

# International Federation of Karate Kyokushinkai Australia (IFKKA) Head Injury Protocol



**Purpose:** For the IFKKA Committee to ratify a Head Injury Protocol  
**Prepared for:** International Federation of Karate Kyokushinkai Australia Inc Committee  
**Prepared by:** Marcel Saunders, Senpai (1<sup>st</sup> Dan)  
**Source:** This document has been sourced from the British Karate Kyokushinkai (BKK) Head Injury Protocol written by John Hunt (Medical Officer) in 2009. The BKK is a member of the International Federation of Karate (IFK) which is an affiliate of the IFKKA's international governing body.

# International Federation of Karate Kyokushinkai Australia (IFKKA) Head Injury Protocol

Blows to the head during club training sessions and tournaments are something which everyone would wish to avoid, but as we all know this is sometimes unavoidable. The way these head injuries are handled could, however be vital to the long term welfare of the casualty and the purpose of this document is to assist and to clarify the IFKKA position.

## **What is Concussion?**

Concussion is a disturbance of the function of nerve cells in the brain as a result of a blow to the skull or a violent and sudden movement of the head. This means that parts of the brain's functions are temporarily confused.

The symptoms may include temporary unconsciousness, confusion, headache and often a loss of memory concerning the critical incident. Vomiting and nausea are also common.

## **All blows to the head may be dangerous.**

An uncomplicated concussion is not dangerous in itself. The brain simply needs time to return to normal but complications can arise in severe cases, which is why all blows to the head must be dealt with correctly and the following guidelines are designed to assist you with that care.

## **Blows to head during tournaments.**

The IFKKA provides First Aid Assistance at all its full contact tournaments where fighting takes place. This first aid cover is provided by trained personnel and support personnel.

All head injuries are seen by the support personnel and or the trained First Aid personnel when advice and treatment can be given and if necessary transport to hospital is made available.

During club and squad sessions treatment for head injury and any other injury becomes the responsibility of the dojo operator or instructor in charge and it is vital that any treatment given is in line with current protocols.

## **Blows to the head during club / squad sessions.**

It is firstly important to ensure that a First Aider is on hand at all sessions with a well stocked first aid kit and accident book. it is a requirement that dojo operators instructors and all students 2<sup>nd</sup> kyu and higher have a current First Aid certificate.

## **Recommendations for management of concussion.**

When dealing with head injury always consider possible cervical spine injury (neck). Any neck pain could be an indicator of cervical spinal problems and if in any doubt, the casualty's head should be held in the current position and an ambulance called via 000.

Better to be safe than sorry.

### Level 1 Concussion :

Definition: Transient confusion, no loss of consciousness and a duration of mental abnormalities of less than 10 mins.

The casualty should be removed from the mat area and examined whilst seated, checks should be done on their mental state ( what happened / where are you / what day is it ) further checks should be done every 5 mins to ensure all symptoms resolve within 10 mins.

Injury should be entered in your accident book and a Head Injury Advice Card should be given to casualty or parents / guardian if a junior member.

### Level 2 Concussion :

Definition: Transient confusion, no loss of consciousness and a duration of mental abnormalities of more than 15mins.

The casualty should be removed from the mat area and examined whilst seated, checks should be done on their mental state (what happened / where are you / what day is it ) further checks should be done every 5 mins to ensure all symptoms resolve, however if symptoms persist longer than 15 mins, or the casualty vomits or has a fit they should be removed to hospital via a 000 call for further evaluation.

Contact should be made with the emergency home contact number.

It is not IFKKA policy to take casualties to hospital in cars

### Level 3 Concussion

Definition: Loss of consciousness (either brief or prolonged).

If the casualty has regained consciousness, gain control of their head and ask them not to move. Do not remove them from the mat until you are sure there is no neck problem. If in doubt do not move the casualty and call for an ambulance via 000. The casualty can only be moved if you are sure there is no neck injury but because the casualty has lost consciousness they have to go to hospital for observation. Try to keep as many observational points as possible for the ambulance crew. A member of the club should go with the casualty and contact should be made with the emergency home number the club holds.

**Do Not Remove** an unconscious casualty from a matt, as there may be further underlying injury to the neck, clear area around and maintain head in the current position. Ring for ambulance 000.

Check breathing, and be ready to give CPR.

The procedure described above is shown on the first aid course which is why first aid certificates should be kept up to date.

Remember all details of any injury or accident must be entered in your incident/accident report with a copy being submitted to the secretary of the IFKKA

# Appendix

1. Appendix 1 - Injury Report Form
2. Appendix 2 - Additional Witness Form
3. Appendix 3 – First Aid Assistance Register



International Federation of Karate Kyokushinkai Australia Inc.

## Injury Report Form

Use this form for incidents where an injury occurred. File a copy of the completed form.

**Location of Accident**

**Name of person/s involved and/or present**

### BRIEF ACCOUNT OF INJURY

Details of Incident

Date

Time

Was an ambulance called?

Yes / No

### DESCRIPTION OF ACTIVITY BEING UNDERTAKEN WHEN INJURY OCCURRED (GENERAL AND DETAILED)

| ACCIDENT DESCRIPTION  |  |   |
|---|--|---|
| <input type="checkbox"/> 1. Slip<br><input type="checkbox"/> 2. Trip<br><input type="checkbox"/> 3. Fall<br><input type="checkbox"/> 4. Over-exertion | <input type="checkbox"/> 5. Mental stress<br><input type="checkbox"/> 6. Collision<br><input type="checkbox"/> 7. Crushing<br><input type="checkbox"/> 8. Hit by moving object | <input type="checkbox"/> 9. Other (specify) |

| INJURED PERSON |  |     |  |        |
|----------------|--|-----|--|--------|
| Name           |  |     |  |        |
| Date of Birth  |  | Age |  | Gender |
| Address        |  |     |  |        |
| Telephone      |  |     |  |        |

| INITIAL ASSISTANCE BY PERSON    |  |
|---------------------------------|--|
| Name                            |  |
| Specify their Role or Position: |  |

| SEVERITY OF INJURY  |  |
|---|--|
| <input type="checkbox"/> 1. First Aid (resumed activity)<br><input type="checkbox"/> 2. First Aid (did not resume activity)<br><input type="checkbox"/> 3. Doctor or dental treatment | <input type="checkbox"/> 4. Hospital (outpatient) treatment<br><input type="checkbox"/> 5. Hospital (inpatient) treatment<br><input type="checkbox"/> 6. Fatal |

| NATURE OF INJURY   |   |
|--|---|
| <input type="checkbox"/> 1. Fracture<br><input type="checkbox"/> 2. Dislocation<br><input type="checkbox"/> 3. Strains/sprains<br><input type="checkbox"/> 4. Lacerations/Cuts<br><input type="checkbox"/> 5. Burns/scalds | <input type="checkbox"/> 6. Crushing/amputations<br><input type="checkbox"/> 7. Bruises/knocks<br><input type="checkbox"/> 8. Dental Injuries<br><input type="checkbox"/> 9. Other (specify): |

| LOCATION OF INJURY  |  |
|---|--|
| <input type="checkbox"/> 1. Head (skull, face, jaw)<br><input type="checkbox"/> 2. Eyes<br><input type="checkbox"/> 3. Neck<br><input type="checkbox"/> 4. Trunk (chest, abdomen, buttock, pelvis, spine)<br><input type="checkbox"/> 5. Arm (shoulder, elbow, forearm, wrist, hand, finger, thumb) | <input type="checkbox"/> 6. Leg (hip, thigh, knee, ankle, foot, toes)<br><input type="checkbox"/> 7. Internal<br><input type="checkbox"/> 8. Multiple locations<br><input type="checkbox"/> 9. Ear |

| WITNESS DETAILS                            |  |     |  |        |
|--|--|-----|--|--------|
| (Provide attachment if multiple witnesses) |  |     |  |        |
| Name                                       |  |     |  |        |
| Date of Birth                              |  | Age |  | Gender |
| Address                                    |  |     |  |        |
| Telephone                                  |  |     |  |        |
| Witness Statement Below:                   |  |     |  |        |
|  |  |     |  |        |

| PREVENTATIVE ACTION PROPOSED OR TAKEN  |   |
|--|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. No Preventative Action Taken/Intended</li> <li><input type="checkbox"/> 2. Referred to the Organisation’s Committee</li> <li><input type="checkbox"/> 3. Referred to the Organisation’s Safety Officer</li> <li><input type="checkbox"/> 4. Review of Pre Competition competitor inspection</li> <li><input type="checkbox"/> 5. Review of Curriculum</li> <li><input type="checkbox"/> 6. Review/Reinforce/Reiterate Procedures</li> <li><input type="checkbox"/> 7. Review Systems</li> <li><input type="checkbox"/> 8. Review the Environment</li> <li><input type="checkbox"/> 9. Review Personal Protective Clothing/Item</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> 10. Review Equipment/Machinery Modifications</li> <li><input type="checkbox"/> 11. Review Equipment/Machinery Maintenance</li> <li><input type="checkbox"/> 12. Review/Reinforce/Reiterate Competitor / Student Instructions</li> <li><input type="checkbox"/> 13. Review Training Provisions</li> <li><input type="checkbox"/> 14. Other (Please Specify)</li> </ul> |

| List Any Action Taken By Whom & When completed: |
|---|
|   |

| FORM COMPLETED BY; |  |
|--------------------|--|
| Name               |  |
| Address            |  |
| Telephone          |  |
| Sign & Date:       |  |



International Federation of Karate Kyokushinkai  
Australia Inc.

## Incident / Injury Additional Witness Form

| WITNESS DETAILS                            |  |     |  |        |
|--|--|-----|--|--------|
| (Provide attachment if multiple witnesses) |  |     |  |        |
| Name                                       |  |     |  |        |
| Date of Birth                              |  | Age |  | Gender |
| Address                                    |  |     |  |        |
| Telephone                                  |  |     |  |        |
| Witness Statement Below:                   |  |     |  |        |
|  |  |     |  |        |
| Signed & Date:                             |  |     |  |        |

