|  |  |  |
| --- | --- | --- |
| **ARMY MARTIAL ARTS ASSOCIATION**  **President: Brig ENS Millar** | | |
| **Chairman**  Lt Col OER Major  ROYAL WELSH  RUSI | A close up of a sign  Description automatically generated | **Secretary**  Lt Col D Campey MBE  Army Sport Control Board,  Mackenzie Building,  Fox Lines, Queen’s Avenue,  ALDERSHOT, Hampshire,  GU11 2LB  Tel: 01252 787072  ATN: 94222 7072  Email: [dcampey@ascb.uk.com](mailto:dcampey@ascb.uk.com) |
|  |  |  |
| See Distribution |  | Reference: AMAA\_SSMP\_20  Dated: 30 Jul 20 |

**GUIDANCE FOR THE ASSURANCE OF MARTIAL ARTS IN THE ARMY – THE ARMY MARTIAL ARTS ASSOCIATION (AMAA) SPORT SAFETY MANAGEMENT PLAN**

**REFERENCES**

1. [Army Sport Control Board Directive 2018/19 (Sep 18)](https://armysportcontrolboard.com/wp-content/uploads/2018/12/20180917-ASCB_Directive_Sep_18.pdf)
2. [AGAI Volume 1 Chapter 5 Sport (Jun 17)](https://armysportcontrolboard.com/wp-content/uploads/2019/01/AGAI_Vol-5-Chap-1.pdf)
3. Guidance for the Assurance of Army Representative Sport[[1]](#footnote-1) (through Army Sports Associations and Unions) dated 27 Apr 17
4. [British Taekwondo Health and Safety Policy and Procedures](https://www.britishtaekwondo.org.uk/wp-content/uploads/2014/12/BT-HS-POLICY-PROCEDURES-2015.pdf)
5. [British Kendo Association Safety Policy Statement](http://www.britishkendoassociation.com/british-kendo-association-safety-policy-statement/)
6. [World Karate Federation Safe Sport Policy (Jun 19)](https://www.wkf.net/pdf/wkfsafesport.pdf)
7. [World Union of Karate - Do Federation Rules (Feb 19)](https://www.wukf-karate.org/upload_legacy/rules/Rules-and-Index-Revision-English-Rev022-iv008-2019-03-04.pdf)
8. [British Ju Jitsu Association GB Health and Safety Policy for Ju-Jitsu (Jan 18)](http://www.bjjagb.com/wp-content/uploads/2019/06/BJJAGB-Health-Safety-Policy.pdf)
9. Army Command Standing Order (ACSO) No. 3216 – The Army’s Safety and Environmental Management System (Apr 19)
10. AMAA Constitution dated XX Apr 20 (Version 2)
11. [JSP 375– Management of Health and Safety in Defence Directive (Jun 17)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/621860/20170619-375_2017_P1_V1-0.pdf)
12. [JSP 660 – UKAFSB Guidance and Direction.](https://armysportcontrolboard.com/wp-content/uploads/2019/11/JSP660_Part1-Oct-19.pdf)
13. [AGAI Volume 2 Chapter 78 Army Medical Employment Policy (PULHHEEMS Administrative Pamphlet) (Dec 19)](https://modgovuk.sharepoint.com/sites/defnet/Corp/Army/Publications/AGAI_078.pdf)

**INTRODUCTION**

1. Reference A provides direction for the conduct and delivery of sport in the Army including the assurance, compliance and governance of sport in accordance with Reference B. In regard to safety Reference C provides further guidance and tasks the Chairman of Army Martial Arts to:
2. Ensure the delivery of all recognised Martial Arts (MA) Disciplines, through the Secretary of Army Martial Association, is in accordance with National Governing Body (NGB) policies and guidelines at References D to H, and ACSO 3216 at Reference I.
3. Ensure that all recognised Martial Arts activity has in place an effective assurance mechanism to provide a safe environment in accordance with References J to L and this SSMP.

**SPORTS SAFETY MANAGEMENT PLAN (SSMP)**

1. This document sets out the development of a SSMP for recognised Martial Arts Disciplines in the Army and identifies key roles, responsibilities and boundaries for all personnel involved in their delivery, within their organisation and its assurance and governance.

**SCOPE**

1. The document covers all Martial Arts activity conducted under the auspices of the AMAA and by teams participating in civilian competition under AMAA governance. Because of the multi-disciplinary nature of the AMAA, it seeks to set the safety requirements for both single discipline and multi-discipline events.

**RISK ASSESSMENTS**

1. Risk assessments for Martial Arts activity run by the AMAA or linked organisations are conducted by the Event Organiser. Appropriate control measures must be implemented before any activity takes place utilising Chapter 4 to Ref H as guidance (if required). A risk assessment considers what could cause harm to people, in order to assess whether enough precautions have been taken in order to prevent or reduce the likelihood of any harm occurring. Risk assessments need not be complicated, and provided a few simple steps are followed, are relatively straightforward to complete.
2. Generic risk assessments are in place for each discipline setting out the requirements for mitigation of risks for competition and for training. Where multiple disciplines are taking place together, the highest level of risk mitigation across disciplines will be taken as the lowest acceptable mitigation for the overall event. A generic risk assessment for Martial Arts is at Annex A and must be completed / used for all Corps and Army level tournaments.
3. Unless otherwise stated, AMAA events are to comply with the requirements set by NGBs for medical cover, provision of officials and injury management. The following exceptions are in place:

* **Nil (to be amended as exceptions are identified).**

**GENERAL PROVISIONS**

1. **Appointments.** The following appointments are required for each event and for each discipline:
2. **Event Organiser**. This individual is responsible for the conduct of the overall event in safe manner. This appointment will usually be the overall event lead or an individual of similar standing. An alternative event organiser must be designated so that control can be maintained in the event that the event organiser has to leave the event for any reason.
3. **MA Discipline Lead.** Where multiple MA disciplines are being conducted, each MA discipline represented at the event will have a nominated lead who is responsible for ensuring the safe running of the discipline in line with its own specific risk assessment and respective National Governing Body guidelines. Decision making authority will be delegated by the event organiser in the event administration instruction.
4. **Medical Cover**. Medical cover is to be in place for every event against the requirement of the highest risk shown in the relevant risk assessments. Personnel providing medical cover are not to participate in competition either as participants, referees or officials. Where medical staff also wish to participate alternative medical cover must be in place and the discipline lead must be made aware of the change as must all officials. Medical staff must be clearly identified at all times with a visual cue, either through a clear medical uniform or through a bib or similar marker.
5. **Decision making following injury.** Where an injury is sustained, and the participant wishes to continue, the event organiser must take advice from the medical staff on the advisability of the participant continuing to compete. The decision on whether to allow the participant to continue remains with the event organiser; this may be delegated to the specific MA discipline lead in writing prior to the event or to the alternate event organiser verbally on the day. Where the event organiser chooses to disregard the advice of the medical staff, then a written account **must** be completed and submitted for record through the AMAA Secretary.

**CHAIRMAN’S SAFETY COMMITMENT**

1. The Chairman of Army Martial Arts will, on an annual basis, account for safety performance, measured against criteria set out in the AMAA Constitution at Reference J, as well as underpinning all safety activities such as meetings and assurance visits, forming the basis for the following AMAA safety commitments:

a. To prevent fatalities and to minimise injury to personnel participating in authorised AMAA events.

b. To manage and update (as necessary) this AMAA SSMP.

c. To comply with higher-level safety regulations from Defence and respective Martial Arts’ NGBs.

d. To supervise and control all AMAA safety related activities.

e. To investigate and learn from any incidents and accidents.

**SAFETY ASSURANCE**

1. Our commitment is to strive continually to improve our safety performance and to minimise our contribution to the risk of an accident as far as is reasonably practicable. There are two elements to how AMAA organises and delivers its business:
2. **Planning for events**. MA Discipline Leadsare responsible for planning and arranging

‘on-duty’ events and assuring that the appropriate safety measures are in place for the event to proceed. All events are to be authorised through the event forecast submitted by the AMAA Secretary to the ASCB and will appear on the ASCB Master Fixture List.

b. **Delivering and executing**. MA Discipline Leads or nominated event organisers are responsible for ensuring safe conduct of events. Where Army teams are participating in civilian events, the nominated event organiser is responsible for ensuring that provision delivered by the hosting event organiser is sufficient to mitigate risk for service personnel. As a working assumption, an event run under the auspices of an AMAA recognised NGB is very likely to meet the requirement unless the AMAA has specifically found that NGB provision is not sufficient.

1. AMAA will conduct 1st party sports safety assurance by completing a Self-Assessment Questionnaire on at least an annual basis, or as directed by the ASCB[[2]](#footnote-2). The Self-Assessment Questionnaire will be reviewed yearly by the AMAA Chairman.

**NGB INSURANCE LIABILITY**

1. The respective disciplinary NGBs vary in their approach to provision of insurance. As a default setting, however, personnel competing in AMAA sponsored events should have on-duty status and be covered by Army insurance. Personnel training outside of sponsored courses and events including training with civilian clubs have no recourse to Army insurance and must ensure that they have sufficient personal medical and travel insurance cover or a suitable policy through their respective NGB. Funding of NGB membership is not eligible for claim.

**MANAGING RISK**

1. The AMAA will use the following five steps to assess risks prevalent whilst conducting on-duty MA activities:

a. Identify the hazards.

b. Decide who might be harmed and how.

c. Evaluate the risks and decide whether existing control measures are adequate or whether more should be done.

d. Record the findings.

e. Review the assessment and revise it if necessary.

1. MA disciplines vary in the nature of their risks; however, the nature of combat sports means that there is an increased risk of Significant Injury to a competitor in the routine conduct of activities. To address this particular risk AMAA is to ensure that:

* 1. All activities are fully risk assessed.
  2. Ensure all players are fit to play the game (physically fit and injury free).
  3. Appropriate medical facilities and cover is in place.
  4. The event organiser is to inspect the competition area and mat areas reducing the possibility of that being the cause of the injury, but not removing the risk totally.
  5. Players act within the rules (and spirit) of the game and do not cause injury to others due to reckless behaviours.

1. Specifically, MA disciplines involving striking to the head (all forms of Taekwondo, Karate and, to a lesser extent, Kendo) have an increased risk of concussion type injury. Where participants report symptoms of concussion, they should immediately be withdrawn from training of participation and referred to medical care. The procedure for dealing with knock out or similar injury is at Annex B. Further instructions and a guide to dealing with concussion can be found at Annex C. **There are no circumstances where a participant with suspected concussion should continue to participate in Army Martial Arts following a knockout or a suspected concussion without seeking medical advice.**

**AMAA SAFETY MANAGEMENT RESPONSIBLITIES**

1. The Chairman AMAA is responsible for the formulation and management of the AMAA SSMP. Specifically he is:

1. To ensure that all personnel involved in the organisation, management and participation of AMAA sponsored events conform to the HSAW guidance and, specifically, to this AMAA SSMP.
2. Not to permit any MA activity to take place that is graded very high risk unless he feels that additional adequate safety measures and risk mitigation is in place.

1. To ensure a review of all dynamic risk assessments and post-accident reporting is undertaken at least annually.

**EVENT ORGANISER**

1. Event organisers are to:
2. Ensure that a venue specific risk assessment has been completed.
3. Carry out dynamic risk assessments prior to and during the event.
4. Brief all participants on points and hazards noted in the venue specific and dynamic risk assessments.
5. Ensure communications are available for contact with emergency services and first aid equipment is at hand commensurate with the activity being undertaken.

**ACCIDENT INCIDENT REPORTING**

1. In the event of an accident/incident leading to injury of a participant in the activity, or a member of the public as a consequence of the activity, the event organiser is to ensure post-accident reporting is undertaken in accordance with **Chapter 10** **to ASCO 3216** (Reference I), all reportable accidents, injuries and near misses (sporting or otherwise) are to be reported to the Army Incident Notification Cell (AINC) using **Army Form 510**. MA Discipline Leads are expected to conduct notification where an injury is sustained during AMAA sponsored activity; only where an injury is not apparent until return to unit should the individual conduct incident reporting. In the case of serious injury, initial notification is to be made with AINC without delay by the event organiser.
2. **Telephone:** 96770-3661 or (+44) 03067 703661
3. **Fax:** 94393-6889 or (+44) 01264-886889
4. **MODNET:** [ASCen-AINC-Mailbox@mod.gov.uk](mailto:ASCen-AINC-Mailbox@mod.gov.uk)
5. Copies of all Army Form 510s are to be forwarded to the AMAA Permanent Secretary electronically, or by hardcopy, where they will be retained and a check will be carried out to ensure they have been staffed to AINC as detailed above. The forms will be used as part of the annual review.

**INDIVIDUAL COMPETITORS**

1. All individualsparticipating in AMAA have a responsibility towards the maintenance of their own personal safety and that of their fellow competitors and the general public. Although all reasonable steps will be taken by event organisers to mitigate the associated risk there will always remain a residual risk to life or serious injury. Specifically, individuals are to comply with the following:

a. **Personal Fitness and Medical Conditions**. It is presumed that personnel participating in Army Sport are MFD. If personnel have pre-existing injuries or medical conditions, they are required to show a copy of their Appendix 9 or light duties chit articulating no restrictions applicable to their sport. Particular attention must be paid to the section on 'contact sports' - no individual will be permitted to compete in contact sport if the document advises against it (Ref M informs). Discipline leads are responsible on behalf of the event organiser that all participants are fit to compete.

b. **Personal Equipment**. All equipment and clothing worn by personnel undertaking AMAA events is classed as personal equipment regardless of whether the association supplied it originally or not. Personnel are responsible for ensuring that personal equipment is fit for purpose. Any NGB direction on safety equipment is to be followed by AMAA disciplines without question, and no exceptions are to be authorised.

1. To ensure that Martial Arts activity is carried out safely is a significant responsibility. AMAA looks towards all teams playing their part in delivering a safe environment, both on and off the field of play. Ultimately, safety is not about prohibiting enjoyment of the arts but about enhancing it. The direction contained within this AMAA SSMP is to be introduced with immediate effect and should be adhered to at all Martial Arts training camps, overseas visits and competitions.

*{signed electronically}*

OER Major

Lt Col

AMAA Chairman

Annexes:

1. Generic Risk Assessment for Army Martial Arts.
2. Emergency Action Plan.

Appendix 1 – Incident Management Guide.

1. The Management of Concussion during Army Martial Arts.

Appendix 1 – Post-Fight Concussion Tools.

Appendix 2 – Graduated Return to Play (GRTP) Protocol.

Appendix 3 - Concussion / Head Injury Notification Form.

Appendix 4 - Consent to Disclose Medical Information.

Appendix 5 - Head Injury, Concussion and Returning to Martial Arts.

**Annex A to**

**AMAA SSMP**

**dated 30 Jul 20**

**GENERIC RISK ASSESSMENT FOR ARMY MARTIAL ARTS (KENDO AND TAEKWONDO)**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Key Guidance** This section provides a quick overview of some of the key concepts in Army risk assessment. Refer to Notes section for further information. The first line of the risk assessment table, below, shows an illustrative example.  **Hazard** is anything that may cause harm, e.g. working at height on a ladder.  **Risk** is the chance that someone or something could be harmed by the hazard, measured by combining (multiplying) the likelihood of it happening with its impact (severity). For example, there may be a ‘possible’ likelihood that someone that is not competent could fall from a ladder (3 rating – see right) combined with a ‘moderate’ impact of multiple injuries (2 rating), which creates a score of 6 (low risk). However, the risk should be reduced to as low as reasonably practicable (ALARP) through the implementation of control measures, such as ensuring that only trained people climb the ladder.  **Dynamic Risk Assessment** compliments generic and specific risk assessment. Regardless of completing this AF 5010, it is beholden on the person creating the risk to continue to monitor the activity and the control measures. Any changes to the activity (including the environmental conditions) or the control measures, must be addressed via the mechanism of a dynamic risk assessment such that risks remain ALARP.  Note however that persons undergoing training cannot be deemed competent until their capability is properly assessed. | | | | **Likelihood (L)\*** | | **Multiplied by** | **Impact (I)\*\*** | **Equals** |  |  |  |
| 1 – Remote / Rare  2 – Unlikely  3 – Possible  4 – Probable  5 – Highly Probable   (Almost Certain) | | 1 – Minor  2 – Moderate  3 – Major  4 – Severe  5 – Critical  *Note: impact number is unlikely to change with control measures* |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **5 Step Process** | Step 1 – Identify the hazards | Step 2 – Decide who might be harmed and how | Step 3 – Evaluate the risks and decide  on precautions (control measures) | | Step 4 – Record your significant  findings and include in Ex / Coord instructions as necessary. Implement control measures | | | Step 5 – Review your risk assessment  and update as necessary | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Dept / Sub-Unit / Unit / Formation:** | Army Sport Control Board | **Assessor (No, Rank, Name):** | 563783 Lt Col Campey |
| **Activity (SSW) / Exercise (SST):** | Kendo / Taekwondo Development Course (Safe System of Work) | **Assessor’s signature:** | *<original signed>* |
| **Generic or Specific Risk Assessment:** | Generic | **Assessment Date:** | 3 Apr 20 |
| **Relevant Publications / Pamphlets / Procedures:** | AMAA Sport Safety Management Plan dated 3 Apr 20 | **Review Date** **for GRA** (Step 5)**:** | 1 Apr 21 |

| (a) | (b) | (c) | (d) | | (e) | | (f) | (g) | (h) | (i) | | (j) | | (k) | (l) | (m) | (n) | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Ref** | **Activity / element**  (Step 1a) | **Hazards identified**  (Step 1b) | **Who or what might be harmed and how**, e.g.?  • Military personnel - fatality  • Civilian staff / contractors - injury  • General public - injury • Environment - spill(Step 2) | | **Existing control measures**  (Step 3a) | | **Assessment with  existing controls** | | | **Is residual risk acceptable in the context of risk appetite for the activity?  (Yes / No) – Refer to Risk Score Calculation above** *If Yes, move to column (n). If No, identify  additional controls* (Step 3e) | | **Reasonable additional controls that can be implemented to reduce risk  to ALARP** (Step 3f) | | **Reassessment with additional  control measures** | | | **List required action(s)  to instigate controls** (Step 3j) | |
| **L\*  (1 to 5)** (Step 3b) | **I\*\* (1 to 5)** (Step 3c) | **Score\*\*\*  (L x I)** (Step  3d) | **L  (1 to 5)** (Step 3g) | **I (1 to 5)** (Step 3h) | **Score  (L x I)** (Step 3i) |
|  | EXAMPLE: Driving to / from training area | Driver fatigue / distraction causes RTA | * Multiple injuries / fatality to military personnel * Multiple injuries / fatality in the general public * Equipment damage * Spill of fuel / lubricants (assumed low environmental impact) | | * Designated, trained drivers * Compliance with JSP800 * Spill kits | | 2 | 5 | 10 | No | | * Minimise night driving by incorporating overnight stop or relief driver * Require breaks every 2 hours | | 1 | 5 | 5 | * Officer in charge of road move to incorporate all controls into task instruction and brief Exercise Conducting Officer (ECO). * ECO to brief personnel. | |
| 1 | Kendo / Taekwondo | Foot injury (impact damage)  Cuts / Abrasions to feet  Hand injury (impact damage) | * Injury to military personnel | | * Visual inspection and cleaning of floor/mat area prior to use. * Protective equipment provided. * Equipment to be worn. * Activity supervised by trained MATT 3 practitioner. * First aid box to be made available at the side of the competition area. * Ice to be made available for impact injuries * No one accesses the competition area during play, other than the players. * **Referees / Instructors to halt practice immediately if injury suspected.** | | 2 | 2 | **4** | Yes | | Not Required | | N/A | N/A | N/A | * Event Organiser to ensure risk assessment is printed off and on display. * Event Organiser to ensure all controls are incorporated throughout the event. * Event Organisers/Team Captains will apply the respective Martial Arts playing safety regulations and brief accordingly at the start of each Tournament, Fixture or training session. * Event Organiser to ensure dynamic risk assessments are carried out and recorded throughout the duration of the event. * AMAA Sec to ensure Safety Brief carried out and safety plan included in Admin Instruction. * Players check kit especially state of protective clothing. * Players to wear correct clothing and equipment. | |
| 2 |  | Head Injury (Impact damage causing concussion and/or Head Trauma) | * Injury to military personnel | | * Armour Worn (kendo and TKD). * Practitioners fully trained. * Protective equipment provided. * First aid box to be made available at the side of the competition area. * Ice to be made available for Competitors warned and penalised for dangerous contact (e.g. hands to face in kendo) * Equipment to be worn. * Activity supervised by trained MATT 3 practitioner. * Ice to be made available for impact injuries * No one accesses the mat area during play, other than the players. * **Referees / Instructors to halt practice immediately if injury suspected.** | | 2 | 3 | **6** | Yes | | Not Required | | N/A | N/A | N/A | * Event Organiser to ensure risk assessment is printed off and on display. * Event Organiser to ensure all controls are incorporated throughout the event. * Event Organisers/Team Captains will apply the respective Martial Arts playing safety regulations and brief accordingly at the start of each Tournament, Fixture or training session. * Event Organiser to ensure dynamic risk assessments are carried out and recorded throughout the duration of the event. * AMAA Sec to ensure Safety Brief carried out and safety plan included in Admin Instruction. * Players check kit especially state of protective clothing. * Players to wear correct clothing and equipment. | |
| 3 |  | Muscular / Skeletal injury (General). | * Injury to military personnel | | * Equipment to be worn. * Activity supervised by trained MATT 3 practitioner. * First Aid kit provided at the side of the competition area. * Ice to be made available for. * Warm-up prior to training/competition. * **Referees / Instructors to halt practice immediately if injury suspected.** | | 2 | 2 | **4** | Yes | | Not Required | | N/A | N/A | N/A | * Event Organiser to ensure risk assessment is printed off and on display. * Event Organiser to ensure all controls are incorporated throughout the event. * Organisers/Team Captains will apply the respective Martial Arts playing safety regulations and brief accordingly at the start of each Tournament or Fixture. * Event Organiser to include dynamic risk assessments are carried out throughout the duration of the event. * AMAA Sec to ensure Safety Brief carried out and safety plan included in Admin Instruction. * Players check kit especially state of protective clothing * Players to wear correct clothing and equipment. | |
| 4 |  | Bodily fluids | * Injury to military personnel and/or spectators | | * Practitioners fully trained. * MATT 3 personnel available. * Clothing and Equipment worn correctly. * **Referees / Instructors to halt practice immediately if injury suspected.** | | 2 | 2 | **4** | Yes | | Not Required | | N/A | N/A | N/A | * Cleaning materials made available. | |
| 5 |  | Eye injury | * Injury to military personnel | | * Protective equipment provided. * Equipment to be worn. * Activity supervised by trained Kendo and MATT 3 practitioner. * First aid box to be made available at the side of the competition area. * Ice to be made available for impact injuries * Injuries are dealt with via emergency services 999 call. * Ambulance normally arrives within 10 mins. First aid until ambulance arrives. * No one accesses the mat area during play, other than the players. * **Referees / Instructors to halt practice immediately if injury suspected.** | | 2 | 3 | **6** | Yes | | Not Required | | N/A | N/A | N/A | * Event Organiser to ensure risk assessment is printed off and on display. * Event Organiser to ensure all controls are incorporated throughout the event. * Organisers/Team Captains will apply the respective Martial Arts playing safety regulations and brief accordingly at the start of each Tournament or Fixture. * Event Organiser to include dynamic risk assessments are carried out throughout the duration of the event. * AMAA Sec to ensure Safety Brief carried out and safety plan included in Admin Instruction. * Players check kit especially state of protective clothing * Players to wear correct clothing and equipment. | |
| 6 | Equipment | Splintered Shinai (bamboo sword) | * Equipment damage * Injury to military personnel | | * Practitioners fully trained. * Visual inspection of swords prior to use. * Instructors / Referees to inspect and replace swords during activity if damage is suspected. * Equipment to be worn. * Activity supervised by trained Kendo practitioner. * First Aid kit provided at the side of the competition area. | | 1 | 2 | **2** | Yes | | Not Required | | N/A | N/A | N/A | * Visual inspection of swords prior to use. * Instructors / Referees to inspect and replace swords during activity if damage is suspected. | |
| 7 | General Safety / Hazards in local environs | Slip, Trip and fall | * Injury to military personnel and/or spectators | | * Awareness to be raised of off mat risks at mandatory safety briefing prior to event/activity. * Activity supervised by trained MATT 3 practitioner. * First Aid kit and defibrillator (if available) provided at the side of the competition area. * Adherence of local leisure centre safety procedures. | | 2 | 1 | **2** | Yes | | Not Required | | N/A | N/A | N/A | * Event Organiser to ensure risk assessment is printed off and on display. * Event Organiser to ensure all controls are incorporated throughout the event. * Event Organiser to include dynamic risk assessments are carried out throughout the duration of the event. * AS Sec to ensure Safety Brief carried out and safety plan included in Admin Instruction. | |
| 8 |  | Fire or another emergency | * Injury to military personnel and/or spectators | | * Event location Standing Orders adhered to. * Safety brief to include action on event of fire or another emergency. | | 1 | 2 | **2** | Yes | | Not Required | | N/A | N/A | N/A | * Event Organiser to ensure risk assessment is printed off and on display. * Event Organiser to ensure all controls are incorporated throughout the event. * Event Organiser to include dynamic risk assessments are carried out throughout the duration of the event. * AS Sec to ensure Safety Brief carried out and safety plan included in Admin Instruction. **This is to include action on event of fire or another emergency.** | |
| 9 |  | Injury to Spectators | * Injury to military personnel and/or spectators | | * Spectator area clearly defined. * Activity supervised by trained MATT 3 practitioner. * First Aid kit provided at the side of the competition area. * Movement near training area controlled by instructors and referees throughout the event. | | 1 | 2 | **2** | Yes | | Not Required | | N/A | N/A | N/A | * Event Organiser to ensure risk assessment is printed off and on display. * Event Organiser to ensure all controls are incorporated throughout the event. * Event Organiser to include dynamic risk assessments are carried out throughout the duration of the event. * AS Sec to ensure Safety Brief carried out and safety plan included in Admin Instruction. | |
| **Authorising Officer / Warrant Officer (at unit level)** | | | | **No, Rank, Name** | | **Post** | | | | | **Date** | | **Signature** | | | | |
| **Existing and additional controls agreed** | | | |  | |  | | | | |  | |  | | | | |
| **Where risk elevated up the CoC, CO to confirm additional controls implemented** | | | |  | |  | | | | |  | |  | | | | |

NOTES

|  |
| --- |
| The main Army Martial Arts fixtures take place at the Army Combat Sport Centre (CSC) or at Fox Gymnasium. Other fixtures and competitions will take place in a recognised civilian dojo (place of training)’ all of which will have their own Risk Assessments. The total number of Army Martial Artists involved over the season is approximately 200. An Event Organiser will be appointed to run major competitions AMAA (and UKAF MA) competitions and each MA discipline will provide a qualified referee/marker for each event.  **All serious injuries are dealt with via emergency services 999 call. Ambulance normally arrives within 10 mins. First aid until ambulance arrives.** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Risk = Likelihood x Impact**   |  |  |  | | --- | --- | --- | | **Likelihood** | | **Definition** | | **5** | **Highly Probable  (Almost Certain)** | Is expected to occur in most circumstances | | **4** | **Probable** | Will probably occur at some time, or in most circumstances | | **3** | **Possible** | Fairly likely to occur at some time, or some circumstances | | **2** | **Unlikely** | Is unlikely to occur, but could occur at sometime | | **1** | **Remote / Rare** | May only occur in exceptional circumstances |  |  |  |  | | --- | --- | --- | | **Impact** | | **Definition (Health Safety and Environment)** | | **5** | **Critical** | * Multiple fatalities or permanent, life changing injuries. * Permanent loss or damage beyond remediation of an important and publicly high-profile natural resource, area or species. * Multiple incidents causing a major environmental impact. | | **4** | **Severe** | * A single death or multiple life-threatening injuries. * Severe damage over a wide area and/or on a prolonged basis to a natural resource, including controlled waters, or geography requiring multi-year remediation. * Single incident causing a major environmental effect or multiple incidents causing significant effect. | | **3** | **Major** | * Single life changing injury or multiple injuries which have a short-term impact on normal way of or quality of life. * Moderate damage to an extended area and/or area with moderate environmental sensitivity (scarce/ valuable) requiring months of remediation. * Single incident causing significant environmental impact. | | **2** | **Moderate** | * Multiple injuries requiring first aid. * Moderate damage to an area, and that can be remedied internally. * Multiple incidents causing minor environmental effect. | | **1** | **Minor** | * An Injury requiring first aid * Limited short-term damage to an area of low environmental significance/ sensitivity * Incidents causing minor environmental impacts | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Risk Score Calculation** | | | | | | | |  | | **Likelihood** | | | | | | 1 | 2 | 3 | 4 | 5 | | **I**  **m**  **p**  **a**  **c**  **t** | 5 | **5** | **10** | **15** | **20** | **25** | | 4 | **4** | **8** | **12** | **16** | **20** | | 3 | **3** | **6** | **9** | **12** | **15** | | 2 | **2** | **4** | **6** | **8** | **10** | | 1 | **1** | **2** | **3** | **4** | **5** |      |  |  |  | | --- | --- | --- | | **Risk Management** | | | | **Risk Rating** | **Authorisation** | **How Risk should be managed** | | **1 – 3 (Low)** | **OC** | **Review periodically** to ensure conditions have not changed and working within ALARP and risk appetite. | | **4 – 9 (Low)** | **CO** | | **10 – 12**  **(Medium)** | **OF5 /  1\* Bde HQ** | **Good risk mitigations** to ensure that the impact remains ALARP and tolerable. Re-assess frequently to ensure conditions remain the same. | | **15 – 16 (Medium to High)** | **2\* Div HQ** | **Requires active management** – review of desired outcome with additional resources or change to output requirements. | | **20 (High)** | **3\* – HQ HC & FA** | **Contingency plans** may suffice together with limited risk mitigations to achieve risk ALARP and tolerable. | | **25 (Very High)** | **4\* – CGS, Army HQ** | **Operational capability** where the required outcome impacts on defined military capability. | |

**Annex B to**

**AMAA SSMP**

**dated 30 Jul 20**

**EMERGENCY ACTION PLAN**

1. In the event of a serious incident or injury the following plan will provide guidance to the Event Organiser or nominated official. A flowchart showing actions to be followed and acting as an Incident Management Guide is at Appendix 1 to this Annex.

**Serious Injury to a Participant**

1. The Medical Staff are to attend, triage and treat the participant as appropriate.
2. Unless requested by the Medical staff no other person is to enter the contest area until medical staff inform the referee that it is safe for them to do so.
3. If there is no ambulance at the event and medical staff assess one is required, the Event Organiser is to call one (999) giving clear directions including a post code and if possible the nature of the injury (the nearest hospital may not have a specialist head trauma unit, for instance). If paramedics are not present, an ambulance should be called unless it is safer and quicker to transport the casualty directly to hospital.
4. If the participant is seriously injured the event should be stopped and a public announcement made. All other activities must be suspended while medical staff are attending to the incident. The decision to restart activities will be taken by the Event Organiser based on the ability of medical staff to continue to deliver care, and the circumstances surrounding the injury. Where a participant has suffered a significant traumatic injury it may be necessary that the event is closed. The Event Organiser should make an appropriate decision without being unduly influenced by emotions. Consideration should be made to presentational issues when making the decision.
5. Necessary documentation and belongings should be collected, and any relevant medical history identified, and the ambulance crew informed.
6. A representative must be identified to travel to hospital with the patient. This should usually be a coach or other person known to the individual and who is in a position to deliver further updates. Communication to be used must be agreed. Patients are not to be left unaccompanied at hospital unless duty of care has been formally passed to the service person’s unit.
7. Where a competitor is being taken to hospital, Parent Units should be informed via the standard duty system so that they can raise NOTICAS via JPA within the 72-hour point of admission (immediately if overseas). In all circumstances, accident informing procedures must be carried out in line with the main body of this document.
8. Where a competitor has suffered loss of consciousness, they are not to participate in further AMAA related activities or events until the relevant UMO has advised on their ability to conduct their respective discipline. In addition to this, there will be an assumption that the following restrictions will be applied to AMAA related activity unless a medical certificate can be produced to the contrary. This must be formally notified to the Event Organiser and AMAA Permanent Secretary.

* If no loss of consciousness (LOC), a minimum restriction of 30 days is imposed.
* If LOC for less than one minute, a minimum restriction of 90 days is imposed.
* If LOC more than one minute, a minimum restriction of 180 days is imposed.

**Appendix 1 to**

**Annex B to**

**AMAA SSMP**

**dated 30 Jul 20**

**INCIDENT MANAGEMENT GUIDE**



**Annex C to**

**AMAA SSMP**

**dated 30 Jul 20**

**THE MANAGEMENT OF CONCUSSION DURING ARMY MARTIAL ARTS**

**INTRODUCTION**

1. The aim of this SSMP is to **improve MA practitioner welfare.** As such, all MA practitioners, coaching teams, stakeholders and anyone else involved in Army Martial Arts should move towards an attitude of ‘train clever, fight easier’, rather than the ‘train hard, fight easy’ approach of old. All parties should recognise that no practitioner will ever fully recover from a previous brain injury. They will remain more vulnerable to incurring further concussive injuries and a potential worsening of symptoms. Further, with even three rounds of sparring affecting motor coordination, repetitive head impacts leave a practitioner vulnerable to not just further brain injury, but also musculoskeletal injuries.
2. Martial Arts can be a full contact sport, but head impacts should be avoided and limited wherever possible.
3. This policy outlines guidance for the assessment and management of concussion sustained during military martial arts, clarifying clinical care pathways and graduated return to activities, including return to service and return to play.
4. This policy is derived in accordance with the recommendations and intent of the Concussion In Sport Group (CISG) Consensus Statement for Concussion in Sport from the 5th International Conference held in Berlin, October 2016 (1). This Consensus Statement is due for review before 31 December 2020. This Annex should therefore be updated in accordance with the new Consensus Statement when it is published and should always be under constant review.
5. This policy has taken into account research developments since formation of the CISG Consensus Statement, as advised to be carried out in the Consensus Statement itself (1). As such the AMAA policy reflects this latest research (2, 3).
6. This policy is not to replace any guidance or instruction received from an appropriately trained medical professional who is acting in accordance with NICE Guideline 176 - Head Injury: assessment and early management (4); and BMJ Best Practice Overview of sport-related injuries (5), Assessment of traumatic brain injury, acute (6), and Concussion (7).
7. This policy is to be regularly reviewed to ensure that it is current and meets with all best practice guidelines.

**Background**

1. Concussion is a significant and relatively common injury whilst practicing martial arts. The incidence of concussion remains high compared to other sports (8), despite an apparent lack of knowledge and reporting of concussive injuries, lack of appropriate medical attendance especially in training, the hyper-masculine culture of fight sports, and the difficulties of diagnosing a concussion (9-11).
2. ‘Concussion’ is a sport-derived term for a mild traumatic brain injury (mTBI). This brain injury is induced through either direct impact to the head or biomechanical force transfer to the brain from impact elsewhere to the body. The brain injury is diffuse and heterogenic in nature, creating neuropathologic damage and dysfunction, which may lead to acute, subacute, chronic, and late effects. The neuropathological changes largely reflect a functional disturbance rather than a structural injury and therefore no abnormality is often detected on standard structural neuroimaging such as CT scanning (1, 12).
3. Sport Related Concussion (SRC) often presents with rapidly changing clinical signs and symptoms which may themselves be delayed in onset. The symptoms of concussion may include subjective symptoms that may be somatic, cognitive, and/or emotional symptoms; there may be physical signs, balance impairment, behavioural changes, cognitive impairment, and disturbance to sleeping patterns (1, 7). Resolution typically follows a sequential course with most concussed athletes improving rapidly during the first two weeks after injury, yet some will have persistent symptoms (1). Neurobiological recovery will likely extend beyond clinical recovery (13).
4. An athlete and a soldier require cognitive and physical ability to function. A concussion, which has not resolved, increases the risk of detrimental performance and risk of injuries. Those with a prior history of concussions or have received blast wave shocks are more likely to receive a further concussive injury with delayed recovery and increased severity of symptoms. The risk of severity of symptoms and effects, and incidence of concussion, increases in accordance with the rate of repetitive head impacts (RHI, sub concussive blows) increasing with the magnitude of these impacts and the time between these impacts (14). RHI, even those that do not give rise to subjective symptoms, affect cognition, memory, learning and motor control in the acute period even following just a few rounds of sparring (13). Even in a period as short as one year, and over more chronic periods, reductions in brain volumes are recorded together with the associated behavioural affects (15-17).
5. The earlier the age of exposure; the greater the risk to the soldier (18), with developing brains not reaching maturity until around the age of twenty-five, giving particular concerns for the younger soldier.
6. Minimising exposure to head impacts is therefore required to improve practitioner welfare, and AMAA members should develop innovative ways of training to minimise exposure to repetitive head impacts. It should be noted that use of certain protective equipment such as head protection and larger gloves may work to actually *increase* diffuse brain injury through behavioural adaptation, risk compensation, and risk homeostasis, together with the nature of the biomechanical forces at play (19, 20).
7. Research demonstrates that concussion knowledge and reporting is poor within the martial arts and martial sports (9-11). Therefore, all players and stakeholders should commit to continuing concussion awareness training to increase education and application of best practice.
8. Due to the evolving and heterogenic nature of a concussive brain injury a ‘concussion’ diagnosis remains difficult to assess, diagnose, and manage. Standardised multimodal assessment tools are available for use at the side of practice areas, however, should never take precedence over clinical judgement from appropriately trained medical professionals.

**Initial Assessment**

1. The Sport Concussion Assessment Tool (SCAT5) (21) is the suggested mat side tool for concussion assessment by medical professionals. The Concussion Recognition Tool 5 (CRT5) (22) is an abbreviated version of the SCAT5 designed for use at the side of the competition area by non-medical professionals to assist in the identification of suspected concussion. CRT5 includes a list of visible clues, signs and symptoms of suspected concussion and a brief assessment of memory (Maddock’s Questions). It is recommended that all practitioners, coaches, officials and medical or first aid staff familiarise themselves with this tool and carry a copy with them. Appendix 1 to this Annex provides further information about SCAT5 and CRT5.
2. The principle of concussion care in this scenario is to “recognise and remove” any martial arts practitioner suspected of having a concussion.
3. If ANY of the red flags, observable signs, or symptoms in the CRT5 are noted, or failure to answer correctly any of the memory questions, then the player should be immediately removed from practice or play, and that practitioner should not return to activity until they have been assessed by an appropriate medical professional, even if the symptoms resolve. If there is no appropriate medical professional immediately available and ANY of the red flags are indicated, then an ambulance is to be called for urgent medical assessment.
4. All practitioners with head injury should be managed using standard emergency principles. Those who are not alert and orientated should have full cervical spine immobilisation and should be extricated with spinal immobilisation from the mat, if trained and as soon as it is safe to do so.

**Currently no Army Martial Arts practitioners are sanctioned to conduct head injury substitutions; therefore, if concussion is suspected the practitioner must be removed from the mat.**

**Transfer to Hospital**

1. If a practitioner reports or demonstrates any of the following, then they should be evacuatedto hospital for urgent medical assessment:
   1. Persistent unconsciousness,
   2. Increasing drowsiness / deteriorating consciousness,
   3. Unusual behaviour change, increasing confusion, restlessness, or agitation,
   4. Seizure or fit,
   5. Weakness or numbness in any limb,
   6. Decreases in coordination or balance difficulty,
   7. Repeated vomiting,
   8. Difficulty speaking, such as slurred speech,
   9. Prolonged vision problems, such as double vision or blurred vision,
   10. Clear fluid leaking from the nose or ears,
   11. Bleeding from one or both ears,
   12. Sudden deafness in one or both ears,
   13. Severe or increasing headache,
   14. Severe neck pain.

**Post-Fight: Same-Day Concussion Assessment**

1. Once any first aid issues are addressed, all practitioners who have been removed from the mat following a head injury or who are suspected to have suffered a head injury during the fight should have a post-fight, immediate concussion assessment by an appropriately trained medical professional using the SCAT5 (and/or similar validated instruments of assessment) before leaving the competition area. As many non-military martial arts events are poorly attended by appropriate medical professionals (23, 24) if an appropriate medical professional is not available then the practitioner should attend Accident and Emergency at the nearest hospital.
2. If any symptoms appear, or worsen, following the immediate concussion assessment then the practitioner is to report immediately to the medical practitioner for further assessment, or if an appropriate medical professional is not available then the practitioner should attend Accident and Emergency at the nearest hospital.
3. No practitioner with a suspected concussive brain injury is to be left alone, they are to be supervised by a suitable person until such action is deemed not necessary by an appropriate medical professional.
4. All practitioners and their supervisors (see para 21 above) who have had a head trauma, whether suspected or diagnosed with concussion or not, MUST be issued with Appendix 4, Concussion/Head Injury Advice Sheet and all relevant forms completed in accordance with Appendix 5, 6, and 7.

**Referral for Further Assessment**

1. Any practitioner with a second concussion within 12 months, a history of multiple concussions or prior blast wave injury, practitioners with unusual presentations or prolonged recovered (symptomatic for more than 2 weeks) must be assessed and managed by health care providers (multi-disciplinary) with experience in SRC and no further participation in martial arts should take place until the practitioner is cleared by a doctor with experience in concussion management. Within the military these practitioners should be referred to the Mild Traumatic Brain Injury (mTBI) Team at Defence Medical Rehabilitation Centre (DMRC). Email: [DMRC-Mtbi@mod.gov.uk](mailto:DMRC-Mtbi@mod.gov.uk). Website: [www.mtbi.mod.uk](http://www.mtbi.mod.uk)

**Sporting Restrictions and Graduated Return to Play**

1. The initial treatment of concussion consists of immediate physical and cognitive rest (Stage 1). In the early stages of a concussion recovery, the practitioner should have physical and cognitive rest for the first 24/48hrs, in accordance with the symptoms continuing to improve. This will impact upon returning to duties and therefore the practitioner must contact their Unit Medical Officer during the recovery period.
2. Following this initial period of rest a graduated return to physical and cognitive activities is required at no faster pace than symptoms continue to improve. This is not just limited to sporting activities, yet also for the physical and cognitive activities of a soldier. This will impact upon duties carried out by the affected soldier and therefore the practitioner must be in contact with their Unit Medical Officer during the recovery period.
3. Requirements for graduated return to play and graduated return to duties are stated in Appendix 2. The graduated return to duties for a practitioner should reflect the needs of the role and should be in consultation and accordance with their Unit Medical Officer. The graduated return to sport should be in accordance with the Graduated Return to Play Protocol (GRTP).

**Education**

1. Knowledge Translation (KT) as part of SRC education should be encouraged, particularly in light of research demonstrating a lack of concussion knowledge and understanding (9-11). Currently there is no specific training that has validity in respect to KT and martial arts. As such, and until such training is available, practitioners and coaches are advised to take the training courses available through England Rugby, whilst understanding that they are not specific to martial arts practice nor current with the rapidly moving research in this field. The ‘Headcase’ training can be accessed here: [www.englandrugby.com/participation/playing/headcase](http://www.englandrugby.com/participation/playing/headcase)

**The Management of Concussion During Army Martial Arts Policy: Published 15 Jul 20  
Policy Review Due: 1 Apr 21**

**References:**

1. McCrory P, Meeuwisse W, Dvorak J, Aubry M, Bailes J, Broglio S, et al. Consensus statement on concussion in sport-the 5(th) international conference on concussion in sport held in Berlin, October 2016. Br J Sports Med. 2017;51(11):838-47.

2. Neidecker J, Sethi NK, Taylor R, Monsell R, Muzzi D, Spizler B, et al. Concussion management in combat sports: consensus statement from the Association of Ringside Physicians. Br J Sports Med. 2019;53(6):328-33.

3. Nalepa B, Alexander A, Schodrof S, Bernick C, Pardini J. Fighting to keep a sport safe: toward a structured and sport-specific return to play protocol. Phys Sportsmed. 2017;45(2):145-50.

4. Excellence NNIfHaC. Head injury: assessment and early management 2014 [updated 22 January 2014. Available from: [www.nice.org.uk/guidance/cg176](file:///C:\Users\Dcampey\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\01B5F2GD\www.nice.org.uk\guidance\cg176)

5. BMJ. Overview of sport related injuries British Medical Journal: British Medical Journal 2018 [updated Jul 24, 2018. Available from: bestpractice.bmj.com.

6. BMJ. Assessment of traumatic brain injury, acute: British Medical Journal 2018 [Available from: bestpractice.bmj.com

7. BMJ. Concussion 2018 [updated Mar 29, 2018. Available from: bestpractice.bmj.com

8. Toth C. The epidemiology of injuries to the nervous system resulting from sport and recreation. Neurol Clin. 2008;26(1):1-31; vii.

9. Bennett LL, Arias JJ, Ford PJ, Bernick C, Banks SJ. Concussion reporting and perceived knowledge of professional fighters. Phys Sportsmed. 2018.

10. Follmer B, Varga AA, Zehr EP. Understanding concussion knowledge and behavior among mixed martial arts, boxing, kickboxing, and Muay Thai athletes and coaches. Phys Sportsmed. 2020:1-7.

11. Lystad RP, Strotmeyer SJ. Concussion knowledge, attitudes and reporting intention among adult competitive Muay Thai kickboxing athletes: a cross-sectional study. Inj Epidemiol. 2018;5(1):25.

12. McKee AC, Daneshvar DH. The neuropathology of traumatic brain injury. Handb Clin Neurol. 2015;127:45-66.

13. Di Virgilio TG, Ietswaart M, Wilson L, Donaldson DI, Hunter AM. Understanding the Consequences of Repetitive Subconcussive Head Impacts in Sport: Brain Changes and Dampened Motor Control Are Seen After Boxing Practice. Frontiers in Human Neuroscience. 2019;13.

14. Broglio SP, Lapointe A, O'Connor KL, McCrea M. Head Impact Density: A Model To Explain the Elusive Concussion Threshold. J Neurotrauma. 2017;34(19):2675-83.

15. Bernick C, Banks S, Phillips M, Lowe M, Shin W, Obuchowski N, et al. Professional fighters brain health study: rationale and methods. Am J Epidemiol. 2013;178(2):280-6.

16. Bernick C, Banks SJ, Shin W, Obuchowski N, Butler S, Noback M, et al. Repeated head trauma is associated with smaller thalamic volumes and slower processing speed: the Professional Fighters' Brain Health Study. Br J Sports Med. 2015;49(15):1007-11.

17. Bernick C, Shan G, Zetterberg H, Banks S, Mishra VR, Bekris L, et al. Longitudinal change in regional brain volumes with exposure to repetitive head impacts. Neurology. 2020;94(3):e232-e40.

18. Bryant BR, Narapareddy BR, Bray MJC, Richey LN, Krieg A, Shan G, et al. The effect of age of first exposure to competitive fighting on cognitive and other neuropsychiatric symptoms and brain volume. Int Rev Psychiatry. 2020;32(1):89-95.

19. Daneshvar DH, Baugh CM, Nowinski CJ, McKee AC, Stern RA, Cantu RC. Helmets and mouth guards: the role of personal equipment in preventing sport-related concussions. Clin Sports Med. 2011;30(1):145-63, x.

20. Hedlund J. Risky business: safety regulations, risks compensation, and individual behavior. Inj Prev. 2000;6(2):82-90.

21. CISG. Sport concussion assessment tool - 5th edition. Br J Sports Med. 2017;51(11):851-8.

22. CISG. Concussion recognition tool 5(c). Br J Sports Med. 2017;51(11):872.

23. Channon A, Matthews CR, Hillier M. Medical care in unlicensed combat sports: A need for standardised regulatory frameworks. J Sci Med Sport. 2020;23(3):237-40.

24. Channon A, Matthews, C. R., Hillier, M., . ‘This must be done right, so we don’t lose the income’: Medical care and commercial imperatives in mixed martial arts: Palgrave Macmillan; 2020.

25. Association BJ. Protocols in the Event of a Minor Head Injury or Shime-Waza Resulting in Unconsciousness and/or Concussion in the Club or Training Environment <https://www.britishjudo.org.uk/the-british-judo-association/governance/policies-and-guidelines/minor-head-injury-protocol/2020> [updated 4 February 2020; cited 2020 6 May 2020]. Available from: <https://www.britishjudo.org.uk/wp-content/uploads/2016/07/Minor-Head-Injury-Protocol-Document.pdf>.

**Appendix 1 to  
Annex C to  
AMAA SSMP  
dated 30 Jul 20**

**POST-FIGHT CONCUSSION TOOLS**

1. This appendix gives the suggested post fight tools for concussion assessment by an appropriate medical professional SCAT5[[3]](#footnote-3), and for suspected identification of a concussion by non-medical professionals CRT5[[4]](#footnote-4).
2. Step 3 of the SCAT5 is cognitive screening in accordance with the Standardised Assessment of Concussion (SAC). When conducting the SAC element of the SCAT5 do not use the words: “elbow, apple, carpet, saddle, bubble”, because these words are also used in formal neuropsychological assessment at DMRC and other centres. Therefore, over-familiarity with these words may obscure results from this formal test and could make management of practitioners with persistent symptoms more difficult.
3. Other Concussion Screening Tools that the medical professional is qualified in may be utilised.
4. If SRC is suspected, then the appropriate management procedures should be implemented.
5. The medical professional should make a DMICP record of any practitioner with concussion and/or contact the practitioner’s Unit Medical Centre.
6. A practitioner should be given a notification of concussion / head injury form (see Appendix 3 to this Annex) to give to their Chain of Command to inform them that a practitioner has experienced concussion to be able to manage them effectively.
7. If possible, the MA practitioner should sign the consent to disclose medical information form (see Appendix 4 of this Annex), if they have not done so previously, and the medical team should inform the MA practitioner that they will disclose information to team management staff. The management team may need to liaise with the practitioner’s civilian team coach to notify them of the diagnosis of concussion, to ensure consistent medical care and player welfare.
8. The MA practitioner should be given an information sheet by the Event Controller that pertains to suffering a Head Injury/Concussion and summarises the graduated return to martial arts steps to take (see Appendix 5 of this Annex).

**SPORT CONCUSSION TOOLS**

1. The Sport Concussion Assessment Tool (SCAT5) for use by medical professionals can be found here: [Concussion Assessment Tool](http://bjsm.bmj.com/content/bjsports/51/11/851.full.pdf)[[5]](#footnote-5).
2. The Concussion Recognition Tool (CRT5) can be found here: [Concussion Recognition Tool](http://bjsm.bmj.com/content/bjsports/51/11/872.full.pdf)[[6]](#footnote-6).

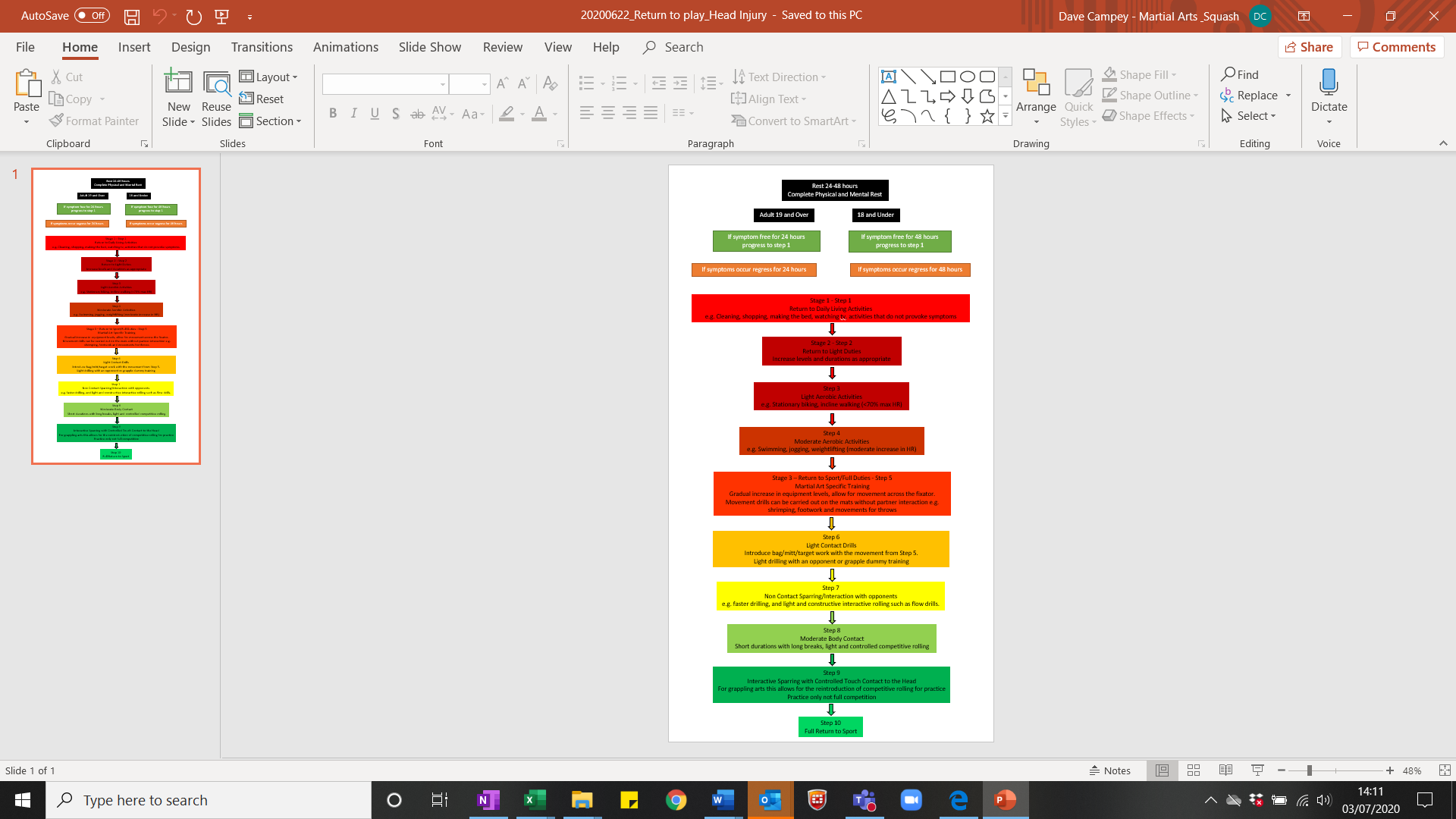
**Appendix 2 to  
Annex C to  
AMAA SSMP  
dated 30 Jul 20**

**GRADUATED RETURN TO PLAY (GRTP) PROTOCOL**

1. This appendix gives instructions for graduated return to play (GRTP), specific for fight sports, in accordance with the CISG Consensus Statement[[7]](#footnote-7) and further suggested Concussion Protocols in respect to return to play for fight sports[[8]](#footnote-8) (2, 3).
2. Practitioners and coaches are reminded that the first step in any treatment of diagnosed or suspected concussion is 24/48 hours of complete rest. To clarify, this is no training, no sport, no work duties, and minimising screen time such as on mobile phones, watching television or other screen devices, and no physical activity.
3. If symptoms remain static or worsen then medical attention should be sought immediately.
4. This protocol is designed as a systematic step-by-step approach to give the brain injured practitioner every opportunity to maximise recovery and is carried out in three stages. Stage 1 is ‘Return to Daily Living Activities, Stage 2 is ‘Return to Light Duties’, and Stage 3 is ‘Return to Sport/Full Duties’. Each stage and each step contained within should be carried out in turn, and only at a rate and pace that enable a practitioner to be symptom free.
5. Each step should take a minimum of 24hrs and should also be in carried out only in accordance and consideration of any further limitations on return to sport and military duties, such as sports sanctioned suspensions. At any time, if the practitioner experiences a return of symptoms during any step, they are to drop back a step for a minimum of 24hrs until symptom free once more. *Progression through each step should ONLY be taken with the agreement and monitoring of the practitioner’s Unit Medical Centre.*

**CONCUSSIVE INCIDENT GRADUAL RETURN TO TRAINING PROGRAMME**

1. The process to be followed is shown schematically in figure 1, the steps within each stage are described below:



*Figure 1 – GRTP Stages and Steps (Part 1)*

**STAGE 1 Return to Daily Living Activities**

1. If **symptom free** after a period of rest (24 hours for adults, 48 hours for ages 18 and under) ***Step 1*** can start. It allows for the MA practitioner to gradually and progressively increase more active, daily living activities, yet, only to a level which does not bring on or worsen their symptoms. These are living activities such as cleaning, making the bed or shopping, a return to watching television and using screens, and is **NOT** **A RETURN TO MILITARY DUTIES** at this stage.
2. Should any symptoms persist for longer than 10-14 days then medical attention should be sought for assistance with these persistent symptoms.
3. Once concussion related symptoms have resolved, then the practitioner can progress to Stage 2.

**Stage 2 – Return to Light Duties**

1. Full military duties have cognitive and physical activity elements. ***Step 2*** provides for a structured return to light duties, and increasing levels and durations as appropriate, until it can be demonstrated that the practitioner can complete full light duties without return of symptoms.
2. Should the practitioner remain free from symptoms during return to light duties, then they can commence a graduated increase in physical activity and move to ***Step 3.***
3. ***Step 3*** requires for the introduction of **LIGHT** aerobic activity such as stationary biking, incline walking, and elliptical training. The primary aim of this step is to ensure that there is no return of concussion symptoms when experiencing a mild increase in heart rate. For clarification, light increases in heart rate would be a level where normal speech can be maintained.
4. **Step 4** increases the aerobic activity to moderate levels. Suggested activities include cross-training techniques such as jogging, swimming, and weightlifting. For clarification, these moderate increases in heart rate would be to a level where normal speech can be maintained yet with some difficulty due to increased rate of breathing.
5. Should the practitioner satisfactorily complete moderate aerobic activity without return of any symptoms then they are able to progress to the next stage and practice sport-specific activity and move towards returning to full military duties.

**Stage 3 – Return to Sport/Full Duties**

1. This stage is designed to allow a practitioner to return to sport and full military duties in a graduated approach, increasing the cognitive, motor, and physical activity demands, ensuring that the practitioner can safely return to full sporting activities and military duties.
2. **Step 5** introduces sport specific movement drills, moving around the dimensions of the sporting and training area, uchikomi and such like, gradually increasing equipment levels such as gloves, allowing for movement across the fixator (mats, ring canvass etc), and gradually increasing multiple plane movement. For grappling arts this will allow for movement drills to be carried out on the mat yet without partner interaction, such as sit-throughs, shrimping, footwork positions and movements for throws and such like.
3. **Step 6** introduces bag/mitt/target work together with the movement from Step 5, testing fully the sensation, perception, and resultant action of the practitioner. For grappling arts this will allow for light drilling with an opponent or grapple dummy training.
4. **Step 7** allows for non-contact sparring/interaction with opponents. This allows the practitioner to engage in live action and to further test their cognitive and action abilities, without fear of contact or reinjury. For grappling arts this will allow for faster drilling, and light and constructive interactive rolling such as flow drills.
5. **Step 8** allows for contact to be made to the body, in short durations, with long breaks between. This step enables the practitioner to begin to test skills in a competitive interactive environment, moving more towards real-time situations. Consideration should also be given to using ‘slow-motion’ practices, allowing the correct selection of response from the incoming stimulus, allowing deliberate practice of precise skills for development and acquisition. This step allows for the potential for biomechanical transfer of forces to reach the brain, allowing symptom recovery to be acutely tested. For grappling arts this will allow for the introduction of light and controlled competitive rolling.
6. **Step 9** allows for interactive sparring, with touch contact to the head, with control always, and with known training partners who can maintain the required control. For grappling arts this allows for the reintroduction of competitive rolling for practice, with a reminder that this is for constructive learning and not full competition.
7. **Step 10** allows for full return to sport, with sparring to normal parameters, and all sport specific moves. This step, whether returning from a concussive brain injury, or in normal practice, should ONLY be performed as much as needed to prepare for the next competition. Increasing the parameters in this way will allow the practitioner and coaching teams, and their medical professionals, to develop the confidence that the athlete is recovered to their fullest capabilities.
8. NO PRACTITIONER should consider returning to competitive activities or full military duty until symptom-free following fully simulated competitive activities in training, and ONLY be taken with the agreement and monitoring of the practitioner’s Unit Medical Centre.

**Appendix 3 to**

**Annex C to**

**AMAA SSMP**

**Dated 30 Jul 20**

**CONCUSSION / HEAD INJURY NOTIFICATION FORM**

Practitioner name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of injury: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. The above named player was diagnosed with concussion during military martial arts.
2. A medical examination has been carried out and no sign of any serious complications has been found. Further medical notes will be transcribed onto DMICP.

1. Recovery time is variable across individuals with up to 50% of people experience some of the following symptoms during the first few weeks after concussion. Unless they are particularly severe or continue for more than 2-3 weeks, specialist advice is not usually necessary.

1. Symptoms may include:

|  |  |
| --- | --- |
| Mild confusion | Slowed thinking skills |
| Difficulty remembering things | Balance problems / dizziness |
| Difficulty concentrating | Nausea |
| Headache | Anxiety |
| Fatigue | Difficulty sleeping |
| Sensitivity to noise or light | Feeling depressed / tearful |

1. The practitioner has been advised to report to his / her Medical Officer for a medical review as he / she may require limitations to physical activity, military and work duties dependant on symptoms.

1. Return to sport and military physical activity requires clearance by a healthcare professional. The player is not fit to practice martial arts for a mandated period and must undergo a graduated return to play with medical reviews as outlined by the UKAMMA Policy.

1. Further support is available from the Mild Traumatic Brain Injury team at DMRC Headley

Court. Website [www.mtbi.mod.uk](http://www.mtbi.mod.uk/) Email: DMRC-mTBI@mod.uk

Clinician name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinician signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Appendix 4 to**

**Annex C to**

**AMAA SSMP**

**Dated 30 Jul 20**

**CONSENT TO DISCLOSE MEDICAL INFORMATION**

Consent to release confidential medical information to a third party.

MA Practitioners name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. To ensure safe medical care of military martial art practitioners, it may be necessary at times for medical information to be shared between military and civilian medical and management personnel. Only essential relevant information would be disclosed directly related to fitness to martial arts or rehabilitation from injury and you will be informed of the medical team’s intention to do so before any disclosure is made.

1. I consent to medical team personnel sharing relevant personal medical information about me with the military rugby union management staff and my unit chain of command.
2. I consent to the medical team personnel sharing relevant personal medical information about me with named medical of management personnel from my civilian martial arts club (detailed below) when necessary to ensure continuity of care and to ensure safe and effective care.
3. I understand that if I go against medical advice this may have military disciplinary consequences.
4. I understand that this consent is enduring, unless I give written notification otherwise.

|  |  |  |  |
| --- | --- | --- | --- |
| Practitioner Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Clinician name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Clinician signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Appendix 5 to**

**Annex C to**

**AMAA SSMP**

**Dated 30 Jul 20**

**HEAD INJURY, CONCUSSION AND RETURNING TO MARTIAL ARTS**

**Name: DoB:**

This fighter sustained a head injury at on .

*(Date)*

*(Time)*

1. You were assessed by a doctor following your fight and no signs of serious complications were found. It was felt that you are safe to be accompanied home and do not need to attend hospital at this stage.
2. When you get home, it is unlikely that you will have further significant problems, although you should remain in the supervision of a responsible adult for the rest of today and overnight.

If you are affected by any of the following, you should go to the nearest hospital emergency department as soon as possible:

* Unconsciousness or lack of full consciousness
* Very painful headache that won’t go away
* Vomiting – getting sick
* Confusion (not knowing where you are, getting things muddled up)
* Fits (collapsing or passing out suddenly)
* Weakness in one or both arms or legs
* Problems understanding or speaking
* Loss of balance or problems walking
* Problems with your eyesight
* Clear fluid coming out of your ear or nose
* Bleeding from or new deafness in one or both ears
* Drowsiness (feeling sleepy) that goes on for longer than 1 hour when you would normally be wide awake

**Concussion**

1. Concussion is a disturbance in brain function (i.e. brain injury) caused by a direct or indirect force to the head. It affects how the brain works but does not show up on any scans or X-rays. It can result in a variety of signs and/or symptoms & most often does not involve loss of consciousness.
2. Most (80–90%) concussions resolve in a short (7– 10 day) period.
3. Symptoms normally start shortly after injury and gradually improve by themselves but can be delayed.
4. One or more of the following common symptoms may develop over the next few days and will likely not require a hospital visit:

|  |  |
| --- | --- |
| * Headache | * Irritability |
| * Dizziness | * Anxiety |
| * Nausea | * Feeling depressed or tearful |
| * Unsteadiness | * Difficulty concentrating |
| * Restlessness | * Poor attention |
| * Slowed reactions | * Sleep disturbance |
| * Memory problems | * Low energy |
| * Feeling in a fog | * Sensitivity to light or noise |

**Dos and Don’ts**

* **DO** have plenty of rest and avoid stressful situations.
* **DO** take painkillers such as paracetamol for headaches.
* **DO** inform a friend or family member about your injury so they can keep an

eye on you.

* **DON’T** stay at home alone for the first 24 hours after injury.
* **DON’T** drink alcohol.
* **DON’T** drive until you have recovered.
* **DON’T** take aspirin, ibuprofen or sleeping tablets.

**Treatment of Concussion**

1. In order to allow the brain time to fully recover and reduce the chance of any longer-term problems you should have a period of rest, with no training or playing sport, and then adjust your activity for a period of time.

**Recovery Period**

1. The first step is to **avoid all physical activity and any activities which require concentration or attention for 24-48 hours**. This includes minimising time using mobile phones or the internet for emails & social media, watching TV or movies, reading and all forms of training & exercise. Consider time off or adaptation of work or study.
2. After this time, you should gradually increase your daily activity level, as long as symptoms do not worsen. Once you have successfully returned to your usual daily activities, including full work/learning activities, without any symptoms, then continue this period of relative rest for the **remaining duration of your medical suspension period** (minimum 30 days).

***\*If you still have symptoms 2 weeks post injury, you should see your Medical Officer or GP\****

**Return to Martial Arts**

1. Once your suspension is complete and you have been symptom free for at least 2 weeks, you may move onto ‘Step 2’ of the gradual return to martial arts programme and begin doing light aerobic exercise.
2. If any symptoms recur upon starting exercising, you should stop and return to ‘Step 1’ until you are again symptom free for 24 hours. (48 hours for Under 18’s).
3. If you are able to train at ‘Step 2’ without developing any symptoms for 24 hours, then you may move onto ‘Step 3’.
4. You should repeat this pattern of spending **at least 24 hours symptom free at each step** before moving on to the next, higher level step.
5. If you develop symptoms **at any stage**, you should rest for 24 hours before then going back to the previous step in the chain.
6. Prior to reaching ‘Step 5’ and returning to training/fighting, you must receive a full New Annual Medical from the Unit Medical Officer.

1. Representative level includes Corps and Army representation. [↑](#footnote-ref-1)
2. This may also include spot checks on Army Martial Arts activities by the AMAA Chair and/or AMAA Secretary. [↑](#footnote-ref-2)
3. CISG. Sport Concussion Assessment Tool - 5th edition. Br J Sports Med. 2017;51(11):851-8. [↑](#footnote-ref-3)
4. CISG. Concussion Recognition Tool 5(c). Br J Sports Med. 2017;51(11):872 [↑](#footnote-ref-4)
5. SCAT5 Tool available at: <http://bjsm.bmj.com/content/bjsports/51/11/851.full.pdf> [↑](#footnote-ref-5)
6. CRT5 available at: <http://bjsm.bmj.com/content/bjsports/51/11/872.full.pdf> [↑](#footnote-ref-6)
7. McCrory P, Meeuwisse W, Dvorak J, Aubry M, Bailes J, Broglio S, et al. Consensus statement on concussion in sport-the 5(th) international conference on concussion in sport held in Berlin, October 2016. Br J Sports Med. 2017;51(11):838-47. [↑](#footnote-ref-7)
8. England Boxing. England Boxing Rule Book 2019 Edition: England Boxing; 2019 [Available from: <https://www.englandboxing.org/wp-content/uploads/2019/05/England-Boxing-Rule-Book-2019.pdf>. and Nalepa B, Alexander A, Schodrof S, Bernick C, Pardini J. Fighting to keep a sport safe: toward a structured and sport-specific return to play protocol. Phys Sportsmed. 2017;45(2):145-50. [↑](#footnote-ref-8)