

WYMONDHAM COLLEGE STANDARD OPERATING PROCEDURE: GRADUATED RETURN TO ACTIVITY AND SPORT

WYMONDHAM COLLEGE MEDICAL CENTRE

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Standard Operating Procedure: Graduated Return to Activity and Sport

Government guidelines (UK Concussion Guidance for Non-Elite (Grassroots) Sport, 2024) recommend a three-week graduated return to normal activities and sport for students with suspected concussion or concussion that has been diagnosed by a healthcare professional.

This aims to minimize the risk of secondary concussion and allow complete brain recovery. Recovery is individualized, and progression through the stages depends on symptom resolution.

During this period, students should not participate in PE, and parents/guardians along with sports leaders, should also restrict involvement in external sports clubs.

This Standard Operating Procedure (SOP) is to be used alongside the Wymondham College Head Injury and Concussion Policy.

STAGE 1: 24-48HOURS FOLLOWING HEAD INJURY AND SUSPICION/DIAGNOSIS OF CONCUSSION

- Following a head injury, the student should be sent home for the first 24-48 hours. If the student cannot be collected, they should rest in the medical centre under observation for at least 24 hours.
- Parents should receive a copy of the Graduated Return to Activity and Sports stages (Appendix 1) and be informed of concussion guidelines.
- House staff should be notified of the student's diagnosis, the date of their 2-week review, and completion of the graduated return pathway.
- The PE department should be notified, and the student's name added to the database of students on the graduated return pathway: [Return To Play Register.xlsx](#)
- Should the medical centre be closed, the student will be required to be collected by parent/guardian as they would be considered unsuitable to board. Senior leadership team should be contacted to assist in the process of managing student supervision (Contact SLT on ext: 4444).
- The student should minimize TV and phone usage.
- Students can read and take short walks, but rest is the priority.

STAGE 2 AND 3: 3-7 DAYS POST INJURY

- During this stage, the student can return to school progressively (e.g., mornings/afternoons) as tolerated.
- Parents should inform the Head of House of the student's current tolerance levels upon their return.
- The student can gradually increase mental activities and time in lessons, progressing as tolerated without worsening symptoms as outlined in the head injury policy (2.0 signs and symptoms).
- Walking and normal movement around the school are permitted.
- If walking doesn't worsen symptoms, light exercise such as jogging and low-level body work can be introduced.
- The student should not participate in Wymondham Life, sports, or school trips.
- If symptoms arise, reduce school time, increase break times, or decrease physical activities, consulting with the medical centre and parents.

STAGE 4: 8-15 DAYS POST INJURY

- The student can return to full education if not already doing so.
- Light physical activity, such as running, spinning, and low-level bodywork, can restart, but activities with a risk of head impact are prohibited.
- The student may not participate in any Wymondham life, school trips, or PE.
- **On Day 14, the medical centre team will assess the student's readiness to progress to stage 5.**

STAGE 5: 15-21 DAYS POST INJURY

- The student will remain in full-time education but will not participate in PE.
- Exercise and activity are permitted, but any activity with a risk of head impact requires close supervision by a qualified coach.
- Participation in school trips is subject to the trip leader's assessment of the trip's suitability, with consideration given to planned activities.

STAGE 6: DAY 21 - PATHWAY COMPLETE

- The student may resume all normal activities, including PE and school trips.
- For boarding students, if concussion symptoms persist beyond 21 days, contact the medical centre to coordinate a GP review with parents.

RESOURCES:

National Institute for Health and Care Excellence (2023) *Head injury: assessment and early management. NICE Guideline: NG 232*. Online. Available at: [Overview | Head injury: assessment and early management | Guidance | NICE](#)

Headway (2025) *Mild head injury and concussion*. Online. Available at: [Mild head injury and concussion | Headway](#). [Accessed on 20/05/2025].

UK Government (2024) *The UK Concussion Guidelines for Non-Elite (Grassroots) Sports*. Online. Available At: [uk-concussion-guidelines-for-grassroots-non-elite-sport---november-2024-update-061124084139.pdf](#)

Child Brain Injury Trust (2017) Concussion. Online. Available at: [Concussion.pdf \(childbraininjurytrust.org.uk\)](#)

Printable Concussion Sheet (After Concussion, Return to normality): [ACORN-Blank-Template.pdf \(childbraininjurytrust.org.uk\)](#)

APPENDIX 1: GRADUATED RETURN TO ACTIVITY (EDUCATION/WORK) AND SPORT PROGRAMME

Stage	PE	Activities (see note 1)	Education	Progression to next stage	Comments
Stage 1 24-48 hours	None	No activities. No driving a vehicle. No physical exercise	No attendance at school	Parent has confirmed fitness to progress or boarder assessed by Medical Centre	Monitoring if student returns to site post A&E. Student to remain restricted to Medical Centre or boarding house. Advice to parents is no return for 48 hours minimum.
Stage 2 Day 3-7	None	No activities. No school trips. Light physical exercise (note 2)	Gradual return to schoolwork while at home or in boarding house	Parent has confirmed fitness to progress or boarder assessed by Head of House.	Monitoring if at school by boarding house staff. Consultation with Medical centre if any symptoms.
Stage 3 Day 3-7	None	No activities. No school trips. Progress light physical exercise (note 3)	Possible reduced timetable and/or extended breaks during day	Parent has confirmed fitness to progress or Boarder assessed by Head of House.	Monitoring when at school. Consultation with Medical centre if any symptoms.
Stage 4 8 days onwards	None	No activities No school trips. Progress light physical exercise (note 4)	Return to full school education	At 14 days- health check by Medical Centre.	Monitoring when at school
Stage 5 15 days onwards	None	Light physical exercise subject to note 5 Activities allowed subject to note 6 School trips allowed subject to note 7		Student has continued to progress with no ill health.	As day 21 approaches – Check with parents and student if symptom free for 14 days. Inform parents of intention to allow return to full sports.
Stage 6 21 days onwards	Return to normal game play	Return to full activities and school trips		Subject to 14 days clear of symptoms	The day of the concussion is day 0. This is therefore day zero plus 21.
If symptoms continue beyond 28 days-student to remain out of sport and medical advice be sought from a GP					

NOTE	DESCRIPTION
1	Activities include social football, basketball, netball, cricket, weight training, swimming or any other physical activity that may result in over exertion or head impact. Clubs involving activity such as water sports, horse riding and skiing.
2	Light physical exercise restricted to walking and normal routine movement across the site.
3	Progress to light aerobic activity such as jogging or low-level body resistance work.
4	Progress self-directed exercise such as running, spinning bike, low level body resistance work.
5	Progress to exercise that may involve contact but only where close supervision and 1:1 by qualified coach is available.
6	Return to activities but where these may involve head impact there must be close supervision by a qualified coach for the sport or activity.
7	Attendance allowed but subject to an assessment by the Trip Leader of the suitability of the trip in relation to any activities, travel distance and any residential aspect.

FAQS

1. Is 'suspected concussion' to be regarded as actual concussion? *Answer - yes.*
2. During the GRTP when can activities such as lunch time social football be played? *Answer-only after day 14, a satisfactory health check by the Medical Centre and with a qualified coach being present to give close 1:1 supervision.*
3. How can a Head of House make a medical assessment at stages 2 and 3? *Answer- this is not a medical assessment as such. It is an assessment made based on how the student is and has been feeling and any indications of ill health and particularly no red flags observed by matrons or other boarding house staff.*
4. I'm not a first aider, what are the signs and symptoms to look for? *Answer-these are described in the Medical Centre policy. You do not have to be a first aider to spot a health concern.*
5. What does monitoring mean at stages 1-4? *Answer- Monitoring by staff does not include overnight routine checks. If it was felt this was needed due to the condition of a student, they should not be at school. If their condition deteriorated to the extent, it was felt this was needed, a 999 call for an ambulance should be made. Monitoring means a routine welfare checks typically first thing in the morning, lunchtime and for boarders last thing before bed. This is a minimum routine and does not have to be recorded other than when the student is being cared for in the Medical Centre.*
6. For day students will the Medical Centre provide a day 14 check? *Answer- yes, but if the parents have had a doctor confirm the student is fit to progress, this will be accepted (email confirmation required from parents).*