Club Safety Policy: Oxford University Australian Rules Football Club

Introduction

1) Oxford University Australian Rules Football Club (henceforth known as 'the Club') is totally committed to the safety of its members. For the current academic year, and all future academic years, the clubs' activities operate in accordance with this document, the clubs risk assessment(s), the University Regulations for the Activities and Conduct of Student Members and the guidelines of any National Governing Body that the club is affiliated to.

2) This policy relates to the physical safety of club activities and club members within those club activities. Any issues relating to the behavior of specific club members should be addressed through the club's code of conduct.

3) The club affiliates to the National Governing Body (NGB) for any / all sporting activity in which the club operates activity, as per the club's constitution.

   a) The club acknowledges that it is the club's responsibility to ensure that its current activities adhere to the regulations and guidelines of the NGB(s) that the club affiliates to. Support and guidance are also available via the Sports Safety Officer.

   b) The club is currently affiliated to AFL England and will continue to be affiliated for the full academic year.

4) This policy is updated at least once a year, for the beginning of the academic year. An updated version of this document is submitted to the Sports Federation at least once per academic year, through the club handover process, and is subsequently updated immediately, and re-submitted (via safety@sport.ox.ac.uk) should any changes be required. This is a live policy relating to all club activities and is updated frequently.

5) The updated version of this document, and all other club documentation, is made available to the club's members via the club's website. This is also updated immediately, when changes are required.

Overview of Activities

Weekly Activities all year round

Day	**Time**	**Location**	**Sessions Name and/or Description**
Thurs	7:30–8:30 am	Uni Parks	Training
Sun	2pm-3:30pm	Uni Parks	Training
Sat	Throughout MT, HT and TT	Oxford Uni and other University grounds in England and Wales; Cambridge, Cardiff, Manchester, Nottingham, Birmingham and Bristol.	Matches

Annual Events

Approximate Date (e.g. Week of Term)	Approximate Time	Location	Event Name and/or Description
4th Week Hilary	12 pm	Cambridge	Varsity

Annual Trips / Tours

Approximate Dates (e.g. Week of Term)	Location	Trip / Tour Name and/or Description
Weekend in Easter vacation	Paris	Women to potentially compete in Gallia cup, as reigning champions in 2023 and 2024.
Trinity 2025	TBC	Potential club tour

Risk Assessments

6) All club activities are appropriately risk assessed by the club. The club maintains up to date and accurate records of its risk assessments, so they can be immediately referred to should an accident, incident or near-miss occur. The clubs also maintain records of any changes made to those risk assessments (including the dates any changes were made) to be referred to as and when required. Support with conducting risk assessments can be requested through the Sports Safety Officer, who will also review all clubs' risk assessments periodically and provide feedback.

   a) Risk assessments for regular club activities are included as appendices to this policy, which will be updated when changes are required. Such risk assessments are reviewed at least once every 12 months (e.g. during the handover process or before the start of a new academic year).

   b) Risk assessments for events are submitted via the event registration process to be approved by the Sports Safety Officer. All details are submitted at least 21 days prior to the event, as per regulation 1.12(2) of the University Regulations for the Activities and Conduct of Student Members, which is reiterated in the club's constitution.

   c) Risk assessments for trips and tours (UK or abroad) are submitted via the trip and tour registration process to be approved by the Sports Safety Officer. All details are submitted at least one calendar month prior to departure, as per regulation 4.2 of the University Regulations for the Activities and Conduct of Student Members, which is reiterated in the club's constitution.

7) For risk assessment purposes, club activities include any activity organised by the club or its committee member for the benefit of the club's members, or any activities using the club's resources or name. Activities or events organised between members of the club are not included, providing the club and/or committee is not involved in organising the activities and the club does not provide its resources or name in the organising of the activities.

First Aid

10) All club activities are appropriately covered by qualified first aiders, unless the risk assessment for the activity explicitly states that first aid cover is not required.

   a) This cover comes in a variety of forms (such as qualified staff at host venues, qualified coaches leading activity, qualified club members within activity, emergency services or externally appointed first aiders) and will be specified in the risk assessment for each activity.

b) Should the agreed first aid provision not be available, the risks are reassessed using guidance from the National Governing Body and the Sports Safety Officer. If following re-assessment, the activity cannot go ahead safely, then the club will cancel that planned activity.

Accidents, Emergencies and Near Misses

11) All accidents, emergencies and near misses that take place during club activities are logged by the club and reported to the University via the Health & Safety Incident Reporting Form, which is required by health and safety law, to ensure that the club is maintaining a duty of care to its members. All reported accidents, incidents and near-misses will be reviewed by the Sports Safety Officer.

a) An 'accident' is defined as an unfortunate incident that happened unexpectedly and unintentionally resulting in injury to a person or persons and/or damage to property.

c) An 'incident' is used to encompass accidents, dangerous occurrences, specified occupational exposure, ill-health. All accidents, emergencies and near misses that take place during club activities are logged by the club and reported to the University via in the Health & Safety Incident Reporting Form, which is required by health and safety law, to ensure that the club is maintaining a duty of care to its members.

d) A 'near-miss' relates to incidents that did not result in injury, illness, or damage, but that had the potential to do so. Recognising and reporting these incidents can provide opportunities to learn lessons that prevent future injury or damage. Club members and committees are actively encouraged to report near misses without fear of blame, to ensure safety is improved for any future or repeat issues.

Insurance

12) All club activities are appropriately insured to ensure that the members, and the club itself, have an appropriate level of cover should an accident or incident occur.

a) The club has public liability and personal accident insurance, which are provided by Ripe Insurance Services Limited and a copy of this insurance can be provided to members when needed. All registered club members (registered through the Sports Federation membership process) are also covered by the Sports Federation personal accident insurance. This policy should be treated as a backup for club specific cover, but details of this policy will be communicated directly to members once they are registered by the club.

b) The club ensures that all coaches and session leaders have appropriate professional liability cover in place and always maintains up to date records of those insurance details.

Coaching

d) Any sports coaching that takes place within club activities is led by individuals with appropriate qualifications and insurance in place. Coaching is defined as the process of motivating, guiding, and providing technical advice or training to individual(s) or teams, relating to the sport or activity in question.

e) Coaching can come in a variety of forms. This requirement includes external contracted instructors or coaches (whether permanent or visiting), club members, student leaders and volunteers, who all must have the correct qualifications and insurance in place.

f) Volunteer instructors or coaches can, in some circumstances, have insurance cover through the sports NGB without having a qualification, but any insurance in place must still be clarified and evidenced and the club will maintain up to date records of those insurance details.

14) All individuals that are 'coaching' within club activities are registered with the Sports Federation though the Club Coach Registration Form, as per regulation 1.12(1)(k) of the University Regulations for the Activities and Conduct of Student Members.

a) The club acknowledges that failure to register coaches through the Club Coach Registration Form, or failure to include any coach's qualifications or insurance, may expose club officers, the club and the University to damages arising out of negligent action by the coach, and as such will ensure all coaches are registered appropriately.

Events

15) All events organised by the club are planned, organised and risk assessed in a thorough manner.

a) 'Club events' are defined as any activities that take place on a specific date(s) or at a specific time(s) that are outside of the club's regular risk assessed activity, which can include sporting and non-sporting activities. Further details can be found via the Events page of the Sports Federation Hub.

b) All club events are submitted via the Event Registration Process, to be approved by the Sports Safety Officer. All details are submitted at least 21 days before the event is due to take place, as per regulation 1.12(2) of the University Regulations for the Activities and Conduct of Student Members.

c) The club acknowledges that failure to register any event within the above deadline may mean that said event cannot be approved and therefore cannot take place.

16) Club social events and activities are also appropriately planned, organised and risk assessed, but in most cases will not be registered via the Event Registration Process, unless they are associated with or linked directly to a sporting event (e.g. an after-event dinner).

e) Club social activities are defined as any non-sporting activity organised by the club or its committee members for the benefit of the club's members, or any activities using the club's resources or name. Social activities or events organised between members of the club are not included, providing the club and/or committee are not involved in organising the activities and the club does not provide its resources or name in the organising of the activities.

Trips and Tours

17) All trips and tours organised by the club are planned, organised and risk assessed in a thorough manner.

a) 'Trips and Tours' are defined as any club activity that requires an overnight stay or any activity outside of Oxford for those sports deemed as 'higher risk'. Further details can be found via the Trips and Tours page on the Sports Federation Hub.

b) All club trips and tours are submitted via the Trips and Tours Registration Process to be approved by the Sports Safety Officer. All details are submitted before the club makes any firm commitments, and at least one month before the trip or tour is due to take place, as per regulation 4.2 of the University Regulations for the Activities and Conduct of Student Members.

c) All club overseas trips will also follow all of Part 4 of the University Regulations for the Activities and Conduct of Student Members, which includes individual permission requirements for each student (through the Sports Safety Officer and the Proctors) should the trip take place during Full Term or the Thursday and Friday preceding Full Term. The club is aware that permission for students to travel within these timescales is not guaranteed and the club will make alternative arrangements if permission is not granted (e.g. change of dates) otherwise the trip or tour will be unable to take place.

d) The club, the individuals and any club property travelling should not be uninsured during any part of a trip, as comprehensive travel insurance is a requirement for all participants travelling on a club's overseas trip.

e) The club acknowledges that failure to register any trip or tour within the above deadline may mean that said trip or tour cannot be approved or take place, either at all or at least in the name of the University.

Safeguarding Children and Vulnerable Adults

18) Club activities that bring (or may bring) members into contact with children under 18, or anyone defined as a vulnerable adult, are separately risk assessed and approved by the Sports Safeguarding Officer.

a) Any concerns regarding safeguarding are to be addressed to the club committees and the club ensures that every club member knows how to escalate concerns to the committee.

b) Any concerns brought to the committee are shared with the Sports Safeguarding Officer (SSO), as early as possible, who may refer to the University Designated Leads for a decision and action if required. Concerns should not be reported to the club's NGB until the University Designated Leads has provided feedback to the Sports Safeguarding Officer.

c) Any risk assessments or concerns shared with the Sports Safeguarding Officer should be sent only via safety@sport.ox.ac.uk for confidentiality purposes.

Club Safety Policy: Oxford University Australian Rules Football Club - Appendices

Appendices To Be Included: -

1) General / Overall / Regular Risk Assessment(s)
2) Concussion Guidance / Policy

RISK ASSESSMENT FORM – OXFORD UNIVERSITY SPORT			
SPORTS CLUB	Oxford University Australian Rules Football Club		
NAME OF PERSON COMPLETING THIS RISK ASSESSMENT	Emily Rowland	**DATE OF ASSESSMENT:**	24/05/24
NAME OF PERSON SIGNING THIS RISK ASSESSMENT (ONE FROM; CLUB PRESIDENT, SECRETARY OR CLUB H&S OFFICER)	Emily Rowland	**SIGNING OFF DATE:**	24/05/24

RISK MATRIX		**LIKELIHOOD**			
		High (4)	**Medium (3)**	**Low (2)**	**Remote (1)**
CONSEQUENCES	**Severe (D)**	**High**	**High**	**Medium**	**Low**
	Moderate (C)	**High**	**Medium**	**Medium / Low**	**Effectively Zero**
	Insignificant (B)	**Medium / Low**	**Low**	**Low**	**Effectively Zero**
	Negligible (A)	**Low**	**Effectively Zero**	**Effectively Zero**	**Effectively Zero**

HAZARD	**AFFECTED GROUPS**	**EXISTING CONTROL MEASURES IN PLACE**	**RISK** (Club to insert.	**SUGGESTED FURTHER ACTION(S)**

(Cause and consequences)	(e.g. players, coaches, spectators, officials)	(below is guidance only – change/adapt as appropriate)	See risk matrix above)	(this section needs to be completed where risk is determined to be **medium/low**, **medium, or high**. Where risk is determined to be **low**, **effectively zero**, this is optional)
Outdoor hazards (astroturf, track, field, road) – minor / major injury caused by: • Slips, trips, falls • Unsafe equipment / playing area • Other users • Weather extremities • Uneven surfaces • Injuries	Participants, spectators, coach/instructor, officials	Any new participants have made coach / activity leader aware of any injuries. Check playing surface and surrounding areas by coach / session leader(s) before activity commences. Check any other equipment (e.g. posts, etc.) Check lighting conditions are appropriate for activity. Check for any adverse weather in advance and have alternate plans in place if necessary. If weather is extreme do not start activity (because you feel you must –	Medium	In event of any serious injury/incident: **If at Iffley Road**, inform duty staff (via reception) **Away from Iffley Road** – inform any facility (duty) staff first. If none, call 999/112 and then ASAP call Security Services on 01865 289999 or Sports Safety Officer on 07780 693388. Use What3Words App for precise location (see website here) & Save A Life app for nearest defib location (download App from IOS or Google Play) Accidents to be reported to

		remember safety is paramount) or abandon if		

		conditions etc become unsafe during activity. Ensure those not involved in activity are outside of playing area.		https://oxforduniremoteforms.infoexchange.com/Incident

Training /Competition Poorly planned and managed activity including poor coaching practice may contribute to unsafe practices Participants should disclose injuries or illness. Failure may contribute to risk of worsening condition of injury/illness.	Coaches, Experienced activity leaders, Participants,	Training and games to be structured in conjunction with NGB guidelines and best practice. Training intensity should be adapted for level of participant. Increased attention to beginners. Sessions are led by a qualified coach or appropriately experienced leader (details of whom to be given to Sports Fed). Coaches/Instructors to provide confirmation of qualification/insurance to Club and Sports Fed (latter for Coach Consultancy Agreements) Any activity leaders should have considerable experience of activity and be aware of safe practices. Club	Medium	**Action to take ASAP** In event of any serious injury/incident: If at Iffley Road, inform duty staff (via reception) Away from Iffley Road – inform any facility (duty) staff first. If none, call 999/112 and then ASAP call Security Services on 01865 289999 or Sports Safety Officer on 07780 693388. **Written Report Required** All first aid incidents or other H&S matters including near misses to be reported by a club member via https://oxforduniremoteforms.infoexchange.com/Incident

		committee responsible to ensure these are adhered to. Participants should disclose if they have any injuries/illness in advance (e.g. when signing up to club) and update any changes. Participants encouraged to warm up and cool down and to wear appropriate clothing. Dynamic risk assessments may be required for unforeseen circumstances or situations.		
Slips, Trips and Falls Potential of minor to major injury. Examples of slip hazards; Following cleaning of floor, Changing/Shower areas Spilt drinks Wet grass Mud Ice Slopes	Participants, spectators, coach/instructor, officials	Coach/person(s) in charge needs to check facility is fit for purpose prior to start of activity and monitor throughout. Report any trip or slip hazards, including poor lighting, to facility staff and warn activity participants until hazard is removed or made safe (Encourage a 'see it, report it, sort it' mentality).	Medium	In event of any serious injury/incident: **If at Iffley Road**, inform duty staff (via reception) **Away from Iffley Road** – inform any facility (duty) staff first. If none, call 999/112 and then ASAP call Security Services on 01865 289999 or Sports Safety Officer on 07780 693388.

Examples of trip/fall hazards: Trailing cable(s) Potholes, uneven surfaces Mats Equipment (e.g. players bags, sports equipment) Poor lighting Stairs / steps		Drinks to be consumed and stored well from playing/activity area. Cables to be placed (tied) away from activity area / walkways, otherwise use signage and high-viz tape. No running in changing/shower areas Warning notices where applicable and appropriate (especially if at a club owned/run property) Use handrails if provided on stairs/steps.		Use What3Words App for precise location (see website here) & Save A Life app for nearest defib location (download App from IOS or Google Play) Accidents to be reported to https://oxforduniremoteforms.infoexchange.com/Incident

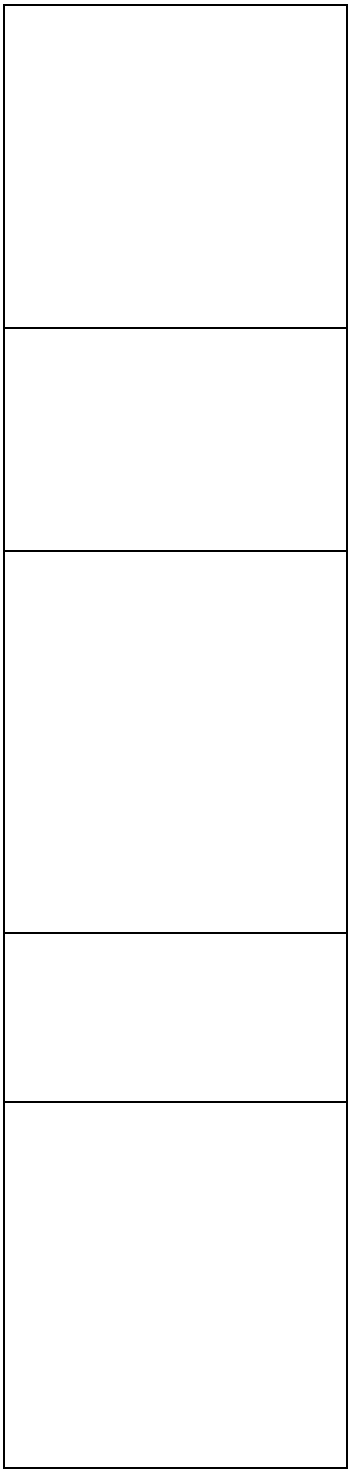
Manual Handling Incorrect technique, carrying a load that may be too heavy and/or awkward may contribute to skeletal and muscle issues.	Players, spectators, coach/instructor, officials	Use any handling aids (e.g. sack truck) where possible including lifts or ramps instead of stairs/steps Make the load smaller or easier to carry. Seek assistance from other(s) to assist with carrying/moving load to mitigate slips, trips, and falls.	Low	In event of any serious injury/incident: **If at Iffley Road**, inform duty staff (via reception) **Away from Iffley Road** – inform any facility (duty) staff first. If none, call 999/112 and then ASAP call Security Services on 01865 289999 or Sports Safety Officer on 07780 693388.

Visibility may be compromised if carrying excess load. Avoid propping open fire doors		Look to avoid twisting, lifting from floor to above shoulders and/or carrying over excessive distances where possible. Seek assistance from others in the event of needing to open doors. (Propping open fire exit doors may increase risk of damage to property and injury to persons in the event of a fire, especially if the prop is left in place e.g. forgetfulness).		Use What3Words App for precise location (see website here) & Save A Life app for nearest defib location (download App from IOS or Google Play) Accidents to be reported to https://oxforduniremoteforms.infoexchange.com/Incident

Fire/Smoke Inhalation May lead to minor/major injury or fatality	Participants, spectators, coach/instructor, officials	If a fire or smoke is discovered, press nearest fire alarm point, and evacuate. All should acquaint themselves to nearest fire exits and assembly point. Follow instructions from facility/accommodation and/or EMS personnel particularly if evacuating.	Low	In event of any serious injury/incident: **If at Iffley Road**, inform duty staff (via reception) **Away from Iffley Road** – inform any facility (duty) staff first. If none, call 999/112 and then ASAP call Security Services on 01865 289999 or Sports Safety Officer on 07780 693388. Use What3Words App for precise location (see
				website here) & Save A Life app for nearest defib location (download App from IOS or Google Play) Accidents to be reported to https://oxforduniremoteforms.infoexchange.com/Incident

Equipment Poorly maintained equipment may lead to injury whether facility, club or personal owed.	Club Committee Club Members	Adhere to NGB and/or statutory guidance for purchasing and maintenance. Keep and maintain records of equipment, particularly noting any expiry dates / deadlines. Club committee to be aware of club property. Record and maintain via an inventory. Share copy with Sports Fed (see website for details / deadlines). Club equipment of value to be secured. Inform Sports Fed if any items are stolen. All club equipment should be visually checked regularly. Where more detailed checks are required ensure records	Low	

Personal Equipment	Club Members	are maintained and updated (e.g. annual inspection). Any equipment found to be in an unsafe condition to be removed until it can be repaired or renewed to required standard. If disposal is required, this should be done in a safe and where possible environmentally friendly manner (e.g. recycling). Any legal statutory requirements should be met. Owners of personal equipment should be reminded they are responsible for the maintenance, safety, and security of their own equipment.		Inform Sports Safety Officer where club may require assistance in disposing of things that fall under statutory legislation or unsure on disposal of certain items.
Food & Drink Provision by Club If providing food/drink, be aware of the following which may lead to illness or even a fatality: Food Allergies / Intolerances Food Poisoning	Anyone	Ensure those who suffer from allergies/intolerances are aware of allergens in food/drink. Use University (onsite) providers/caterers if possible. Any food/drink prepared at 'home' and brought for others to consume, ensure allergen foods are declared.	Low	Club/Individual may find itself liable for any food it has provided at training/matches which could result in food poisoning or someone has been / is exposed to food allergies. In event of any serious injury/incident:



Using a BBQ on University premises (Iffley Road, Parks, Marston) Serving alcohol (may require facility permission and possibly licence). Also refer to **Social Activities.**	Club members Alumni Spectators Club members Alumni Spectators	Surface and Personal hygiene and handling to be maintained for any food/drink irrespective of provider / where purchased. Avoid sharing utensils when consuming food. Use appropriate storage (e.g. Tupperware, labels). Avoid bringing high risk food (e.g. nuts) if possible. Seek permission from University first (unless in public areas) Do not use disposable BBQs in very dry conditions.		**If at Iffley Road**, inform duty staff (via reception) **Away from Iffley Road** – inform any facility (duty) staff first. If none, call 999/112 and then ASAP call Security Services on 01865 289999 or Sports Safety Officer on 07780 693388. Use What3Words App for precise location (see website here) & Save A Life app for nearest defib location (download App from IOS or Google Play) Accidents to be reported to https://oxforduniremoteforms.infoexchange.com/Incident .

		Cook food thoroughly Alcohol may not be allowed at certain premises (e.g. Iffley Road). Seek permission and where applicable, temporary licence (these fall under a separate RA).		
Welfare (also see Exhaustion/Dehydration and Safeguarding)		Overtraining /Dehydration Stress	Low	Signpost where appropriate by Club committee / welfare officer. Examples:

Mental Health Wellbeing Weight Management (where appropriate)	All Club Members Coaches	Bullying Follow NGB Welfare guidance Club/coach should not put pressure on any individual(s) to lose or gain weight especially if there is a need to make a specific weight.		Sports Fed and /or their Welfare Officers (can be done in confidence). Other College/University support. National Governing Body Designated Welfare Lead
Exhaustion /Dehydration (also link to Welfare) Possible causes: Dehydration Overtraining Lack of sleep University life – over commitment	Participants	Players to bring water/appropriate fluid to sessions. Water fountains are available at Iffley Road. Check availability at other facilities. Breaks given for rehydration in training and competition. Have medical support in place. Refer to Welfare where appropriate.	Low	Water is always provided at games. We have regular water breaks in both training and games. We do not train excessively.
Safeguarding (relates to **any** activity involving		Non-Oxford University students who are under 18s should not be involved in any	Low	

under 18s and/or vulnerable adults) (also link to Welfare) Any signs of unexplained physical injury/illness Signs of mental abuse Self-harming Unexplained weight loss/gain issues Unsupervised activities (including providing advice)	Participants Coaches Club	club activities (refer any to city equivalent club). Club committee / coaches responsible for ensuring they are aware if any OU students are under 18s. Avoid or if not possible mitigate risks to ensure the party engaging in activity is not unsupervised. Where an appropriate person is supervising mitigate risk of 1:1 by having others in attendance. Ask coach/instructor for DBS certificate and NGB/coach safeguarding training certificate. Check NGB's requirements. **For ANY safeguarding concerns involving the activities of an Oxford University Sports Club – refer to David White (Sports Safeguarding Officer) first – David.white@sport.ox.ac.uk Guidance will be sought from the University's**		For further advice: Contact the Sports Safeguarding Officer via David.white@sport.ox.ac.uk. Be aware of Oxford University's Safeguarding Code of Practice Adhere to club's NGB for their Safeguarding/Child Protection policies and procedures. DSL will provide relevant follow up action within 24 hours of concern being referred to them.

		Designated Safeguarding Leads (DSLs).		
Management of Injuries /Illness (incl first aid) Injuries/illness incurred during activity or outside of activity. Return to Activity from injury or illness	All	Inform duty facility staff in event of participant(s) suffering injury or illness during activity. First aider will assess and respond accordingly. If not at a staffed facility, use any first aider / medical staff provided (e.g. BUCS fixtures at Parks) otherwise seek advice on 111 (999 if life threatening). Obtain any medical conditions from all new participants and existing members to let coach/leader know of any new injuries/medical conditions. Coach/leader is to liaise with any	Medium	In event of any serious injury/incident: **If at Iffley Road**, inform duty staff (via reception) **Away from Iffley Road** – inform any facility (duty) staff first. If none, call 999/112 and then ASAP call Security Services on 01865 289999 or Sports Safety Officer on 07780 693388. Use What3Words App for precise location (see website here) & Save A Life app for nearest defib location (download App from IOS or Google Play) Accidents to be reported to https://oxforduniremoteforms.infoexchange.com/Incident Club to adhere to NGB and University (Sports Dept & Central) H&S Policies and record keeping.

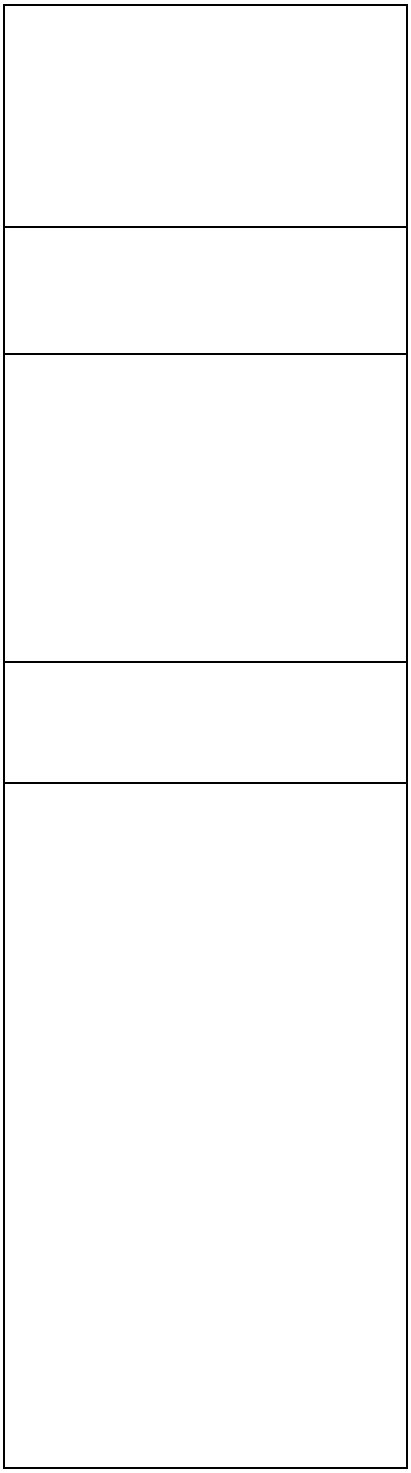
		participant returning from injury to ensure it is not aggravated by returning to early, Incorrect training or overtraining.		

				Inform SSO of any club member interested in gaining first aid qualification.

Cardiac Arrest *(where a heart stops pumping blood around the body. A heart attack is a sudden loss of blood flow to a part of the heart muscle)* Party will be; Unconscious Unresponsive Won't be showing any movement including not breathing or may be are making gasping sounds).	Anyone	If alone – • Call 999/112 if possible using hands free speaker on phone. • Follow guidance given by 999/112 staff on CPR and start ASAP. • Do not go for Defib if alone (paramedics will bring it). • Carry on with CPR until help arrives or exhausted. If others around: • Start CPR if possible whilst helper calls 999/112 and put on speaker if required. • Helper find and bring defib to casualty. • Ask helper to take pads and defib out and follow voice prompts.	Low	**Call 999**. Where applicable, give call handler number on Defib cabinet (to get code to unlock). OUS Defib locations; Iffley Road Sports Complex – At main reception desk (duty staff will respond) OURFC (rugby) main building. Parks – external cabinet outside public toilets. Marston Sports Ground – external cabinet to side (garage end) of main building. External sites – check with facility provider. In advance, have downloaded to phones, What3Words App for precise location & Save A

		• Carry on with defib/CPR until paramedics arrive.		Life App for nearest defib location. Aftercare to be provided to all involved parties. Incident report to SSO by phone (07780 693388).
Concussion Headshots Recognition, Management, Return to Activity. Failure to recognise, treat and manage concussion may result in severe injury / fatality. Note - Some symptoms of concussion. Headache Dizziness Feeling sick or vomiting Memory Loss Unusual Behaviour Vision Issues	Participants	Sports Club Committee and coaches are to be aware of NGB concussion protocols. Seek immediate first aid in event of concussion or even suspected concussion or if in doubt! **If in doubt, they must sit out.** No intentional headshots. Liaise with first aider and have someone stay with injured party (incl if transferred to hospital). Monitor condition before allowing return to activity (in line with NGB guidelines).	Medium	In event of any serious injury/incident: **If at Iffley Road**, inform duty staff (via reception) **Away from Iffley Road** – inform any facility (duty) staff first. If none, call 999/112 and then ASAP call Security Services on 01865 289999 or Sports Safety Officer on 07780 693388. Use What3Words App for precise location (see website here) & Save A Life app for nearest defib location (download App from IOS or Google Play) Accidents to be reported to

		Participant to stop immediately if he/she feels unwell on return to activity. Inform student's college ASAP after incident. Seek additional guidance and support from Sports Safety Officer.		https://oxforduniremoteforms.infoexchange.com/Incident If concussion diagnosed, club to follow NGB guidance on management and return to activity for concussion. Seek guidance also from Sports Fed and/or their Welfare Officers (including signposting). We have designated physicians for every game day, and plenty of medics on the team who attend training.
Travel To / from venues away from Iffley Road.		Check in advance. Location and parking arrangements. Time and distance (allow extra time). Potential hazards (roadworks etc.) and have other route in case. Weather conditions for to and from venue.	Low	In event of any serious injury/incident: **Away from Iffley Road** – inform any facility (duty) staff first. If none, call 999/112 and then ASAP call Security Services on 01865 289999 or Sports Safety Officer on 07780 693388.



Private Vehicle Hired Vehicle (through Sports Fed) All drivers	Drivers, Passengers	Driver responsible for ensuring vehicle is roadworthy, Insurance MOT and tax in place. Driver must have full driving licence. Drivers must be on authorised list of drivers registered on scheme and have passed any checks/training course in place. Check hired vehicle for damage on pick up and drop off. Take relevant photo evidence of any and pass to Sports Fed ASAP. Adhere to road and traffic laws and regulations. Responsible for safety of themselves and all others in vehicle.		Use What3Words App for precise location (see website here) & Save A Life app for nearest defib location (download App from IOS or Google Play) Accidents to be reported to https://oxforduniremoteforms.infoexchange.com/Incident Drivers of private vehicles are advised to check with their Insurer they are insured to drive on 'sports club' business. Drivers/clubs may be liable for costs in the event of damage not reported to Sports Fed/Insurance Office or in the event of a delay in informing Sports Fed/Insurance Office. Provide supporting evidence as required (e.g. photos, witness statement) Drivers are liable for any speeding and/or parking

		Take regular rest breaks. Do not drive over 2 hours in any		

Passengers		one stint. Stop ASAP for a break if feeling tired at any time. Avoid distractions particularly from others in vehicle. Use assistance of others when reversing, parking, or manoeuvring in tight spaces. No alcohol when driving on club business Should be made aware distractions/anti-social behaviour are likely to affect driver.		offence reported to them or to Sports Fed (for hired vehicles). For hired transport, look to have a minimum of 2 drivers if this is possible (in case of tiredness, injury) particularly if the drive will be more than 2 hours one way. Minibus/MPV drivers, when reversing or in tight manoeuvring spots MUST use a banksman (someone to be outside the vehicle) and help guide the driver). Agree on signals. Club to adhere to NGB and OUS H&S Policies and record keeping.
Travel (Incidents) incl accidents, breakdown.	Drivers Passengers	Ensure vehicle and occupants are not in danger from other road users. All to leave vehicle and move to safe place.	Medium	**Away from Iffley Road** – inform any facility (duty) staff first. If none, call 999/112 and then ASAP call Security Services on 01865

		Use breakdown service. Details can be found in hired vehicles. Any private vehicle used must have breakdown cover (driver responsible). Major incidents (i.e. involves any emergency service and/or anyone goes to hospital. Call 999/112 in the event of life-threatening incident or 111 for non-urgent cases. ASAP call Security Services on 01865 289999. Minor incidents - Inform		289999 or Sports Safety Officer on 07780 693388. Use What3Words App for precise location (see website here) & Save A Life app for nearest defib location (download App from IOS or Google Play) Accidents to be reported to https://oxforduniremoteforms.infoexchange.com/Incident For hired vehicles, inform Sports Fed asap so hire company can be told Drivers/clubs may be liable for costs in the event of damage not reported to Sports Fed/Insurance Office or in the event of a delay in informing Sports Fed/Insurance Office. Provide supporting evidence

		Sports Fed and hire company ASAP. Take photos for evidence purposes.		

				as required (e.g. photos, witness statement)
Social Activities including alcohol, nonprescribed drugs, and behaviour Physical injury or illness Damage to property, equipment, and reputation of sports club and/or University. Personal Safety (maybe comprised in the event of an individual drinking to excess)	All attending club social events	Follow NGB and OU (incl OUSF) Code of Conducts/Practice with disciplinary procedures in place. No alcohol prior to and during activity. Alcohol should be consumed to moderate levels at any other time and not to excess. Drivers should not drink any alcohol and see non-alcohol alternatives. Non-prescribed drugs not allowed at any time. Advice for all is to use well lit and well used areas at nighttime. Be aware of surroundings. Avoid flaunting items of value (e.g. watches, large amounts of cash, phones) Ensure anyone who has drunk to excess is	Low	Potential reputational risk to the sports club, Sports Department and University in the event of adverse behaviour of an individual(s). Club committee should remind members. If necessary, seek medical advice on 111 (NHS)

		accompanied to their home/college and is observed thereafter.		

Covid-19 Minimise spread of virus	Coaches Participants	Avoid contact with others if you might be infectious Respect other people's space Keep up to date with COVID vaccinations Respect those who choose to wear a face covering Cover coughs and sneezes and wash hands regularly.	Low	Monitor current university guidance which can be found here. *Check if there is any specific NGB guidance and insert into this risk assessment*

UK Government

IF IN DOUBT, SIT THEM OUT

UK Concussion Guidelines for Non-Elite (Grassroots) Sport

April 2023

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Introduction

The following guidance is intended to provide information on how to recognise concussion and on how it should be managed from the time of injury through to a safe return to education, work and playing sport.

This information is intended for the general public and for individuals participating in all grassroots sports – primary school age and upwards - where Healthcare Professionals are typically not available onsite to manage concussed individuals.

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.

At all levels in all sports, if an individual is suspected of having a concussion, they must be immediately removed from play.

IF IN DOUBT, SIT THEM OUT

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 a suspected concussion and commercial drivers (HGV etc.) should seek review by an appropriate Healthcare Professional before driving.

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.

Anyone with concussion should generally rest for 24-48 hours but can undertake easy activities of daily living and walking, but must avoid 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 General Practitioner [GP])

Key points

- **Most people with concussion recover fully with time**.
- A concussion is a brain injury.
- All concussions are serious.
- Head injury can be fatal.
- Most concussions occur without loss of consciousness (being 'knocked out').
- Anyone with one or more visible clues, or symptoms of a head injury must be immediately removed from playing or training and must not take part in any further physical sport or work activity, even if symptoms resolve, until assessment by an appropriate Healthcare Professional or by accessing the NHS by calling 111, which should be sought within 24 hours.
- Return to education/work takes priority over return to sport.
- Individuals with concussion should only return to playing sport which risks head injury after having followed a graduated return to activity (education/work) and sport programme.
- All concussions should be managed individually, but there should be no return to competition **before** 21 days from injury.
- Anyone with symptoms after 28 days should seek medical advice from their GP (which may in turn require specialist referral and review).

What is concussion?

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.

IF IN DOUBT, SIT THEM OUT

Concussion can affect people in four main areas,

Physical

e.g. headaches, dizziness, vision changes

Mental processing

e.g. not thinking clearly, feeling slowed down

Mood

e.g. short tempered, sad, emotional

Sleep

e.g. 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:

- 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
- 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

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

Any one or more of the following visible clues can indicate a concussion:

- 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
- 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

Symptoms of concussion at or shortly after injury

What you are told/what you should ask about

Presence of any one or more of the following signs & symptoms may suggest a concussion:

- Disoriented (not aware of their surroundings e.g. opponent, period, score)
- Headache
- Dizziness/feeling off-balance
- Mental clouding, confusion or feeling slowed down
- Drowsiness/feeling like 'in a fog'/ difficulty concentrating
- Visual problems
- 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

Immediate management of a suspected concussion

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

IF IN DOUBT, SIT THEM OUT

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 screentime 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's 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.
- 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 your 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.
- Encourage initial rest/sleep as needed and limit smartphone/computer and screen use for the first 24-48 hours.
- Inform school/work/other sports clubs of the suspected concussion.
- 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.

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.

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

Notes

- 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.
- 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 may be formally cleared for an earlier return to competition.

GRADUATED RETURN TO EDUCATION/WORK & SPORT SUMMARY

(See full table below for detail)

Stage 1	**Relative Rest for 24–48 hours** • Minimise screen time • Gentle exercise*
Stage 2	**Gradually introduce daily activities** • 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** • Increase study/work-related activities with rest periods* • Increase intensity of exercise*
Stage 4	**Return to study/work and sport training** • Part-time return to education/work* • Start training activities without risk of head impact*
Stage 5	**Return to normal work/education and full training** • 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.

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

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.**	• 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)	• 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**	• 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)	• 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.	

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

Stage	Focus	Description of activity	Comments
Stage 4	**Return to study and work**	• 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)	• 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**	• 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)	• 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**	This stage should not be reached before day 21* (at the earliest) and only if no symptoms at rest have been experienced from the recent concussion in the preceding 14 days and now symptom free during pre-competition training. * The day of the concussion is Day 0 (see example below).	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. Disabled people will need specific tailored advice which is outside the remit of this guidance.

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)

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Supported by

This guidance has been a collaboration between key stakeholders in sport, physical activity and education, athlete healthcare providers, research institutions, the Royal College of General Practitioners, the Royal College of Emergency Medicine, the Society of British Neurological Surgeons and governmental departments from all four UK Home Nations. Special thanks is extended to concussion campaigner Peter Robinson and for the creation of "If In Doubt, Sit Them Out".