

# SAFEGUARDING IN MARTIAL ARTS



## SAFE PRACTICE POLICY FOR CLUBS WITHIN THE AIKIDO ALLIANCE

### NAME OF CLUB:-

Aikido is a martial art where safe practice is essential to help prevent injury. Children are particularly vulnerable as they are still developing mentally and physically, so training methods need to be modified as described below. We also have a duty of care to safeguard the welfare of adults participating in aikido.

Please note: Only key, selected points around safe practice are included in this document, and it should be read in conjunction with, or reference to, the Aikido Alliance's full policy documents which can be found here (under the Safeguarding tab: <https://www.aikidoalliance.co.uk/>). These provide more detailed guidance, and cover things such as coaching ratios, use of changing rooms, collection of children, use of cameras and video, managing challenging behaviour etc.

### SCREENING

All participants should be screened prior to participation. It is expected that clubs will have a medical/health screening section on their membership form. This form should also contain emergency contact information, and clubs should consider how this – and any relevant medical information – will be made available to instructors (due regard should be given to Data Protection/GDRP and consent). All sessions should include a verbal check-in and this should be followed up as required. If sessions cannot be modified to allow safe participation, then aikidoka should be asked to defer – or it should be suggested that they see an appropriate healthcare professional. If a child is deemed unfit or otherwise unable to participate then consideration must always be given to collection arrangements. Children should remain in the care of the club until a parent or other designated and appropriate adult can collect them. Guidance on what a Screening Form can contain may be found here: [https://eparmedx.com/?page\\_id=75](https://eparmedx.com/?page_id=75) It is also recommended that clubs utilise an informed consent process.

### WARM UP AND COOL DOWN

All sessions should include an age-appropriate warm-up which is appropriate for the activity taking place and the individuals participating. To help reduce the risk of injury, specific attention should be paid to those muscle groups and joints that will be used during later activity. An appropriate Cool Down should also be included where required.

## SESSION CONTENT WHICH INVOLVES THROWING, FALLING, GRAPPLING AND GROUND WORK

Some Aikido practice extends to the use of groundwork and grappling – drawing on its roots within Aiki Jutsu. Throws and falls are a common to most aikido practice. It is essential that clubs appropriately risk assess not only the session content but also the age, size and ability of the participants. This will almost certainly include a dynamic approach to risk assessment and risk mitigation.

The risks include but are not limited to: falling on unsuitable surfaces; landing on the head; damage to the joints from lock and falls; strangulation.

Safe practice should include, but is not limited to:

- (a) Checking the matted area for suitability, particularly where the mats have been joined, including ensuring that there is sufficient space for safe practice.
- (b) Checking that there are no hard surfaces or sharp/hard objects around the matted area.
- (c) Having an experienced instructor who will ensure that children are not taught to use locks, throws or strangles which will cause injury. **It is Aikido Alliance policy that no against the joint locks are applied to children and that the use of pain compliance is never to be used.**
- (d) Ensuring that there is appropriate supervision to ensure that aikidoka practice withing the guidelines taught. Clubs should consider whether, for example, there should be a structured process underpinning the teaching of all types of ukemi.
- (e) Using a dynamic risk assessed approach where pairs work is involved. Children and young people should be matched appropriately taking into account their size, age, skill, ability, grade and emotional maturity (including ability to show empathy for their partner)

## SESSION CONTENT INVOLVING STRIKES, PUNCHES AND KICKS

Aikido is not traditionally considered to be a punching, striking or kicking art. However, strikes and punches will be used by uke to simulate an attack, and kicks can also be included to develop skills.

- a) The risks include but are not limited to: concussion (brain injury) from blows to the head; damage to internal organs and joints from blows; injury from inappropriate stretching and other exercises.
- b) Safe practice should include, but is not limited to:
- c) Ensuring that thorough instruction has been given with regard to safe practice
- d) Checking that there is sufficient space to avoid inadvertent contact with others
- e) Having an experienced instructor who will ensure that children are appropriately supervised to ensure that practice stays within club guidelines for appropriate behaviour.

## HEAD CONTACT WITHIN AIKIDO SESSIONS

Aikido is not a sparring art in the same way as, for example, boxing, karate or tae kwon do. There is no part of aikido which requires hand or foot to face sparring. However, head contact *could* happen as a result of a simulated “attack” in technique practice or jiyu waza e.g. shomen or yokomen strikes or jodan tsuki attack.

Safe practice should include, but is not limited to:

- a) Ensuring that thorough instruction has been given regarding safe practice
- b) Checking that there is sufficient space to avoid inadvertent contact with others

- c) Having an experienced instructor who will ensure that children are appropriately supervised to ensure that practice stays within club guidelines for appropriate behaviour.
- d) Consideration is given to matching aikidoka regarding factors such as size, age, skill, experience and maturity.

## CONCUSSION OR SUSPECTED CONCUSSION

The Aikido Alliance required all Clubs to implement the Government Guidance: When in Doubt, Sit Them Out (<https://sportandrecreation.org.uk/campaigns-and-policy/concussion/concussion-guidelines-for-grassroots-sport>)

In brief Instructors should be able to

- **recognise** the signs of concussion
- **remove** anyone suspected of being concussed immediately
- **return** safely to daily activity, education/work and, ultimately, sport.

To assist with identifying a concussion, the guidelines recommend the affected person to call NHS 111 within 24 hours of a potential concussion, as well as resting and sleeping as much as needed for the first 24-48 hours and avoiding screen time.

Anyone suspected of a concussion should not return to sport within 24 hours and then follow a graduated return to their education/work and exercise/sport programme.

While if a concussion is confirmed they should avoid returning to matches with a risk of contact injury for a minimum of 21 days.

They should also then, to reduce the risks of a slow recovery, further brain injury and longer-term problems, to return to activities such as work, education or sport in a gradual manner.

If symptoms persist for more than four weeks, the individual should seek further guidance and assessment by an appropriate healthcare professional.

## AIKIDO INVOLVING WEAPONS

Please see the Aikido Alliance's Policy on the use of weapons. This Policy is aimed at over 18s though the principles around safe practice will be relevant.

Where sessions involve under 18s it should be noted that:

- a) No metal blades (sharp or otherwise) should be in the training area when children are present (with the exception of the shomen wall / kamiza where fixed weapons may be on display)
- b) Safe protocols for the use of training weapons by children. This may involve or require the use of modified weapons e.g. weapon size (length) and weight.
- c) Supervision at all times by Instructors, including appropriate spacing and supervision ratios

## FIRST AID

First aid provision should be available in all clubs (based on Duty of Care). It is a strong recommendation that a qualified first aider is present or available at every session. If special events are organised then first aid requirements should be addressed as part of the event planning process – taking into account any increased numbers likely to be present, type of activities, range of participants etc.

## IN SUMMARY ...

Above all, safe practice means having a suitably qualified and experienced instructor who will ensure that risks are appropriately mitigated, and who can make a training session enjoyable, accessible whilst maintaining the discipline essential to learning aikido.

## WHAT TO DO IN THE EVENT OF A HEAD INJURY

To ensure compliance with best practice we advocate that all instructors, participants and parents follow advice given on the NHS website.

<https://www.nhs.uk/conditions/head-injury-and-concussion/>

For ease of access the NHS information is provided on the following pages, and these can be printed out separately and issued to anyone who does sustain a blow to the head. Please note: this guidance is current as at the date of preparing this document on 13.9.2022 (checked March 2024).

It is recommended that participants, instructors and parents are directed to the NHS website so as to access to most current guidance.

Clubs should keep a copy of this guidance and make sure it is easily accessible on club nights for reference purposes.

# ADVICE SHEET: Head injury and concussion

Most head injuries are not serious, but you should get medical help if you or your child have any symptoms after a head injury. You might have concussion (temporary brain injury) that can last a few weeks.

## Urgent advice: Go to A&E if:

You or your child have had a head injury and have:

- been knocked out but have now woken up
- vomited (been sick) since the injury
- a headache that does not go away with painkillers
- a change in behaviour, like being more irritable or losing interest in things around you (especially in children under 5)
- been crying more than usual (especially in babies and young children)
- problems with memory
- been drinking alcohol or taking drugs just before the injury
- a blood clotting disorder (like haemophilia) or you take medicine to thin your blood
- had brain surgery in the past

You or your child could have concussion. Symptoms usually start within 24 hours, but sometimes may not appear for up to 3 weeks. You should also go to A&E if you think someone has been injured intentionally.

## Immediate action required:

### Call 999 if someone has hit their head and has:

- been knocked out and has not woken up
- difficulty staying awake or keeping their eyes open
- a fit (seizure)
- fallen from a height more than 1 metre or 5 stairs
- problems with their vision or hearing
- a black eye without direct injury to the eye
- clear fluid coming from their ears or nose
- bleeding from their ears or bruising behind their ears
- numbness or weakness in part of their body
- problems with walking, balance, understanding, speaking or writing
- hit their head at speed, such as in a car crash, being hit by a car or bike or a diving accident
- a head wound with something inside it or a dent to the head

**Also call 999 if you cannot get someone to A&E safely.**

**If you're still not sure what to do, call 111.**

**The casualty should NOT drive themselves to A&E**

## HOW TO CARE FOR A MINOR HEAD INJURY (<https://www.nhs.uk/conditions/head-injury-and-concussion/>)

If you have been sent home from hospital with a minor head injury, or you do not need to go to hospital, you can usually look after yourself or your child at home.

You might have symptoms of concussion, such as a slight headache or feeling sick or dazed, for up to 2 weeks.

### DO

- hold an ice pack (or a bag of frozen peas in a tea towel) to the area regularly for short periods in the first few days to bring down any swelling
- rest and avoid stress – you or your child do not need to stay awake if you're tired
- take [paracetamol](#) if appropriate to relieve pain or a headache (NB clubs should not dispense medication)
- make sure an adult stays with you (or your child) for at least the first 24 hours

### DON'T

- do not go back to work or school until you're feeling better
- do not drive until you feel you have fully recovered
- do not play contact sports for at least 3 weeks – children should avoid rough play for a few days
- do not take drugs or drink alcohol until you're feeling better
- do not take sleeping pills while you're recovering unless a doctor advises you to

### NON-URGENT ADVICE: SEE A GP IF:

- you or your child's symptoms last more than 2 weeks
- you're not sure if it's safe for you to drive or return to work, school or sports

**You can also call 111 for non-urgent medical advice**

Information checked at source on 2/6/2025. Please visit the NHS website to check current advice.