

## PROTOCOLS IN THE EVENT OF A MINOR HEAD INJURY OR SHIME-WAZA RESULTING IN UNCONSCIOUSNESS AND/OR CONCUSSION IN THE CLUB OR TRAINING ENVIRONMENT

The Northern Ireland Judo Federation (NIJF) takes the health and safety of its members seriously, especially in the case of head injury or in the event of a member becoming unconscious during a training session in the Judo club or another Judo training environment.

Minor head injury and knocks to the head are common, particularly in children. Following the injury, if the person is awake (conscious), and there is no deep cut or severe head damage, it is unusual for there to be any damage to the brain. However, sometimes a knock to the head can be more serious and may result in unconsciousness and/or concussion, in which case the following protocols should be adhered to.

1. Unconsciousness may result from the application of a Shime-waza (strangulation technique) if the member fails to submit.
2. Unconsciousness may result from of a direct blow to the head, face, neck or elsewhere on the body where an impulse force is transmitted through to the head and may result in the member being concussed.
3. Concussion can occur without the member being knocked out and losing consciousness - it should always be considered a possibility and be taken seriously.

The NIJF encourages people who have any concerns following a head injury to themselves or to another person, regardless of the injury severity, to seek immediate medical advice.

### Second Impact Syndrome

Second Impact Syndrome (SIS) is a very rare condition in which a second concussion occurs before a first concussion has properly healed, causing rapid and severe brain swelling. SIS can result from even a very mild concussion that occurs days or weeks after the initial concussion and can have catastrophic results. By following the above protocols below the risk of SIS will be greatly reduced.

### Concussion

Concussions result from many types of incidents, but unique issues arise from sports-related concussions because decisions need to be made about safe return to practice and competition after a period of recovery.

This “invisible” injury disrupts the brain’s normal physiology which can affect mental stamina and function, causing the brain to work longer and harder to complete even simple tasks. A concussion may involve loss of consciousness (being “knocked out”), but the majority do not. Ultimately, ALL concussions are serious because they are brain injuries!

The typical symptoms are:

*Headache*

*Dizziness*

*Nausea*

*Unsteadiness/loss of balance*

*Confusion*

*Feeling stunned/dazed*

*Seeing stars or flashing lights*

*Ringing in the ears*

*Double vision*

Courtesy

Courage

Friendship

Honesty

Honour

Modesty

Respect

Self-Control

The typical signs are:

*Loss of consciousness or impaired consciousness*  
*Poor coordination/balance*  
*Fits/seizures*  
*Slow to answer questions or follow instructions*  
*Easily distracted/inability to concentrate on tasks*  
*Displaying inappropriate emotions (e.g. laughing, crying)*  
*Nausea/vomiting*  
*Slurred speech*  
*Personality changes*  
*Decreased fighting ability*

If a member displays any of the above symptoms and signs – concussion should be considered and the member withdrawn from the competition or training and assessed further. This point is paramount – any member suspected of having concussion must initially be treated as though they are concussed, withdrawn from a competition or training immediately and assessed by a doctor or physiotherapist.

The NIJF recommends that the following protocols be implemented by the club coach and/or club officials.

## Members Under 16 Years of Age

### Blow to Head

In the event of a member under the age of 16 years becoming unconscious / concussed because of a blow to the head, face, neck or elsewhere on the body the following protocol applies.

1. The member must be immediately withdrawn from training.
2. Children and adolescents behave differently to adults and more “damage” can occur silently without subjective symptoms being evident. They need more observation and must be sent to the local Accident and Emergency (A&E) department on the day of the incident for medical assessment and follow up even if they appear alright post-incident.
3. Complete physical and mental rest for 7-10 days is mandatory following the incident (no matter the outcome at the A&E department) and the member will require re-assessment by a competent medical professional before restarting training.
4. Following clearance by a competent medical professional and the mandatory 7-10-day rest period, the member should follow a graduated return to training over the period of the following four weeks (28 days).
5. An incident report form must be completed.

### Shimewaza ( Strangulation Technique)

In the event of a member under the age of 16 years becoming unconscious because of a Shimewaza (strangulation technique the following protocol applies):

Courtesy

Courage

Friendship

Honesty

Honour

Modesty

Respect

Self-Control

1. The member must be immediately withdrawn from training and no further Judo or Judo related training that day.
2. The member must be sent to the local Accident and Emergency (A&E) department on the day of the incident for medical assessment and follow up even if they appear alright post-incident.
3. If checked and cleared by the A&E department the member may be allowed to return to training following a minimum of 3 days physical and mental rest.
4. An incident report form must be completed.

### Members 16 years of Age and Over

#### Blow to Head

In the event of a member over the age of 16 years becoming unconscious/concussed because of a blow to the head, face, neck or elsewhere on the body the following protocol applies.

1. The member must be immediately withdrawn from training.
2. It is recommended that the member be sent to the local Accident and Emergency (A&E) department on the day of the incident for medical assessment and follow up even if they appear alright post incident.
3. Complete physical and mental rest for 7-10 days is mandatory following the incident (no matter the outcome at the A&E department).
4. This should be followed by a graduated return to training over the period of the following fourteen (14) days.
5. It is highly recommended that the member be re-assessed by a competent medical professional before restarting training.
6. An incident report form must be completed.

#### Shimewaza ( Strangulation Technique)

In the event of a member over the age of 16 years becoming unconscious because of a Shime-waza (strangulation technique) the following protocol applies.

1. In the event of a member becoming unconscious because of a Shime-waza (strangulation technique) it is recommended that no further Judo or Judo related training that day.
2. It is recommended that the member be attend the local Accident and Emergency (A&E) department on the day of the incident for medical assessment and follow up even if they appear alright post incident.
3. An incident report form must be completed.

#### Graduated Return to Judo Training

The return to training follows a stepwise process which must be followed. This process should be conducted over a period of 4 weeks for members under 16 years of age and 2 weeks for members over 16 years of age with a minimum of 24 hours between each step.

Courtesy  
 Courage  
 Friendship  
 Honesty  
 Honour  
 Modesty  
 Respect  
 Self-Control

With this step-wise progression, the member should continue to the next step only if he/she shows no symptoms at the current level. If the symptoms/signs occur at the current step, the member drops back to the previous step and try to progress again after 24hrs.

**Step 1: No Activity**

Complete physical and cognitive rest for 7-10 days or until the member shows no symptoms. Members under 16 years of age require clearance by a competent medical professional.

**Step 2: Light Aerobic Exercise**

This can be walking, swimming, stationary cycling at an intensity of less than 70% max heart rate.

**Step 3: Sport Specific Drills**

This can be running drills involving changes in direction, agility training, Tsugi-ashi, Tai-sabaki and Uchikomi with 'therabands'.

**Step 4: Contact Training Drills**

This will include progressive Uchi komi, Nage komi and Kumi-kata drills, combinations and transitions.

**Step 5: Full Training**

Return to full training including randori and full strength and conditioning training.

**Step 6: Full Return to Judo**

Return to full competition training and competition

Courtesy

Courage

Friendship

Honesty

Honour

Modesty

Respect

Self-Control