



## **Safeguarding in the Martial Arts: Safe Practice**

Martial Arts are activities where safe practice is essential to help prevent injury. Children\* are particularly vulnerable as they are still developing mentally and physically, so training methods need to be modified as described below. (\*also includes Adults at Risk).

Above all, safe practice means having a suitably qualified and experienced instructor who will ensure that children are not exposed to the above risks and who can make a training session enjoyable whilst maintaining the discipline essential to learning a Martial Art.

### **1. Warm Ups**

All activities should first include a thorough warm up which is appropriate for the activity taking place and the age of participants. To help reduce the risk of injury, specific attention should be paid to those muscle groups that will be used during later activity.

### **2. Techniques involving throwing.**

The risks include but are not limited to, falling on unsuitable surfaces, landing on the head.

Safe practice should include, but is not limited to:

- a) Wherever possible, if throws are to be taught, use a matted area and ensure that students are well practiced in controlling any fall to the floor.
- b) Always check any matted area for suitability, particularly where the mats have been joined.
- c) Always check that there are no hard surfaces or sharp/hard objects around any matted area.
- d) Have an experience instructor who will ensure that children are not taught to use locks, throws or strangles which may cause injury.
- e) Always ensure that students are taught how to fall safely prior to teaching any techniques involving throws.

### **3. Techniques involving strikes, punches and kicks.**

The risks include but are not limited to: concussion (brain injury) from heavy blows to the head; damage to internal organs and joints from heavy blows; injury from inappropriate stretching and other exercises.

- a) In both training and competition, no intentional head contact should be permitted for students under the age of 18 with hand techniques and only light skin touch contact with foot techniques is permitted for students aged 14-17 inclusive. The SKA and all its instructors will follow the rules and guidance about contact set out in the World Karate Federation's (WKF) Rules in force at any given time.
- b) All students should wear protective mitts, gum shields and shin and insteps for training in specific techniques. In sparring and competition WKF approved style body protectors are compulsory for those aged 14 and over and advisable for those under 14. Girls over the age of 14 shall wear protective chest guards.
- c) Individuals height and weight will be a consideration when sparing or in competition. If, in an external competition, the coach or instructor considers that a pairing is unduly unbalanced, they may withdraw such students from the said bout.
- d) Where mixed gender sparing takes place, all appropriate protective equipment must be worn, and careful consideration should be given to the age, height and weight of the students concerned.
- e) All sparring will take place under the supervision of a qualified Instructor with First Aid training and in competition each competitor will at all times be under the supervision of any coach or trained refereeing panel.
- f) No student will be permitted to take part in a competition where, in the opinion of the coach or instructor, the medical cover is absent or inadequate.
- g) Sparring may take place on all surfaces but, where no mats are available, no sweeping or throwing techniques may be permitted. Competitions will always take place on matted areas.
- h) With children under the age of 16 avoiding excessive stretching and exercises such as press-ups on the knuckles or hitting heavy bags; the joints of children are still developing and can be damaged by these exercises.

### **Head Injury Protocol**

Blows to the head during club training sessions and competitions are something which everyone would wish to avoid, but as we know this is sometimes unavoidable. The way these head injuries are handled could however be vital in the long term welfare of the student and the purpose of this part of the statement is to assist and top clarify the SKA's position.

#### **What is concussion?**

Concussion is a disturbance of the function of the nerve cells in the brain as a result of a blow to the skull. This means that part of the brain's functions is temporarily confused. The symptoms may include a temporary unconsciousness, confusion, headache and often a loss of memory concerning the critical incident. Vomiting and nausea are also common.

**All blows to the head may be dangerous.**

An uncomplicated concussion is not dangerous in itself the brain simply needs to return to normal but complications can arise in severe cases, which is why all blows to the head must

be dealt with correctly and the following guidelines are designed to assist with that care.

### **Blows to the head during competitions.**

The SKA provides First Aid Assistance at all of its tournament where fighting takes place. The first aid cover is provided by trained personnel and whenever necessary ambulance cover may also be provided.

All head injuries are seen by the medical team when advice and treatment can be given and if necessary, transport to hospital is arranged.

During club sessions treatment for head injury and any other injuries becomes the responsibility of the instructor in charge and it is vital that any treatment given is in line with current protocols and training.

### **Blows to the head during club sessions.**

It is firstly important that a First Aider is on hand at all sessions with an adequately stocked first aid kit and accident book. All First Aiders must attend an appropriate training course every 2 years.

### **Recommendations for management of concussion.**

When dealing with head injury always consider possible cervical spinal injury (neck). Any neck pain could be an indicator of cervical spinal problems and if in doubt the casualty's head should be held in the current position and an ambulance called via 999.

#### **Level 1 concussion**

Definition: Transient confusion, no loss of consciousness and a duration of mental abnormalities of less than 10 minutes.

Casualty should be removed from the mat area and examined whilst seated, checks should be done on their mental state (what happened/where are you/what day is it) further checks should be done every 5 minutes to ensure all symptoms resolve within 10 minutes.

Injury should be entered in your accident book and, in the case of a minor, parents should be informed.

#### **Level 2 Concussion.**

Definition: Transient confusion, no loss of consciousness and a duration of mental abnormalities of more than 15 minutes.

Casualty should be removed from the mat area and examined whilst seated, checks should be done on their mental state (what happened/where are you/what day is it) further checks should be done every 5 minutes to ensure all symptoms resolve, however, if symptoms persist longer than 15 minutes, or the casualty vomits or has a fit, they should be removed to hospital via a 999 call for further evaluation. Contact should be made with the emergency home contact number the club holds.

**It is NOT the SKA's policy to take casualties to hospital by car.**

#### **Level 3 Concussion.**

Definition: Loss of consciousness (either brief or prolonged)

If casualty has regained consciousness, gain control of their heads and ask them not to move. Do not remove from mat until you are sure there is no neck problem (if in doubt do not move, call ambulance via 999). Casualty can only be removed if you are sure that there is no neck injury but because casualty has lost consciousness they have to go to hospital for observation. Try to keep as many observational points as possible for the ambulance crew.

A member of the club should go with the casualty to hospital and contact should be made with emergency home number the club hold.

**Do not remove** an unconscious casualty from the mat, as there may be further underlying injury to the neck, clear area around and maintain head in current position. **Ring for ambulance 999**. Check breathing and be ready to give CPR.

Remember all details of any injury must be entered in your accident book.

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