



SCIENCE
& MEDICINE

RECREATIONAL CRICKET CONCUSSION GUIDELINES



IF IN DOUBT, SIT THEM OUT

CONTENTS

- 1 INTRODUCTION**
- 2 ABOUT CONCUSSION**
- 3 CONCUSSION GUIDELINES**
- 4 GRADUATED RETURN TO ACTIVITY**



WHAT IS THIS DOCUMENT AND WHO DOES IT APPLY TO?



This document is intended to provide information for clubs, players, parents, coaches and umpires on how to recognise, manage and return to play from concussion in cricket.

The guidelines in this document has been adapted from the UK Government UK Concussion Guidelines for Non-Elite (Grassroots) Sport which have been adapted from the UK Government UK Concussion Guidelines for Non-Elite (Grassroots) Sport, which were first released in April 2023 followed by a revised version in November 2024, and have been supplemented to reflect cricket specific concussion research.

You must not rely on these guidelines as an alternative to seeking medical advice from a qualified medical practitioner or Healthcare Professional.

This document is for use in all recreational cricket in England and Wales, which for the purposes of this document means all cricket activities carried out under the jurisdiction of the ECB which are not carried out by: (i) any England Men's or England Women's teams; (ii) Professional County Clubs; or (iii) Hundred Teams. This document also applies to cricket activities undertaken as part of any EPP and CAG programmes (but not Academy Programmes).

Neither the presence of a Healthcare Professional at a recreational game, nor any consultation with a Healthcare Professional following a suspected concussion removes the need for these guidelines to be followed.

This document contains general medical information, but this **does not** constitute medical advice and should not be relied on as such.

If you have any questions or concerns about a particular medical matter, you should immediately consult a qualified medical practitioner or Healthcare Professional. You should never delay seeking medical advice, disregard medical advice or discontinue medical treatment because of the information contained in these guidelines.

For the purposes of this document, "Healthcare Professional" means a clinician at a GP surgery, an urgent care unit or a hospital A&E department

This document does not cover how a player suspected of concussion should return to education or work. The UK Government has produced guidelines on this, which can be accessed [here](#).



SPECIFIC POPULATIONS



These guidelines are for people of all ages participating in recreational cricket, including disabled people. However, where impairment-specific issues arise further advice should be sought.

Disabled Players: As with anyone who suffers a concussion, disabled people who have a suspected concussion must be removed from play. The principle of “If In Doubt Sit Them Out” applies. There may be individualised adaptations required for supporting a disabled person, such as facilitating transfers for wheelchair users to help promote rest in the initial phases or using a hand cycle instead of stationary cycling in the later stages of returning to sport.

Disabled players may require a longer initial period of relative physical and cognitive rest prior to starting the return to activity and sport process. This is especially relevant for people with conditions such as cerebral palsy, stroke, or previous moderate/severe traumatic brain injury, where they may already exhibit some degree of neurological impairment. During the Graduated Return to Activity process, it must be established whether symptoms brought on during the Graduated Return to Activity process represent part of the person’s normal functioning, rather than being related to their concussion.

Children & Adolescents: A concussion is a significant injury at any age, but requires special consideration in children and adolescents because they may be more susceptible to concussion, it can take longer for them to recover from concussion, and they are more susceptible to rare and dangerous neurological complications including death caused by a second impact before recovering from a previous concussion.

WHY ARE THESE GUIDELINES RELEVANT TO ME?



Incidence of concussion in the game is relatively low, but the severity and outcome of any concussion has the potential to be significant



Multiple potential causes of concussion in cricket – collisions with other players, impact with the ground, and being struck by the ball



Wearing a helmet can help prevent serious injury in the instance of being struck by the ball but cannot guarantee a concussion will not occur



Recovery following a concussion must be managed carefully

HEADLINES



If a concussion is suspected:

IF IN DOUBT SIT THEM OUT

All those with a suspected concussion should be assessed by an appropriate Healthcare Professional (or by calling 111) within 24 hours of their injury.

No one should return to any cricket activity (whether training or a match) within 24 hours of a suspected concussion.

No one should drive a motor vehicle, operate machinery, or drink alcohol within 24 hours of a suspected concussion.

If a concussion is confirmed:

Following a confirmed concussion there should be a graded return to cricket activity.

There should be NO return to competitive cricket before 21 days following a concussion (provided the player has been symptom free for at least 14 days).

If symptoms last longer than 28 days the player should seek further medical attention.



WHAT IS CONCUSSION?

Concussion is a traumatic brain injury that causes a disturbance in brain function. This means it affects the way a person thinks, feels, and remembers.

MYTH BUSTER

Loss of consciousness (being 'knocked out') is seen in less than 10% of concussions. You do **not** need to be knocked out to be diagnosed with concussion. **However, if you should lose consciousness because of a head injury, a concussion is confirmed.**



HOW MIGHT YOU GET CONCUSSED IN CRICKET?

While one cause of concussion in cricket is by a direct blow to the head from being hit by the ball, cricketers or umpires may also suffer concussion from a blow to the head through collisions with other players, running into walls/fences around the boundary, or hitting their head on the ground. Concussions can also be caused when a knock to another part of the body results in a rapid movement of the head such as when diving in the field (e.g., whiplash type injuries).

A concussion can be caused by an impact which seems innocuous at the time. Symptoms may also take 24-48 hours to appear.

Therefore, it is important to understand and be able to recognise the signs and symptoms of a concussion at the time of the injury and for a period thereafter.

A concussion is a significant injury at any age, but requires special consideration in children and adolescents because they may be more susceptible to concussion, and it can take longer for them to recover from concussion.



IF IN DOUBT, SIT THEM OUT

INTRODUCTION | [ABOUT CONCUSSION](#) | GRADUAL RETURN TO ACTIVITY | CONCUSSION GUIDELINES

7

WHAT ARE THE CONSEQUENCES OF CONCUSSION?



Research suggests that players who sustain a concussion can be more prone to other injuries with an approximately two times greater risk.

Further to this, failure to recover fully from previous concussions has been identified as a risk factor for future concussion and other long-term consequences. The time taken to recover also increases with each concussion suffered.

In extreme cases, individuals who experience a concussion followed by another head strike without completely recovering from the first head injury may suffer from **second impact syndrome**.

This results in rapid swelling in the brain and can result in death after only a few minutes of the second concussion occurring. This is why it is so important to remove a player who has suffered a concussion from the field of play or training environment and not allow them to return until they are fully recovered.

HOW WOULD YOU 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, umpires, spectators, and families – to watch out for individuals with suspected concussion and ensure that they are immediately removed from play. Spotting signs of concussion in someone wearing a helmet can be difficult so ensure you pay particular attention in these instances.

Remember that the primary aim is to protect the player from further injury by immediately removing them from play.

INITIAL ASSESSMENT

If there are immediate concerns regarding a significant injury, as evidenced by any of the symptoms listed below as 'Red Flags', the player should be referred for immediate medical assessment in a Hospital A&E department.

RED FLAGS

- 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
- Where a player suffers any impact to the head and at the time is undergoing blood-thinning therapy, or is intoxicated with drugs or alcohol, the player should receive immediate medical attention.



IF IN DOUBT, SIT THEM OUT

HOW WOULD YOU RECOGNISE A CONCUSSION?



VISIBLE SIGNS/CLUES 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/ loss of coordination
- 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
- Vomiting

HOW WOULD YOU RECOGNISE A CONCUSSION?



REPORTED SIGNS/CLUES OF CONCUSSION – HOW THEY FEEL

Presence of any one or more of the following signs and 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

EVOLVING CONCUSSION SYMPTOMS

Concussion symptoms usually appear immediately or within minutes of the injury, but they can be delayed and appear over 24-48 hours following a head injury. Over the days following the injury, symptoms may evolve and become more apparent (such as mood changes, sleep disorder, problems with concentration etc).

WHAT SHOULD YOU DO?

Anyone with a suspected concussion should be **IMMEDIATELY REMOVED FROM PLAY**. 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 (either onsite or within 24 hours of the incident) by a Healthcare Professional or by calling 111.
- Rest & sleep as needed for the first 24-48 hours after the incident - 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 confirmed concussion should then complete the **ECB Graded Return to Play Programme (see below)**. If a Healthcare Professional has cleared a player of a suspected concussion they may return to play, fitness permitting. However, they should continue to be monitored for delayed concussion symptoms or signs that may develop.

IF A CONCUSSION IS CONFIRMED

Following a concussion it is vital to give the brain time to recover.

A period of rest (24-48 hours) followed by a gradual step-by-step return to normal life and then subsequently cricket is the cornerstone of concussion management.

The recovery programme can typically be self-managed, although players with 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. There is no 'one size fits all' approach for concussion management and recovery.



The amount of time it takes to recover from concussion varies from person to person.

However, anyone who has suffered a concussion should not return to competitive cricket for at least 21 days.

The aim of the programme is to facilitate a gradual return to competitive cricket at a rate that does not exacerbate existing symptoms or produce new symptoms. A staged return to normal life (education/work) must be prioritised before a return to sport is contemplated.

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.

GRADUATED RETURN TO ACTIVITY



Generally, a short period of rest (24-48 hours) followed by a step-by-step return to normal life and then subsequently to sport is safe and effective.

Progression through the stages is dependent upon activity not more than mildly exacerbating symptoms.

Medical advice should be sought if symptoms deteriorate or do not improve by 14 days post injury, further medical advice should be sought if symptoms are still present 28 days post injury.

Participating in light physical activity is beneficial and has been shown to have a positive effect on recovery after the initial period of rest.

Initial focus should be on returning to normal daily activities (work or education) in advance of an unrestricted return to sport.

GRADUATED RETURN TO ACTIVITY - STAGES



STAGE 1

48 Hours

Initial rest and recovery



STAGE 2

Reintroduce activities



STAGE 3

Increase physical and mental activity



STAGE 4

Re-introduce cricket specific activities



STAGE 5

14 Days Symptom Free

Return to full cricket training



STAGE 6

21 Days Symptom Free

Return to competitive cricket / matches

GRADUATED RETURN TO ACTIVITY - STAGES

STAGE	1	2	3	4	5	6
TIMESCALE	48 HOURS				At least day 15 (provided symptom free at rest for 14 days beforehand)	At least day 21 (provided symptom free at rest for 14 days beforehand)
AIM	Relative rest and recovery	Reintroduce normal daily activities	Increase physical and mental activity	Re-introduce cricket specific activities	Return to full cricket training	Return to sport
CRICKET ACTIVITY		Gradual increase in physical activities such as short walks / simple chores	Light aerobic activity e.g., walking or stationary cycling for 10-15 mins Body weight resistance training	No activity with a risk of head strikes/contact Light bowling Higher intensity running Supervised return to the gym Low intensity fielding	If free from symptoms (at rest) for 14 days, commence activities with a risk of head strikes/contact Batting and fielding practice Running and full return to gym/resistance training	Full return to competitive play



EXAMPLE 1

Example concussion return to activity for a 16-year-old player whose symptoms resolve within 4 days.



INJURY

Saturday (Day 0) Player hit their head on the ground while diving to stop a boundary. They complain of a headache, and feel dizzy and sick, so are removed from play. Their parent or guardian contacts 111 and a concussion is confirmed.

STAGE 1

Sunday (Day 1):

Player undertakes complete rest. Screentime and mental activity kept to a minimum.

STAGE 2

Wednesday – Friday (Day 4 / Day 0

Symptom Free – Day 6): By Wednesday, the player's symptoms are resolved. They go on short walks (5-10 minutes long).

STAGE 3

Saturday – Thursday (Day 7 - 12): The player does not play in their team's matches. They begin cycling on a stationary bike for 10-15 minutes at a time and doing some body weight resistance exercises.

STAGE 4

Friday - Tuesday (Day 12 – 17): The player remains symptom free and therefore they begin to undertake more cricketing activities where there is no risk of further head contacts. This includes some light bowling, and higher intensity running and resistance training activities.

STAGE 5

Wednesday – Tuesday (Day 18 / Day 14 Symptom Free – Day 24): The player remains symptom-free, and therefore recommences full cricket training (e.g., batting and bowling), but not matches.

STAGE 6

Saturday (Day 25 / Day 21 Symptom Free): The player has been symptom-free for 14 days and is therefore cleared to return to competitive cricket activity on day 21 post-concussion.

EXAMPLE 2

Example concussion return to activity for a 40-year-old player whose symptoms are more complex.



INJURY	STAGE 1	STAGE 2	STAGE 3
<p>Saturday (Day 0): Player hit on the helmet by a ball when batting. They complain of double vision, headaches, mental fog and confusion, so are removed from play. A team-mate drives them home. They call 111 and a concussion is confirmed.</p>	<p>Sunday (Day 1): Player undertakes complete rest. Screentime and mental activity are kept to a minimum. Monday - Tuesday (Day 2 - 3): The player is still experiencing severe symptoms and continues to rest. Screentime and mental activity kept to a minimum.</p>	<p>Wednesday (Day 4): The player's symptoms are reduced, They go on a short walk (5-10 minutes). This severely exacerbates their symptoms, and they also develop new symptoms, so they return to a state of relative rest. Thursday (Day 5): Due to the severe exacerbation of symptoms, the player begins a precautionary 24-hour relative rest period. Friday (Day 6 / Day 0 symptom free): No longer symptomatic at rest, the player reattempts a short walk (5-10 minutes) and while they experience some symptoms, these are mild, and no new symptoms develop. Saturday - Monday (Day 7 - 9): The player remains in stage 2 until they can complete 10-15 minutes of light mental and physical activity without any symptoms. They do not attend cricket training.</p>	<p>Tuesday - Friday (Day 10 - 14): The increases their activity. They begin cycling on stationary bike for 10-15 minutes at a time and doing some body weight resistance exercises. No symptoms develop.</p>
STAGE 4	STAGE 5	STAGE 6	
<p>Saturday – Thursday (Day 14 – Day 20) The player remains symptom free at rest. They go along to watch their team play on the Saturday but do not play any part in the game. They begin to undertake more cardio and cricketing activities where there is no risk of further head contacts. This includes some light bowling, and higher intensity running and resistance training activities.</p>	<p>Friday (Day 21 / Day 14 symptom free): The player remains symptom free, and recommences full cricket training (e.g., batting and bowling). This increased activity does not result in the player experiencing symptoms.</p>	<p>Friday (Day 28 / Day 21 Symptom Free): The player remains symptom free following involvement in full cricket activity. The player has remained symptom free for 14 days and has completed a minimum 21-day graduated return to play and is therefore able to return to cricket matches.</p>	

CONCUSSION CHECKLIST FOR: COACHES



In the event of a suspected concussion or significant head injury:

✓ IF IN DOUBT, SIT THEM OUT

- ✓ Ensure that the player is safely removed 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 and regardless of the current situation in the game.
- ✓ Assign a responsible adult to the player who should monitor the player until they are able to travel home.

- ✓ Contact the player's next of kin/parent /guardian to inform them of the possible concussion.
- ✓ Advise them that they must be supervised over at least the next 24 hours and must contact a Healthcare Professional (GP, urgent care unit, hospital A&E department or calling 111) to confirm whether a concussion has occurred.
- ✓ Report the head strike/concussion in your club's logbook and using the injury reporting tool on Play Cricket.
- ✓ Share details of the ECB Graduated Return to Play timeline (page 16 of this document), emphasising the importance of initial relative rest.

If it is confirmed by a Healthcare Professional (or 111) that a player has suffered a concussion, they should not return to competitive cricket before 21 days from injury (and provided they have been symptom-free for at least 14 days before returning). A safe return to education/work should be prioritised before return to sport.

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.



CONCUSSION CHECKLIST FOR: PARENTS/CARERS



If a child you are responsible for suffers a suspected concussion:

- ✓ **IF IN DOUBT, SIT THEM OUT**
- ✓ Obtain **full** details of the incident
- ✓ Do not leave your child alone for the first 24 hours
- ✓ Have your child assessed by a Healthcare Professional (GP, urgent care unit, hospital A&E department or calling 111) within 24 hours
- ✓ Monitor your child for worsening symptoms for at least 24-48 hours
- ✓ Encourage initial rest/sleep as needed
- ✓ Limit smartphone / computer and screen use for 24-48 hours
- ✓ Inform the school / work / other sports clubs of the suspected concussion

Ensure your child follows the ECB Graduated Return to Play (page 16 of this document).

If it is confirmed by a Healthcare Professional (or 111) that a player has suffered a concussion, they should not return to competitive cricket before 21 days from injury (and provided they have been symptom-free for at least 14 days before returning). A safe return to education/work should be prioritised over a return to sport.



CONCUSSION CHECKLIST FOR: PLAYERS



Stop playing or training IMMEDIATELY if you experience any symptoms of concussion.

Be honest with how you feel and report any symptoms immediately to a coach/medic/parent. Delaying reporting or underreporting your symptoms can result in a longer recovery and delayed return to activity and could risk an incomplete recovery of the brain.

- ✓ **IF IN DOUBT, SIT THEM OUT**
- ✓ If your symptoms continue, **do not** return to training or sport activities until evaluated by a Healthcare Professional (GP, urgent care unit, hospital A&E department or calling 111) within 24 hours
- ✓ Inform your school/work/other sports clubs of your concussion
- ✓ Follow the ECB Graduated Return to Play (page 16 of this document).
- ✓ Watch out for your teammates and encourage them to be honest and report their symptoms

If it is confirmed by a Healthcare Professional (or 111) that you have suffered a concussion, you should not return to competitive cricket before 21 days from injury (and provided you have been symptom-free for at least 14 days before returning). A safe return to education/work should be prioritised before return to sport.



CONCUSSION CHECKLIST FOR: UMPIRES



If someone suffers a blow to the head during a game, immediately call and signal a dead ball.

✓ IF IN DOUBT, SIT THEM OUT

✓ If there is a serious/significant injury to a player or an umpire otherwise has cause for significant concern, the umpires should ask someone to call for emergency medical support and discourage the player from moving or being moved until medical assistance arrives. If there is no such injury the umpires should ask the Responsible Adult from the player's team to assess if the player is fit to continue (i.e. whether the player has a suspected concussion). Umpires are not required to take part in this assessment.

✓ If the Responsible Adult advises that the player can continue to play, the umpires shall recommence play unless one or both of them have concerns about the player continuing. If the umpire(s) has any such concern prior to play continuing or as play continues (either where the player has stayed on the field or returned) the umpire(s) should immediately call and signal a dead ball and repeat the steps outlined above.

✓ If going forwards and despite the advice of the Responsible Adult the umpire(s) continue to be concerned about a player, the umpires should leave the field of play and refuse to umpire the match. They should report the incident to the authority responsible for the game.

RESPONSIBLE ADULT

“Responsible Adult” is used in this document to mean a person from the injured player's club with a duty of care over the player and determined by the injured player's club to be capable of making a decision as to the player's health and/or welfare. This may include the captain and/or coach. The Responsible Adult **must be over 18**. The club must ensure that the Responsible Adult is trained about, and aware of, all issues they must consider when making a decision as to the player's health and/or welfare.





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IF IN DOUBT, SIT THEM OUT

