



BJJAGB: Safe Practice

Ju Jitsu is an activity 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).

1. Warm Ups

All activities should first include a thorough warm up, and head to toe stretching and gradual cardiovascular activity. To help reduce injury, specific attention should be paid to those muscle groups that will be used during later activity.

Throwing, grappling and strangling

The risks include: falling on unsuitable surfaces: landing on the head: damage to the joints from locks: strangulation.

Safe practice must include:

- (a) Checking the matted area for suitability, particularly where the mats have been joined.
- (b) Checking that there are no hard surfaces or sharp/hard objects around the matted area.
- (c) Having an experience instructor who will ensure that children are not taught to use locks, throws or strangles which will injure their training partner.

2. Strikes, punches and kicks

The risks are: 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.



Safe practice must include:

- (a) Light contact only, especially to the head. (Light contact means the technique is targeted but controlled so that whilst the opponent is touched the technique is not followed through). Expert advice from a neurosurgeon is that the use of helmets, mitts or foot pads does not eliminate the risk of brain injury from full contact strikes.
- (b) 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 exercise

3. Weapons

Safe practice must include:

- (a) No live blades (sharp or otherwise) in the training hall when children are present.
- (b) Safe protocols for the use of training weapons by children.
- (c) Good supervision at all times by Instructors.

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 Ju Jitsu.

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

BJJAGB takes the health and safety of its members seriously, especially in the case of head injury or in the event of a player becoming unconscious during a training session in the JU-JITSU club or other JU-JITSU 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 player 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 player being concussed (see information on concussion on page 2).
3. Concussion can occur without the player being knocked out and losing consciousness - it should always be considered a possibility and be taken seriously.

BJJAGB 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 catastrophic results. By following the above protocols 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 signs are:

1. Headache
2. Dizziness
3. Nausea
4. Unsteadiness/loss of balance
5. Confusion
6. Feeling stunned/dazed
7. Seeing stars or flashing lights ringing in the ears
8. Double vision
9. Loss of consciousness or impaired consciousness
10. Poor coordination/balance
11. Fits/seizures
12. Slow to answer questions or follow instructions
13. Easily distracted/inability to concentrate on tasks
14. Displaying inappropriate emotions (e.g. laughing, crying)
15. Nausea/vomiting
16. Slurred speech



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

If a player displays any of the above symptoms and signs – concussion should be considered and the player withdrawn from the competition or training and assessed further. This point is paramount – any player 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.

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

PLAYERS UNDER 16 YEARS OF AGE

Blow to Head

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

1. The player 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 player 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 player should follow a graduated return to training over the period of the following four weeks (28 days) (see page 3).
5. An incident report form must be completed.



SHIME WAZA (STRANGULATION TECHNIQUE)

In the event of a player under the age of 16 years becoming unconscious as a result of a Shimewaza (strangulation technique the following protocol applies).

1. The player must be immediately withdrawn from training and no further JU-JITSU or JU-JITSU related training that day.
2. The player 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 player 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.

PLAYERS 16 YEARS OF AGE AND OVER

Blow to Head

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

1. The player must be immediately withdrawn from training.
2. It is recommended that the player 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. Complete physical and mental rest for seven days following the incident is mandatory (no matter the outcome at the A&E department). This should be followed by a graduated return to training over the period of the following fourteen (14) days (see page 3).
5. It is highly recommended that the player be re-assessed by a competent medical professional before restarting training.
6. An incident report form must be completed.



SHIME WAZA (STRANGULATION TECHNIQUE)

In the event of a player over the age of 16 years becoming unconscious as a result of a Shimewaza (strangulation technique the following protocol applies.

1. In the event of a player becoming unconscious as a result of a Shime-waza (strangulation technique) it is recommended that no further JU-JITSU or JU-JITSU related training that day.
2. It is recommended that the player 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 JU-JITSU 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 players under 16 years of age and 2 weeks for players over 16 years of age with a minimum of 24 hours between each step.

With this step-wise progression, the player 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 player 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 player shows no symptoms. Players 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 JU-JITSU

Return to full competition training and competition.