



CONCUSSION GUIDELINES

IF IN DOUBT, SIT THEM OUT.

Football Development East Limited (FDE)

Policy owner	Football Development East Limited
Version / effective date	Version 1.6 September 2026
Next scheduled review	30 th December 2027
Applies to	All FDE football, coaching, camps, events and activity programmes
Framework	FDE adoption of The FA and UK grassroots concussion guidance, supported by current NHS head-injury advice



1. FDE policy position

Football Development East Limited has adopted the principles of The Football Association's concussion guidance and the UK Government's Concussion Guidelines for Grassroots Sport as the basis of this FDE policy. Current NHS head-injury advice is also reflected. This document sets out how those principles will be applied operationally across FDE activities.

FDE DOES NOT TAKE CHANCES WITH CONCUSSION

Football Development East follows the concussion guidance published by the NHS, The FA and the UK grassroots concussion framework. There are no shortcuts with return-to-play protocols. If concussion is suspected, the participant is removed from activity and does not return that day.

The FA document supplied to FDE is an August 2019 version. It remains useful for recognition and core safety principles, but its former 14-day complete-rest / six-stage GRTP timetable has been superseded for grassroots settings by the UK-wide grassroots guidance introduced in 2023 and updated in November 2024. FDE therefore uses the current graduated return to activity, education/work and sport approach set out below.

2. Core principles

- Concussion is a brain injury and must be treated seriously.
- Loss of consciousness is not required for concussion to be present.
- Symptoms can appear immediately or develop later.
- Any participant with signs or symptoms after a head injury must be removed from football or other physical activity immediately.
- There is no same-day return to play following suspected concussion, even if symptoms appear to resolve.
- Return to education or work takes priority over unrestricted return to sport.
- A graduated return must be followed. Competition must not resume before Day 21 at the earliest in the grassroots pathway.
- Children and young people require particular caution; FDE will not accelerate recovery because of a fixture, trial, tournament or other sporting opportunity.

IF IN DOUBT, SIT THEM OUT

A coach is not required to diagnose concussion. Suspicion is enough to remove a participant. FDE will always favour safety over continued participation.

3. What concussion is and how it may happen

Concussion is a temporary injury to the brain caused by a direct impact to the head or by a force elsewhere on the body that rapidly moves the head and brain. A player does not need to be knocked unconscious. A seemingly minor collision, fall, whiplash-type movement or ball impact can cause concussion.

FDE staff should remain alert after any significant head impact or incident involving rapid acceleration or deceleration of the head. A participant who initially appears well can later develop symptoms.

4. Recognising possible concussion

Visible signs – what staff may see

- dazed, blank or vacant appearance;
- lying motionless, being slow to get up or appearing stunned;



- unsteadiness, balance problems, poor coordination or falling;
- confusion, disorientation or reduced awareness of the activity;
- loss of consciousness or reduced responsiveness;
- clutching the head after an impact;
- seizure or fit;
- unusual irritability, emotion, behaviour or personality change.

Symptoms – what the participant may report

- headache or pressure in the head;
- dizziness or balance difficulty;
- confusion, feeling slowed down, foggy or unable to concentrate;
- visual disturbance or double/blurred vision;
- nausea or vomiting;
- unusual tiredness or drowsiness;
- sensitivity to light or noise;
- memory difficulty or simply feeling “not right”.

Simple orientation questions may help identify concern, but answering questions correctly does not rule out concussion. Video footage can help explain the mechanism of injury, but must never be used to overrule a safety decision to remove a participant.

5. Immediate FDE response

- Stop the participant immediately and remove them safely from activity.
- Do not allow them to return to training, a match, PE-style activity or other physical sport that day.
- Observe them and ensure an appropriate responsible adult remains with them.
- For anyone under 18, inform the parent/carer as soon as practicable.
- Arrange safe travel home; a person with suspected concussion should not drive.
- Ensure the participant is assessed by an appropriate healthcare professional onsite or access NHS advice by calling 111 within 24 hours.
- Complete the relevant FDE accident/head-injury record and communicate the suspected concussion to the parent/carer and, where appropriate, other responsible settings.

FDE staff should not attempt to “clear” a player to return. A pitchside symptom check is not a diagnostic test and a participant’s wish to continue is not determinative.

6. Red flags – call 999 / urgent emergency assessment

EMERGENCY RED FLAGS

Call 999 where there is a serious or deteriorating head injury, loss of consciousness that does not resolve normally, seizure, severe or worsening neurological symptoms, or where safe transport to urgent medical care requires an ambulance.

- deteriorating consciousness, increasing drowsiness or difficulty waking;
- seizure / fit;
- severe or worsening headache;
- repeated vomiting;
- increasing confusion, agitation or unusual behaviour;
- double vision or significant new visual problem;
- weakness, numbness, tingling or burning in an arm or leg;



- severe neck pain, suspected cervical-spine injury or other serious injury;
- any other rapidly worsening or life-threatening presentation.

If a neck injury is suspected, minimise unnecessary movement and follow normal first-aid/spinal-injury principles while awaiting appropriate medical assistance.

7. The first 24–48 hours

Current grassroots guidance recommends relative rest for approximately 24–48 hours rather than prolonged complete physical and cognitive rest. Easy activities of daily living, short periods of reading and gentle walking may be acceptable where symptoms are not more than mildly increased. Screen time should be minimised initially.

- A responsible adult should supervise/monitor the injured person, particularly during the first 24 hours.
- Do not return to sport or activities carrying a risk of another head impact.
- Do not drive during the first 24 hours; thereafter follow NHS/healthcare advice and do not drive until safe to do so.
- Avoid alcohol and recreational drugs while recovering.
- Sleep is permitted; there is no need to keep a tired person awake unless a healthcare professional has specifically advised otherwise.
- Seek further medical advice if symptoms deteriorate or are not improving.

8. FDE graduated return to activity and sport (GRAS)

Recovery is individual. The stages below are a framework, not a target timetable. Progression must be gradual and symptoms must guide the process. Where activity more than mildly worsens symptoms, reduce activity and return to the previous tolerable level. FDE will never compress the pathway to meet a fixture or programme timetable.

Stage	Focus	FDE operational position
1	Relative rest – first 24–48 hours	Take it easy; limited mental activity and gentle walking only as tolerated. No football or risky physical activity.
2	Gradual daily activity	Increase normal home activities, reading and limited screen use; introduce light physical activity as tolerated.
3	Increase mental and exercise tolerance	Increase study/work activity with rest periods and gradually increase low-risk exercise. No activity with predictable head-impact risk.
4	Return to education/work and non-contact sport training	Part-time/reduced education or work where needed; begin football-specific/non-contact activity only when symptoms permit. Avoid head impact, heading, collisions and other predictable head-injury risk.
5	Full education/work and unrestricted training	Only consider training with predictable head-impact risk after the participant has been symptom-free at rest for 14 days. Monitor closely.
6	Return to competition	Not before Day 21 at the earliest, and only



		when symptom-free at rest for the preceding 14 days and symptom-free during appropriate pre-competition training.
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NO SHORTCUTS

Day 21 is the earliest possible grassroots return to competition, not an automatic clearance date. If recovery takes longer, return takes longer. FDE may require further medical advice where there is uncertainty.

9. Return to education before full sport

For children and young people, successful return to learning and normal daily function is a priority. FDE expects parents/carers to keep schools, colleges and other sports providers informed of a suspected or confirmed concussion. FDE will not treat attendance at school as proof that a player is ready for contact football; sporting progression remains subject to the graduated pathway.

10. Children, SEND and communication differences

FDE works extensively with children with SEND and additional needs. Concussion recognition may be more difficult where a child communicates differently, has a learning disability, sensory differences, limited speech, pre-existing balance difficulties or behaviours that could mask a change from their normal presentation.

Staff should therefore consider the child's individual baseline and seek information from people who know the child well. Changes in behaviour, regulation, interaction, gait, communication, tolerance of noise/light, attention or usual routine may be significant even where the child cannot describe a headache or dizziness in conventional language.

SEND-SPECIFIC SAFETY PRINCIPLE

Difficulty describing symptoms must never be interpreted as absence of symptoms. Where FDE cannot confidently exclude concussion after a relevant incident, the child will be removed from activity and managed as a suspected concussion.

11. Recurrent concussion, prolonged symptoms and medical review

Repeated concussion or a second head injury before recovery may carry increased risk. Anyone with recurrent concussions, an unusual presentation or prolonged recovery should receive appropriate medical assessment. FDE will not independently determine that a player with a complex concussion history is safe to return.

Under current UK grassroots guidance, medical advice should be sought through NHS 111 if symptoms deteriorate or are not improving by 14 days. Symptoms continuing beyond 28 days require medical assessment, normally through the person's GP and potentially specialist referral.

12. Responsibilities

FDE coaches and session staff

- Recognise possible signs and symptoms and act on suspicion, not certainty.
- Remove the participant immediately and prevent same-day return.
- Escalate red flags appropriately and contact the parent/carer for a child.
- Record the incident accurately and hand over relevant information.



- Do not pressure, persuade or test a participant back into play.
- Do not permit return outside the FDE graduated pathway.

Parents/carers

- Arrange NHS/healthcare assessment and monitor the child after the incident.
- Tell FDE about diagnosis, symptoms, medical advice and progress.
- Inform school/college and other sports organisations.
- Do not present a child for training or competition contrary to the graduated return process.

Participants

Participants should report symptoms honestly and immediately, including symptoms that develop after leaving the session. Teammates are encouraged to report concern for another participant. Concealing symptoms to remain involved can delay recovery and increase risk.

13. FDE authority to withhold participation

FDE has final operational authority over participation in FDE activities. A parent/carers, participant or non-medical third party cannot require FDE to return a person to football where FDE reasonably believes the concussion pathway has not been completed or there remains a welfare concern.

Where medical advice has been provided, FDE will take it into account. Medical clearance does not require FDE to accelerate beyond its own published minimum safety process where FDE reasonably considers further progression or observation necessary.

14. Recording and information sharing

FDE will make a factual record of suspected concussion/head-injury incidents, including the mechanism where known, observed signs/symptoms, action taken, parent/carers notification, emergency/NHS advice and return-to-activity information where relevant. Records will be handled under FDE safeguarding and data-protection arrangements.

Relevant information may be shared on a need-to-know basis to protect the participant's welfare, including with parents/carers, emergency services, healthcare professionals and appropriate FDE staff. Families are strongly encouraged to share the information with school/college and any other sports provider.

15. Training and review

FDE expects staff responsible for football activity to understand this policy and the principle "If in doubt, sit them out". The FA currently recommends that coaches complete its free concussion-guidelines learning annually. FDE will promote appropriate refresher learning and review practice following significant incidents.

This document will be reviewed against future updates from The FA, UK Government grassroots concussion guidance and the NHS. Where authoritative guidance changes before the formal review date, FDE will apply the newer safety guidance and update this document as soon as reasonably practicable.

16. Guidance adopted by FDE

- The Football Association – Concussion Guidelines (current FA framework; August 2023 version supersedes earlier FA versions).
- UK Government / Sport and Recreation Alliance – Concussion Guidelines for Grassroots Sport, first published 2023 and updated November 2024.
- NHS – Head injury and concussion guidance.



The August 2019 FA document supplied with this policy has informed the recognition, removal and core safety principles. FDE has not reproduced it verbatim; this policy adapts those principles to FDE and updates the return-to-activity process to the current grassroots framework.

17. Policy approval and review

Policy owner: Football Development East Limited

Approved by: *j.haines*

Approval date: 28/9/26

Next scheduled review: 30th December 2027

Review may take place earlier following a significant head-injury incident, material change in FDE provision, or updated FA, NHS or UK concussion guidance.

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