All England Judo Federation Concussion Policy

Head Injuries

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.

1. Unconsciousness may result from the application of a Shime-waza (strangulation technique) if the Student 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 student being concussed

3. Concussion can occur without the student being knocked out and losing consciousness – it should always be considered a possibility and be taken seriously.

Concussion

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.

It is more likely that a beginner can suffer from a concussion as they are only just learning to breakfall and are at a higher risk of injury.

Back breakfalls are the more likely as the students does not keep their head up (Chin to Chest) when performing this technique.

BE MINDFULL of a child's resilience to shake the injury off and want to continue.
If in doubt of a concussion, remove them from training and advise to go to A & E.

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.

This is more likely to happen if a head injury has occurred that did not result in a visible loss of consciousness and wants to continue training even though they are displaying signs of a concussion or SIS.

The Typical Symptoms

- Headache
- Dizziness
- Nausea
- Unsteadiness/loss of balance
- Confusion
- Feeling stunned/dazed
- Seeing stars or flashing lights ringing in the ears
- Double vision

The Typical Signs

- 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

What to do when a head injury occurs:

• The student must be immediately withdrawn from training.
• 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.
• Complete physical and mental rest for 7-10 days is mandatory following the incident (no matter the outcome at the A&E department)
• Following the mandatory 7-10 day rest period, the student should follow a graduated return to training over the period of the following four weeks (28 days)
• An incident report form must be completed.

Keep in Mind

Every class should start with the question ‘Any injuries we should be made aware of?’
There could be a student that had a head injury very recently in another sport and they have forgotten to let you know. This is so important to ask, especially the high risk of Second Impact Syndrome.

As per accident / incident policy all head injuries should be reported using the accident / incident form and sent to the national safeguarding officer.