repeated vomiting • Severe neck pain • Any suspicion of a skull fracture (e.g. cut, bruise, swelling, severe pain at site of injury) • Previous history of brain surgery or bleeding disorder • Current 'blood-thinning' therapy • Current drug or alcohol intoxication
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Onset of symptoms:

The first symptoms of concussion typically appear immediately or within minutes of injury but may be delayed and appear over the first 24-48 hours following a head injury. Over the next several days, additional symptoms may become apparent (e.g. mood changes, sleep disorders, problems with concentration).

How to recognise a concussion

Spotting head impacts and visible clues of concussion can be difficult in fast moving sports. It is the responsibility of everyone – players, coaches, teachers, referees, spectators, and families – to watch out for individuals with suspected concussion and ensure that they are immediately removed from play. Continuing to play following a concussion is dangerous and leads to a longer recovery period. Remember that the primary aim is to protect the individual from further injury by immediately removing them from play. Return to play should not be permitted until after evaluation by an appropriate Healthcare Professional and the successful completion of a graduated return to activity (education/work) and sport programme . If any of the following visible clues or symptoms are present following a head injury, the player should be suspected of having a concussion and immediately removed from play or training and evaluated by an appropriate Healthcare Professional.

Visible clues (signs) of concussion

What you see

<ul style="list-style-type: none"> • Loss of consciousness or responsiveness • Lying motionless on ground/slow to get up Unsteady on feet/balance problems or falling over/ incoordination • Dazed, blank or vacant look • Slow to respond to questions • Confused/not aware of plays or events 	<ul style="list-style-type: none"> • Grabbing/clutching of head • An impact seizure/convulsion • Tonic posturing – lying rigid/ motionless due to muscle spasm (may appear to be unconscious) • More emotional/irritable than normal for that person • Vomiting
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Symptoms of concussion at or shortly after injury

What you are told/what you should ask about

<p>Disoriented (not aware of their surroundings e.g. opponent, period, score)</p> <ul style="list-style-type: none"> • Headache • Dizziness/feeling off-balance • Mental clouding, confusion or feeling slowed down • Drowsiness/feeling like 'in a fog'/ difficulty concentrating • Visual problems 	<ul style="list-style-type: none"> • Nausea • Fatigue • 'Pressure in head' • Sensitivity to light or sound • More emotional • Don't feel right • Concerns expressed by parent, official, spectators about a player
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5 Risk Assessment

All teachers-in-charge and coaches must carry out a dynamic risk assessment, specific to the venue, conditions at the time, players present and any other relevant factors at the start of the sporting activity. This risk assessment will inform the decisions taken about whether play goes ahead and whether any particular health and safety measures need to be in place to allow the game to proceed. Considerations should include:

Ground conditions – is the ground too hard to play on?

Safety of the environment – are posts and barriers close to the area of play sufficiently padded?

Application of sporting technique – are pupils applying the correct techniques of play? Is further coaching required?

Sufficient warm-up – are pupils well-prepared to play?

Teachers-in-Charge should check the School's concussion register and Off Games list (Isams) prior to any sports session (training or match) to ensure that all pupils engaging in the activity are safe to do so.

As part of their health and safety responsibilities, all staff have a duty of care to report any accidents, incidents or near-misses via the Schools reporting form - [Fill | Accident Report Form 2025-2026](#)

It is crucial that all staff abide by this so that improvements can be made to pitches and facilities around the School.

6 Concussion Management and Protocols

Immediate management of a suspected concussion

Anyone with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY.

Once safely removed from play, the player must not be returned to activity that day and until an appropriate Healthcare Professional has excluded concussion or the patient has completed a graduated return to activity (education/work) and sport programme.

If a neck injury is suspected, the player should only be moved by Healthcare Professionals with appropriate training.

Teammates, coaches, match officials, team managers, administrators or parents/carers who suspect someone may have concussion MUST do their best to ensure that the individual is removed from play in as rapid and safe a manner as possible.

Anyone with a suspected concussion should:

- Be removed from play immediately.
- Get assessed by an appropriate Healthcare Professional onsite or access the NHS by calling 111 within 24 hours of the incident.
- Rest & sleep as needed for the first 24-48 hours – this is good for recovery. Easy activities of daily living and walking are also acceptable.
- Minimise smartphone, screen and computer use for at least the first 48 hours. Limiting screen time has been shown to improve recovery.

Anyone with a suspected concussion should not:

- Be left alone in the first 24 hours.
- Consume alcohol in the first 24 hours and/or if symptoms persist.
- Drive a motor vehicle within the first 24 hours. Commercial drivers (HGV etc.) should seek review by an appropriate Healthcare Professional before driving.

Following a suspected concussion, what is your role:

Coaches, teachers, volunteers

- Safely remove the individual from the field of play and ensure that they do not return to play in that game even if they say that their symptoms have resolved.
- Observe the player or assign a responsible adult to monitor the individual once the player is removed.
- Inform the Wellbeing Centre immediately and organise for an assessment.
- If player is under 18 years old, contact parent/guardian to inform them of the possible concussion.
- Arrange for the player to get home safely.
- Arrange for a responsible adult to supervise the player over the next 24-48 hours.
- Ensure any relevant injury report form is completed and stored by the club/school/organisation.
- Follow a graduated return to activity (education/work) and sport programme with an emphasis on initial relative rest and returning to education/work before returning to training for sport.

Parents, carers

- Obtain full details of the incident.
- Do not leave the child alone for the first 24 hours.
- Have your child assessed by an appropriate Healthcare Professional onsite within 24 hours or by accessing the NHS by calling 111.
- Monitor your child for worsening signs and symptoms of concussion for at least 24-48 hours.
- Support your child to follow a graduated return to activity (education/work) and sport programme.

Players

- Stop playing/training immediately if you experience any symptoms of concussion.
- Be honest with how you feel and report any symptoms immediately to your coach, medic and/or parent.
- Delays in reporting and under reporting of symptoms have been associated with a longer recovery and delayed return to activity and could risk incomplete recovery of the brain.
- If you have continuing symptoms, do not return to training or sport activities until evaluated by an appropriate Healthcare Professional.
- Inform your school/work/sports clubs.
- Follow the graduated return to activity (education/work) and sport programme.
- During training and matches always watch out for teammates and encourage them to be honest and report any concussion symptoms.
- If you question whether another player may have symptoms of concussion, report this to the coach, match official or appropriate Healthcare Professional.

In School Management and Protocols for Treating a Pupil

All students with a head injury on school site should be seen by the School Nurse. It is the responsibility of the supervising staff to ensure school nurse is contacted or student is taken/escorted to the Wellbeing Centre.

For injuries sustained at away fixtures or on school site during the closure of the Wellbeing Centre. Staff to follow first aid protocols and to contact parents/boarding house as required.

A head injury advice sheet will be given to parents. Staff to email cchuey@giggleswick.org.uk and complete an accident form.

The School Nurse will be responsible for follow-up and to liaise with Wellbeing Staff, Parents and Director of Sport, Heads of Sport and Senior House Staff.

Parents are to report all head injuries which have occurred during outside club activities to medicalcentre@giggleswick.org.uk

If a pupil is suspected to have concussion either from a sustained injury or reports symptoms, they must not return to play until checked by the Wellbeing centre and the mechanism of symptoms are investigated.

Parents will be contacted informing them of head injury which has occurred on school site.

The School Nurse is responsible for GRAS in school, and an appropriate referral pathway is advised. Parents will be contacted and asked to collect their son or daughter if a concussion is suspected. They will be given information with regard GRAS and follow up appointment time will be issued.

Injury Management and Escorting the Pupil for Medical Attention

Any pupil who is sent for medical attention should be accompanied by a member of staff. **In no circumstances should a pupil be accompanied only by another pupil.** Assessment of a head injury should take place immediately after it is sustained. Where concussion is suspected, medical opinion should be sought immediately either by:

Escorting the pupil to a member of the match-day medical team
Escorting the pupil directly to the Wellbeing Centre
Escorting the pupil to the First Aid provision at an external venue (when the injury is sustained whilst, for example, visiting another school); or
Dialling 999 (if there are any concerns about the immediate health of the pupil and/or when no other medical provision is available).

Where the injury is sustained away from School, the staff member in charge should not delegate the task of escorting a pupil for medical attention to anyone other than a member of Giggleswick School staff. On return to School, any pupil who has sustained a head injury should be escorted to the Medical Centre for review so that the correct process can then be initiated.

Wellbeing Centre Protocol Around Concussion

In the School Wellbeing , the assessment will follow the guidance in appendices 2 and 4.

Where concussion is suspected

If on completion of the assessment a concussion is suspected, the injury must be recorded on the concussion register (iSAMS) and concussion protocol implemented.

Where an injury is so severe or concerning that it is clear an ambulance should be called, staff should dial 999 and seek support from the emergency services.

If there are signs or symptoms present that are outlined in Appendix 3, but it is felt that a 999 call is not immediately required, the pupil should be referred to attend A&E without delay.

After the pupil's discharge from A&E, they should return to the Wellbeing Centre. This ensures that the Wellbeing Centre get the right information from the hospital straight away. Alternatively, if no signs or symptoms outlined in Appendix 3 have developed, the pupil should be kept in the Wellbeing Centre under observation for a **minimum of two hours**. Assuming that after two hours there are still no signs or symptoms outlined in Appendix 3, the pupil can be discharged into the care of a responsible adult.

Under no circumstances should a pupil be discharged alone. Hard copies of the Head Injury Advice Sheet (Appendix 2) must be given both to the pupil and to the responsible adult. These hard copies should be followed up as soon as possible with an electronic copy emailed to the pupil and the responsible adult. After the pupil's discharge from the Wellbeing Centre, the Matron (or House Staff should the Matron be unavailable) should act as the responsible adult for the pupil, checking on them at least twice daily in the following 48 hour period. Any emergence of the examples of neurological deterioration outlined in Appendix 3 should prompt urgent re-assessment by the Wellbeing Centre or, if necessary, transfer to A&E.

Where concussion is not suspected

Pupils who are asymptomatic and show no concerning signs to the assessing nurse may be discharged from the Wellbeing Centre right away provided that the following criteria are met:

The Concussion register has been updated detailing that the pupil has sustained a head/neck injury (not a concussion) and marking him as off sport indefinitely, and a review appointment has been booked for the pupil with a school nurse for two days' time to ensure no symptoms have developed and see if they can go back on sport.

The duty nurse has spoken with the pupil's parents or House staff, who then comes to sign him out of the Wellbeing Centre as the responsible adult. If the Matron is unable to attend for the pupil's discharge, the House Staff must do so. **Under no circumstances should a pupil be discharged alone.** Hard copies of the Head Injury Advice Sheet (Appendix 2) must be given both to the pupil and to the responsible adult. These hard copies should be followed up as soon as possible with an electronic copy emailed to the pupil, the responsible adult, and the pupil's Matron (if she is not the responsible adult). Thereafter, the pupils has been collected by an appropriate adult they agree to act as the responsible adult for the pupil, checking on him at least twice daily in the following 48 hour period.

If after 48 hours no signs or symptoms have emerged, the nurse can clear the injury and mark the pupil as safe to return to sport.

Concussion Recovery

The graduated return to activity (education/work) and sport programme

Generally, a short period of relative rest (24-48 hours) followed by a gradual stepwise return to normal life and then subsequently sport is the cornerstone of concussion management. In the first 24-48 hours, it is ok to perform mental activities like reading, and activities of daily living as well as walking.

After initial assessment and confirmation of concussion by an appropriate Healthcare Professional onsite or via NHS by calling 111, the graduated return to activity (education/work) and sport programme typically can be self-managed, although severe or prolonged symptoms (over 28 days) should be under the supervision of an appropriate Healthcare Professional and management will depend on the severity of symptoms and the types of symptoms and difficulties that are present. This varies from person to person and is not a 'one size fits all' process.

After a 24-48 hour period of relative rest, a staged return to normal life (education/work) and sport at a rate that does not exacerbate existing symptoms, more than mildly, or produce new symptoms is the main aim. This is before return to sport is contemplated.

It is acceptable to allow students to return to school or work activities, and subsequently school or work part-time (e.g. half-days or with scheduled breaks), even if symptoms are still present, provided that symptoms are not severe or significantly worsened. The final stage of return to school or work activity is when the individual is back to full pre-injury mental activity, and this should occur before return to unrestricted sport is contemplated.

Similar to the return to education/work progression, the return to sport progression can occur at a rate that does not, more than mildly, exacerbate existing symptoms or produce new symptoms. It is acceptable to begin light aerobic activity (e.g. walking, light jogging, riding a stationary bike etc.), even if symptoms are still present, provided they are stable and are not getting worse and the activity is stopped for more than mild symptom exacerbation. Symptom exacerbations are typically brief (several minutes to a few hours) and the activity can be resumed once the symptom exacerbation has subsided. Although symptoms may

resolve following a concussion, it takes longer for the brain to recover. The aim is to:
Rehabilitate the person – give the brain time to recover

Concussion recovery time varies

Most symptoms of a concussion resolve by two to four weeks, but some can take longer. Everyone is unique in their recovery duration which is why completion of a graduated return to activity (education/work) and sport programme is important to reduce the risks of a slow recovery, further brain injury, and longer-term problems. Children and adolescents may take longer to recover than adults.

If symptoms persist for more than 28 days, individuals need to be assessed by an appropriate Healthcare Professional – typically their GP.

Please note that headaches can persist for several months or more, well after the acute injury from the concussion has resolved. They may resemble migraine and may be associated with nausea and sensitivity to light and/or sound. Sometimes they are from a neck injury. Persisting symptoms are not usually due to a more severe brain injury and, if the headache is not increased by mental or physical activity and the frequency and intensity is managed adequately, it should not preclude an individual from returning to school, work and physical activity

7 Return to Learn

It is increasingly acknowledged that, in some children, returning to academic work while they are still concussed can cause a significant delay in recovery and a deterioration in academic achievement. Where debilitating concussion-related symptoms remain present, a pupil should not be considered fit to return to learning.

It is important that the House team keeps a regular check on the pupil (minimum twice daily) during recovery and if there are any concerns regarding symptoms impacting on learning or if it is felt that concentration is worsening symptoms, the pupil should be reassessed by the Wellbeing Centre. If necessary, the Wellbeing Centre will seek the advice of a Doctor to seek advice on how to manage the situation. Sometimes it may be necessary to reduce the pupil's workload or to allow extra time for assignments. Where this is the case, the pupil's House Master should liaise with the pupil's teachers.

8 Recover & Return

Graduated return to activity (education/work) and sport
Overview

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.

- Progression through the stages below is dependent upon the activity not more than mildly exacerbating symptoms. 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.
- 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.

If symptoms continue beyond 28 days remain out of sport and seek medical advice from a GP.

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.

Following a concussion ALL PLAYERS should follow the Graduated Return to Activity and Sport (GRAS) programme. This provides a standard framework for all community level players which is designed to safely allow a return to education, work, and sport after a concussion.

Stage	Focus	Description of activity	Comments
Stage 1	Relative rest period (24-48 hours)	Take it easy for the first 24-48 hours after a suspected concussion. It is best to minimise any activity to 10 to 15-minute slots. You may walk, read and do some easy daily activities provided that your concussion symptoms are no more than mildly increased. Phone or computer screen time should be kept to the absolute minimum to help recovery.	
Stage 2	Return to normal daily activities outside of school or work.	<ul style="list-style-type: none"> Increase mental activities through easy reading, limited television, games, and limited phone and computer use. Gradually introduce school and work activities at home. Advancing the volume of mental activities can occur as long as they do not increase symptoms more than mildly. 	There may be some mild symptoms with activity, which is OK. If they become more than mildly exacerbated by the mental or physical activity in Stage 2, rest briefly until they subside.
	Physical Activity (e.g. week 1)	<ul style="list-style-type: none"> After the initial 24-48 hours of relative rest, gradually increase light physical activity. Increase daily activities like moving around the house, simple chores and short walks. Briefly rest if these activities more than mildly increase symptoms. 	
Stage 3	Increasing tolerance for thinking activities	<ul style="list-style-type: none"> Once normal level of daily activities can be tolerated then explore adding in some home-based school or work-related activity, such as homework, longer periods of reading or paperwork in 20 to 30-minute blocks with a brief rest after each block. Discuss with school or employer about returning part-time, time for rest or breaks, or doing limited hours each week from home 	Progressing too quickly through stages 3 - 5 whilst symptoms are significantly worsened by exercise may slow recovery. Although headaches are the most common symptom following concussion and may persist for several months, exercise should be limited to that which does not more than mildly exacerbate them. Symptom exacerbation with physical activity and exercise is generally safe, brief and is self-limiting typically lasting from several minutes to a few hours.
	Light aerobic exercise (e.g. weeks 1 or 2)	<ul style="list-style-type: none"> Walking or stationary cycling for 10-15 minutes. Start at an intensity where able to easily speak in short sentences. The duration and the intensity of the exercise can gradually be increased according to tolerance. If symptoms more than mildly increase, or new symptoms appear, stop and briefly rest. Resume at a reduced level of exercise intensity until able to tolerate it without more than mild symptom exacerbation. Brisk walks and low intensity, body weight resistance training are fine but no high intensity exercise or added weight resistance training. 	

Stage	Focus	Description of activity	Comments
Stage 4	Return to study and work	<ul style="list-style-type: none"> May need to consider a part-time return to school or reduced activities in the workplace (e.g. half-days, breaks, avoiding hard physical work, avoiding complicated study). 	Progressing too quickly through stages 3 - 5 whilst symptoms are significantly worsened by exercise may slow recovery. Although headaches are the most common symptom following concussion and may persist for several months, exercise should be limited to that which does not more than mildly exacerbate them. Symptom exacerbation with physical activity and exercise is generally safe, brief and is self-limiting typically lasting from several minutes to a few hours.
	Non-contact training (e.g. during week 2)	<ul style="list-style-type: none"> Start training activities in chosen sport once not experiencing symptoms at rest from the recent concussion. It is important to avoid any training activities involving head impacts or where there may be a risk of head injury. Now increase the intensity of exercise and resistance training. 	
Stage 5	Return to full academic or work-related activity	<ul style="list-style-type: none"> Return to full activity and catch up on any missed work. 	Individuals should only return to training activities involving head impacts or where there may be a risk of head injury when they have not experienced symptoms at rest from their recent concussion for 14 days. Recurrence of concussion symptoms following head impact in training should trigger removal of the player from the activity.
	Unrestricted training activities (not before week 3)	<ul style="list-style-type: none"> When free of symptoms at rest from the recent concussion for 14 days can consider commencing training activities involving head impacts or where there may be a risk of head injury. 	
Stage 6	Return to competition	<p>This stage should not be reached before day 21* (at the earliest) <u>and</u> only if no symptoms at rest have been experienced from the recent concussion in the preceding 14 days <u>and</u> now symptom free during pre-competition training.</p> <p>* The day of the concussion is Day 0 (see example below).</p>	<p>Resolution of symptoms is only one factor influencing the time before a safe return to competition with a predictable risk of head injury. Approximately two-thirds of individuals will be able to return to full sport by 28 days but children, adolescents and young adults may take longer.</p> <p>Disabled people will need specific tailored advice which is outside the remit of this guidance.</p>

Example:

- Concussion on Saturday 1st October (Day 0)
- All concussion-related symptoms resolved by Wednesday 5th October (Day 4)
- No less than 14 days is needed before the individual returns to sport-specific training involving head impacts or where there may be a risk of head injury (Stage 5) on Wednesday

19th October (Day 18)

- Continue to be guided by the recommendations above and, if symptoms do not return, the individual may consider returning to competitive sport with risk of head impact on Wednesday 26th October (Day 25)

If symptoms continue beyond 28 days – remain out of sport and medical advice should be sought from a GP (which may in turn require specialist referral and review)

