

Concussion policy

In accordance with the FA concussion guidelines “Concussion is an injury to the brain resulting in a disturbance of brain function. It affects the way a person thinks, feels, and remembers things. There are many symptoms of concussion, with common ones including headache, dizziness, memory disturbance and balance problems. Concussion can be caused by a direct blow to the head, but can also occur when a blow to another part of the body results in rapid movement of the head e.g. whiplash type injuries.”(1)

If concussion is suspected, including if a player has described symptoms of concussion from an injury outside a Ladies Football 4 Fun (LF4F) session, it should be treated in line with the concussion policy.

Session leaders will follow the below guidelines if a player is suspected to have concussion:

- Exclude the player immediately from continuing to play. Do not leave the player alone, either the session leader or a nominated individual should stay with the player at all times
- If the player is vomiting, dizzy , unable to stand, unable to talk, having a seizure or loss of cognitive function call 999.
- If the player is adamant they don't want to call 999 give advice to call GP, 111 or 999 should their symptoms worsen.
- Advise the player not to drive home and help to get alternative transport home.
- Advise players to participate in light exercise after 48 hours following the injury or longer if symptoms are still present. Session leaders can also direct the players to use the FA Graduated return to play programme which is used following a concussion that hasn't needed medical attention. (see table below, page 3)
- Fill in accident form and inform other session leaders of the injury.
- Players should not be attending a LF4F session for 14 days after the injury.

If a player has been excluded due to concussion, they should check in with the session leader at their next session to ensure they are fit to play. Following a concussion session leaders will complete a Fit to Play form with players. If a session leader feels the player is not fit to play they will advise the player accordingly.



This policy was approved by the board of trustees - M.Howarth (Chair), L.Cox (Secretary) & C.Frampton (Treasurer), in June 2025 and will be reviewed in June 2026.

Concussion Fit to Play form

Name of player: _____

Name of Session leader completing form: _____

Date of injury: ___ / ___ / ___

Was the injury obtained at a LF4F session? Yes / No

Describe your symptoms at the time of injury:

Did you participate in light exercise 48 hours after the injury? Yes / No

If the player answers any of the below questions "Yes" they should be advised to wait another week until returning to a Ladies Football 4 Fun session.

Have you had any persistent headaches since the injury occurred? Yes / No

Have you experienced vomiting since the injury occurred? Yes / No

Have you had changes in your sight? Yes / No

Have you had a seizure? Yes / No

Have you seen a medical professional regarding the injury? Yes / No

Please complete the post session section if the player has been deemed fit to play.

Post session assessment

Is the player experiencing or showing signs of any of the below symptoms of concussion:

Dizziness – Yes / No

Headache – Yes / No

Vomiting – Yes / No

Unable to see – Yes / No

Unable to stand – Yes / No

Loss of cognitive function – Yes / No

If the player is experiencing any of the above symptoms please return to concussion policy and treat in accordance to new injury. Then complete a new fit to play form at their next session.

Signed session leader: _____

Date: ____ / ____ / ____

Signed player: _____

Date: ____ / ____ / ____

FOOTBALL & FUN

Graduated return to play (GRTP) programme

The pathway begins at midnight on the day of injury. Each stage must take a minimum of 24 hours. Progression to the next stage should only occur as long as symptoms are not more than mildly and briefly exacerbated. If there is a worsening of symptoms at any stage of the GRTP programme, the individual must return to the previous stage and attempt to progress again after a minimum 24-hour period.

	Stage 1 Initial relative rest period	Stage 2 Light exercise	Stage 3 Football-specific exercise	Stage 4 Non-contact training	Stage 5 Full contact practice	Stage 6 Return to play (RTP)
	Combined progression through stages 1-4 must take a minimum of 14 days					
	48 hours	Minimum 24 hours	Minimum 24 hours	Minimum 24 hours	Stage 5 must only start after a minimum period of 14 days symptom free	Earliest RTP at Day 21
Exercise allowed	Stage 1 is an initial relative rest period of 48 hours. In the first 48 hours, it is ok to perform mental activities (e.g. reading) and normal activities of daily living, as well as walking for no more than 15 minutes at a time.	Light jogging, swimming, stationary cycling or equivalent. No football, resistance training, weightlifting, jumping or hard running.	Simple movement activities (e.g. running drills) Limit body and head movement	Progression to more complex training activities with increased intensity, co-ordination and attention (e.g. passing, change of direction, shooting, small sided game) No head impact activities including no heading	Normal training activities (e.g. tackling, heading, diving saves etc.)	Player rehabilitated and cleared to participate in match play
% max heart rate	No training	<70%	<80%	<90%		
Duration (min)		<15	<45	<60		
Objective	Recovery	Increase heart rate	Add movement	Exercise, co-ordination and skills/tactics	Restore confidence and assess functional skills by coaching staff	Return to play

It is recommended that a player undergoes a review with the healthcare professional responsible for their day to day care prior to entering stage 5 (full contact training). It must be emphasised, that these are minimum return to play times and in players who do not fully recover within these time frames, return to play times will need to be longer.

References & Supporting documents

1. <https://www.Englandfootball.com/concussion>

