



Kanzens Karate

21-23 Mains Loan, Dundee, DD4 7AB
Registered Charity No. SC050587

Concussion Policy

Originator: Peter Stanton
Chair

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1. Introduction

The Kanzen Karate Concussion Policy has been adopted to provide to raise awareness and provide informed understanding on concussion, including how to prevent and manage suspected concussions that may be sustained through participation in Karate training or competing.

In order to safeguard our members, staff and volunteers alike, this policy should be read in conjunction with the government's recently released (April 2023) publication 'UK Concussion Guidelines for Non-Elite (Grassroots) Sport' some of the key provisions of which are reproduced herein, and which is attached hereto as Appendix 1.

2. Definition

Concussion is a traumatic brain injury typically resulting from a blow to the head or body which results in forces being transmitted to the brain. The symptoms can present immediately and be short-lived or the onset of symptoms may be delayed and start to occur sometime after the initial injury.

3. Important Points to Know

It is vital that all Kanzen Karate Instructors and Coaches are fully conversant with the content of this policy and the provisions of the UK government guidelines in order to create the safest possible environment for participation. In addition, having this knowledge over and above the generic First Aid training will allow for more immediate action and assessment following head injuries to ensure that the most appropriate treatment is received in the first instance:

- Concussion must be taken extremely seriously to safeguard the safety and long term health of players.
- Head guards, gum shields and other protective equipment don't protect against concussions.
- Concussion can occur in a game or at training.
- Loss of consciousness occurs in only 10-15% of concussions.
- The onset of the effects of concussion may be delayed for up to 24-48 hours.
- The majority (80-90%) of concussion symptoms resolve in around 7-10 days, with symptoms resolving within 1-2 days in around a third of cases.

4. Recognise and Remove

Kanzen Karate Instructors and Coaches must continually monitor all participants, whether during regular training classes, or athletes during more intense training sessions or while competing in order recognise early indicators of concussion.

As such, anyone participating in any aspect of Karate training or competing should be stopped and not permitted to continue if they have one or more of the following observable signs:

- Loss of consciousness or responsiveness, i.e., laying motionless on the ground, or slow to get up.
- Balance, gait difficulties, motor incoordination, stumbling, slow, or laboured movements.
- Loss of coordination, not previously identified as linked to an existing coordination disorder, such as Ataxia, Dysmetria, or Nystagmus.
- Facial or other head injury visible after head trauma.
- Clutching of the head.
- Disorientation, or dazed, blank or vacant look.
- Confusion, or inability to respond appropriately to questions

Coaches should now be referring to the 'Concussion Recognition Tool' to establish whether one or more of the following symptoms are present:

- Headache, or pressure in head.
- Seizure or convulsion.
- Dizziness or balance problems.
- Confusion.
- Blurred vision.
- Fatigue or low energy.
- Difficulty concentrating.
- Nausea or vomiting.
- Drowsiness or fatigue.
- More emotional, or sadness evident.
- Blurred vision, sensitivity to light.
- Irritable.
- Nervous or anxious.
- Difficulty remembering or amnesia.
- Neck pain.
- Don't feel right, slowed down, or in a fog, or just not themselves.

Remember if in doubt, sit them out.

Anyone suspected of having concussion should be removed from the activity and should not participate any further until a full concussion recognition assessment has been carried out and no signs or symptoms have been identified.

If any of the following 'Red Flags' are reported, observed, or developed, medical attention should be sought as a priority, e.g., consider calling an ambulance.

- Deteriorating conscious state.
- Complaints of neck pain.
- Severe or increasing headache.
- Unusual behaviour change.
- Double vision or deafness.
- Increasing confusion or irritability.
- Repeated vomiting.
- Seizure or convulsion.
- Weakness or tingling/burning in arms or legs.

Anyone suspected of having concussion should be assessed by a Healthcare Professional. SCAT5 Adult and Child assessment forms will be available for this purpose but these should only be completed by Healthcare Professionals.

Coaches should restrict their assessment to the use of the Concussion Recognition Tool.

5. Do's and Don'ts

The immediate dos and don'ts following a suspected concussion.

- Do - in all cases, the basic principles of First Aid should be followed (danger, response, airway, breathing, circulation - DR ABC)
- Do - remove the injured person from participation immediately.
- Do - carry out a memory assessment on anyone aged 12 years or over.
- Do - use the Concussion Recognition Tool 6 (CRT6) to initially identify any symptoms of concussion to determine the next course of action and whether a Healthcare Professional is required immediately, or within 24 hours of the incident to ensure that there are no significant underlying medical issues.
- Do - encourage the injured person rest and sleep as this is good for recovery.
- Don't - attempt to move the injured person, other than required for airway support, unless trained to do so.
- Don't - remove a helmet (if worn) unless trained to do so.
- Don't - leave the injured person alone in the first 24 hours.

- Don't - allow the injured person consume alcohol in the 24 hours and/or until they are symptom free.
- Don't - allow the injured person drive a motor vehicle in the first hours and/or until they are symptom free.

6. Knowing your role

6.1 Coaches

- Where head trauma is sustained, safely remove the injured person from the tatami or other participation area.
- As soon as possible, use or assign another senior team member to use the Concussion Recognition Tool 6 (CRT6) to help identify early indicators of concussion.
- If injured person is under 18 years of age, contact parent, guardian or carer to inform them of the injury and the possibility of concussion.
- Depending on the outcome of the recognition process using CRT6, either ensure the injured person gets the required attention from a Healthcare Professional, or they are only allowed away home safely in the care of an appropriate person.
- Where no immediate medical health care intervention is required, explain to family members that it is essential for the injured person to be monitored over the next 24-48 hours in case of symptom changes.
- Ensure an injury report form is completed and stored appropriately.
- Follow a graduated return to activity (education/work) and sport programme with an emphasis on initial relative rest and returning to education/work before returning to training for sport.

6.2 Participants

- Stop participating immediately if you experience any of the symptoms of concussion and allow the coach or senior Kanzen team member to carry out an initial concussion recognition process using CRT6.
- Either before when initially experiencing symptoms, or later while being examined by a team member or Healthcare Professional, be honest with how you feel and provide the relevant information necessary to determine the next steps of your care.
- Inform your school or employer prior to returning or when next at work.
- During training and matches always look out for teammates demonstrating symptoms of concussion and encourage them to be honest and report if they experience any concussion symptoms.

6.3 Parents, Guardians and Carers

- Obtain full details of the incident and any injury.
- Do not leave your child or other injured person alone for the first 24 hours.

- Have your child assessed by an appropriate Healthcare Professional onsite within 24 hours or by accessing the NHS by calling 111.
- Monitor your child for signs and symptoms of concussion for 24-48 hours.
- Encourage initial rest/sleep as needed and limit smartphone/computer and screen use for the first 24-48 hours.
- Inform your child's school, place of work, or other sport clubs of the nature of the injury and suspected concussion.
- Support your child to follow a graduated return to activity (education/work) and sport programme.

7. Recover and Return to Play

The brain is more vulnerable to further injury if it hasn't had time to fully recover.

It is important that anyone sustaining an injury is open and honest about how they are feeling, any on-going symptoms and their recovery.

Anyone suspected of having concussion or diagnosed with concussion should go through a Graduated Return to Play programme (GRTP).

No-one suspected of having concussion or diagnosed with concussion should be forced or otherwise pressured to return to participation until they have no on-going symptoms, have fully recovered and have completed the GRTP.

In addition to completing the GRTP, anyone suspected of having concussion or diagnosed with concussion should be reviewed by a Healthcare Professional before returning to participation.

Any player with a second concussion within 12 months, a history multiple concussions, players with unusual presentations or prolonged recovery should be referred to, assessed and managed by expert Healthcare Professionals with experience in sport related concussions. No return to play will be permitted without sufficient written clearance and/or guidance being received from said expert Healthcare Professional.

Please refer to Appendix 6 for more specific guidance on the required timeframes for return to play, where play includes all forms of contact Karate participation, whether training or in competition where the likelihood of further head trauma exists.

8. Incident and Injury Recording

All Kanzen Karate staff or volunteers have an overarching duty of care to everyone all participating in any karate training session or competition. As such, should they observe or be made aware of any participant sustaining an injury that may be contributory to suspected concussion, they should immediately put in place the protocols set out in this policy and remove the participant from all activity and report this to the senior Kanzen Karate member of staff available. A written record of the incident and injury sustained must be made and appropriately stored.

Appendix 1

This policy should be read in conjunction with the following publication:

- UK Concussion Guidelines for Non-Elite (Grassroots) Sport - *(printed copy attached hereto)*
- Link to PDF download - [9ced1e1a-5d3b-4871-9209-bff4b2575b46.pdf \(sramedia.s3.amazonaws.com\)](https://s3.amazonaws.com/sramedia/9ced1e1a-5d3b-4871-9209-bff4b2575b46.pdf)

Appendix 2

- Concussion Recognition Tool CRT6 - *(printed copy attached hereto)*
- Link to PDF download - [692.full.pdf \(bmj.com\)](https://www.bmj.com/content/362/692.full.pdf)

Appendix 3

- Concussion Assessment Tool SCAT6 (Adult) - *(printed copy attached hereto)*
- Link to PDF download - [622.full.pdf \(bmj.com\)](https://www.bmj.com/content/362/622.full.pdf)

Appendix 4

- Concussion Assessment Tool SCAT6 (Child) - *(printed copy attached hereto)*
- Link to PDF download - [636.full.pdf \(bmj.com\)](https://www.bmj.com/content/362/636.full.pdf)

Appendix 5

Email from Prof. Jon Patricios - Use of CRT6, SCAT6 & CSCAT6 - *(printed copy attached hereto)*

Appendix 6

Concussion - Graduated Return to Play (GRTP).

Stages of CRTP - Timeframes and Permitted Activity

Rehabilitation Stages	Minimum Time	
	U19	19+
1. Rest and Recovery ~ Complete cognitive and physical rest ~ No screens (phones, TV)	2 days	2 days
2. Gradually Introduce Daily Activities and Light Aerobic Exercise ~ Activities away from education/work (reading, screen time, TV, phone, games) ~ Symptom guided light physical intensity activities (walking, swimming, and stationary cycling) ~ Increase Heart Rate: <70% for up to 15 minutes ~ Rest until the following day if these activities more than mildly increase symptoms	14 days	14 days
3. Light Karate-specific Exercise ~ Increase study or work-related activities with rest periods ~ Warm-up flexibility and mobility activities ~ Kihon and other non-contact or no impact drills with increased intensity ~ Increase Heart Rate: <80% for up to 45 minutes ~ Rest until the following day if these activities more than mildly increase symptoms	2 days	1 day
4. Non-contact Karate Training Drills ~ Part-time return to education or work ~ Progression to more complex training drills ~ Light partner drills and pad work with no head contact ~ Resistance strength and conditioning training ~ Increase Heart Rate: <90% for up to 60 minutes ~ Rest until the following day if these activities more than mildly increase symptoms	2 days	1 day
5. Full-contact Karate Training Following Medical Clearance/Advice ~ Full return to education or work ~ Symptom free may resume normal activities ~ May participate in full Karate training and competition activities with contact	2 days	2 days
6. Return to Full Karate Competition ~ NOT before minimum 21 and 23 day periods respectively ~ And ONLY if symptom free at rest for a minimum of 14 days and during pre-competition training at Stage 5. ~ IF compliant with all stages then player is deemed to be rehabilitated	1 day	1 day
Minimum Time for Full Return to Play		23 days
		21 days

Policy Record

Date Revised	Comments
17/06/2023	Policy approved and adopted by Board

Name: Peter Stanton

Position: Chair

Signed: 

Date: 