



SCHA Concussion Policy & Guidelines

INTRODUCTION

SCHA takes seriously its duty of care for all members, adult and junior. This policy aligns with the 2023 UK Government “UK Concussion Guidelines for Non-Elite (Grassroots) Sport” and the December 2018 England Hockey Concussion Policy.

These guidelines aim to ensure suspected concussions are managed properly to protect the short- and long-term health of players. This document summarises general medical information — it is not a substitute for assessment by a qualified healthcare professional. Anyone suspected of concussion must be removed from play immediately.

WHAT IS CONCUSSION?

Concussion is a traumatic brain injury from a blow to the head or a blow to the body causing rapid head movement (e.g. whiplash). It affects brain function — thinking, memory, mood — and may also cause physical symptoms. Loss of consciousness occurs in fewer than 10% of cases, but even concussions without loss of consciousness are serious. Anyone suspected of concussion must be removed from play and assessed medically (or by calling NHS 111) within 24 hours.

WHAT CAN CAUSE CONCUSSION?

1. A direct blow to the head.
 2. A blow elsewhere on the body that causes rapid head movement (e.g. whiplash).
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POSSIBLE CONSEQUENCES

1. A history of concussion increases the risk of further concussion, slower recovery, and higher risk of other injuries.
 2. Concussion can happen at any age — children and adolescents may be more vulnerable, take longer to recover, and be at greater risk of serious complications if they return too early.
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INITIAL ASSESSMENT & URGENT MEDICAL CARE



1. Suspected concussion: remove the player from play immediately.
 2. If there are “red-flag” signs (see below) or other serious injury concerns: call 999 / send to A&E.
 3. Otherwise, ensure assessment by a qualified healthcare professional, or by calling NHS 111, within 24 hours.
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HOW TO RECOGNISE CONCUSSION

Common signs (visible) – any of the following after a head impact should trigger removal from play:

1. Loss of consciousness or responsiveness
2. Motionless on ground / slow to get up
3. Unsteady on feet, balance issues, falling
4. Dazed, blank, vacant look
5. Slow to respond or confused; disoriented, unaware of surroundings
6. Clutching head, impact seizure / convulsion, tonic posturing
7. Increased irritability, emotional change, vomiting

Symptoms (self- or reported):

1. Headache, dizziness or unsteadiness
2. Confusion, feeling “slowed down” or “in a fog”, difficulty concentrating
3. Nausea, visual problems, sensitivity to light/sound
4. Fatigue or “pressure in the head”, drowsiness or sleep disturbance
5. Emotional changes, “don’t feel right”
6. Concerns raised by others

Red-flag signs (urgent medical care required):

1. Any loss of consciousness from the injury
 2. Deteriorating alertness, increasing drowsiness
 3. Amnesia for events before/after the injury
 4. Worsening confusion or irritability, unusual behaviour
 5. Neurological signs: difficulty speaking, reading or writing; limb weakness or numbness; loss of balance; double vision
 6. Seizure or convulsion; limb twitching or rigid posture
 7. Severe or increasing headache; repeated vomiting
 8. Severe neck pain or suspicion of skull fracture (e.g. cut, swelling, severe pain)
 9. History of brain surgery; bleeding disorders; “blood thinning” therapy; drug/alcohol intoxication at time of injury
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MANAGEMENT OF SUSPECTED CONCUSSION

If concussion is suspected:

1. Remove from play immediately.
2. Do not allow return to play on the same day.
3. Ensure the player gets assessed by a healthcare professional or calls NHS 111 within 24 hours.
4. Ensure the player rests physically and mentally for 24–48 hours: rest, sleep, minimal screen time.
5. Do **not** allow alcohol, driving, or other risky activities in the first 24 hours.

Anyone with suspected concussion must follow a Graduated Return to Activity (GRA) and Sport protocol.

Responsibilities of coaches, officials, team managers, parents, spectators:

1. Remove the player from play immediately.
2. Assign a responsible adult to monitor them.
3. If under 18: inform parent/guardian.
4. Ensure safe transport home and supervision for next 24–48 hours.
5. Complete an accident/injury report and notify the club's First Aid Liaison / Welfare Officer.
6. Ensure the player follows the GRA protocol before returning to sport.

Parents/Carers (for under-18s):

1. Collect full details of the incident.
2. Do not leave the child alone in the first 24 hours.
3. Ensure child is assessed by a healthcare professional / via NHS 111 within 24 hours.
4. Monitor for 24–48 hours for any worsening.
5. Encourage rest, limit screen time for the first 48 hours.
6. Inform school/other sports clubs about the concussion.
7. Support the child in following the GRA protocol.

Players:

1. Stop playing or training immediately if you feel any concussion symptoms.
 2. Be honest about how you feel and report any symptoms immediately. Delays or under-reporting can prolong recovery or leave brain injury incomplete.
 3. Do not return until assessed by a healthcare professional.
 4. Inform school/work/club of the concussion.
 5. Follow the GRA programme.
 6. Support teammates to report concussion honestly.
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CONCUSSION RECOVERY & GRADUATED RETURN TO ACTIVITY (Education/Work) and Sport

General principles:

1. Relative rest for 24–48 hours, then gradual return to normal daily life.
2. After rest, start light aerobic activity (walking, stationary cycling) if still symptom-free at rest.
3. Return to work or school part-time before full return — only resume sport once fully cleared.
4. Most concussions resolve in 2–4 weeks, but recovery varies. Children/adolescents often take longer.

Recommended GRA stages:

1. Relative rest (24–48 hours): minimal activity, minimal screen time.
2. Return to normal daily life: light mental tasks (reading, short tv/games), light movement.
3. Gradual increase to more mental and daily tasks (longer reading, homework/work) — do short blocks (20–30 min) with rest as needed.
4. Light physical activity (walking, stationary cycling) in short sessions (10–15 min), only if no worsening of symptoms.
5. Return to study/work full-time if tolerated, before sport.
6. Non-contact training (sport) once symptom-free and cleared — avoid head-impact or risk of head injury at this stage.
7. Full contact training and eventually competitive play: only if symptom-free at rest for at least 14 days and no symptoms on pre-competition training. For juniors / more conservative cases, return to play should not occur before day 21 from concussion (or longer if advised).

If symptoms persist beyond 28 days, seek further assessment from a qualified healthcare professional.

RECORDING AND REPORTING

As per England Hockey's requirements, all head injuries / suspected concussions must be recorded on an injury/accident form, and serious or medically treated injuries should be reported to England Hockey via their "Injury Monitoring" mechanism.

KEY PRINCIPLES (as per England Hockey)



1. **Recognise – Remove – Recover – Return.**
2. Use the strapline: **If in doubt, sit them out** — no player should return to sport within 24 hours of suspected concussion.
3. Clubs must ensure that all involved (players, coaches, parents, umpires etc.) are familiar with the concussion guidelines.