

## **Proaction Martial Arts® Safe Practice Policy**

Proaction Martial Arts® Limited ("the Club") has the health and safety of its staff, students and families as its highest priority.

We have developed this Safe Practice Policy to be read in conjunction with our Health and Safety Policy.

As Health and Safety is such a key priority, this document is for all the Club's staff, instructors, students and members alike to ensure full compliance by everyone concerned. If any individual notices a Health and Safety issue which they are unable to put right then it must be reported immediately to the Chief Instructor/ Directors of Proaction.

Taekwondo and Kickboxing are well known Martial Arts and also are considered full-contact combative sports and therefore there is always a risk of some minor injury. Proaction endeavours to attempt to eliminate risks of any serious injuries, as far as reasonably practicable, with a focus to continually work to reduce these risks.

As the Club's Directors, Tom and Jas Nicholson also have adopted the positions of Health and Safety Officers and take ultimate responsibility for the following;

- the review of this policy and relevant appendices regularly
- all training required by staff/instructors and volunteers is in date and updated as required
- the reporting procedure and investigation of all accidents/near misses, to prevent and mitigate further risk.
- lesson plans and ratios set for safe supervision or classes cancelled
- all safeguarding requirements are met (See Safeguarding Children/ Adult's Policy)
- Mobile phone available for emergencies

The Club's General Manager will ensure the following (where applicable at our head office):

- the overall cleanliness of the training hall, reception, toilets, store and office areas
- first aid equipment is stored appropriately and checked, reorder and replaced if required
- pre -membership medical form completed and checked by the General Manager, Instructor and discussed with the member where applicable

The Club's Instructors will be responsible for the following:

- Coaching of proper techniques and timing
- Be aware of individual fitness levels
- Avoid class overcrowding and space class accordingly
- Act accordingly regarding any health/safeguarding concerns they have and report these as required.

The Club's members and visitors will be responsible for the following:

- Informing a staff member of any Health and Safety issues or concerns they may have as soon as possible.
- Ensure they bring inhalers/epi-pens to their classes and Instructors know where they are
- Jewellery/piercings removed or taped for every class

Martial Arts are activities 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 where required.

***Safe practice should include, but is not limited to:***

**General**

- Checking the matted area for suitability, particularly where the mats have been joined.
- Checking that there are no hard surfaces or sharp/hard objects around the matted area.
- Having an experienced instructor who will ensure that children are not taught to use techniques, throws or strangles which will cause injury.

**Warm Ups**

- All activities should first include a thorough warm up which is appropriate for the activity taking place.
- To help reduce the risk of injury, specific attention should be paid to those muscle groups that will be used during later activity.
- Avoiding excessive stretching and exercises such as press-ups on the knuckles or hitting heavy bags; until after 14 years old, the joints of children are still developing and can be damaged by these exercises.

**Head Contact**

- Head contact during sparring drills will be taught appropriately from Green stripe belt (Taekwon-Do) upwards (min 18 months from start of training for 12 and under, minimum 9 months for those aged 13 and over) and from Orange belt in Kickboxing (9 months from start of training). This ensures that the techniques delivered will be controlled, light and with no follow through.
- All students practising head contact will be in full protective equipment, inclusive of a head guard and gum shield.

**Sparring and Competition**

- When Sparring in class or competition, consideration is given to matching pairs of similar height and weight. In competitions, females and males are separated.
- Mats will be used where possible for sparring and competitions.
- At Proaction Martial Arts® class venues, there will always be a first aid trained Instructor or staff member.

- At Competitions, there will be Proaction Instructors present but also an external Competition First Aid Team.

### **Head Injury**

Sparring is always continuously observed by the Instructors. Head injury can occur and we will manage this in the following way:

- Follow Health and Safety Policy and specifically the Concussion pathway [UK Concussion Guidelines for Non-Elite \(Grassroots\) Sport](#) See Appendix 1
- All staff have read this guidance in line with Proaction Martial Arts® Health and Safety Policy and have signed to agree they will use this in their teaching.
- All staff are obliged to complete an Accident form and inform the General Manager.
- The General manager will liaise with the Instructor team and student/parents to ensure the Return to activity pathway is followed. See Appendix 1.

Above all, safe practice means having a suitably qualified and experienced instructor who will ensure that children are not exposed to the above risks and who can make a training session enjoyable whilst maintaining the discipline essential to learning a Martial Art.

### **Implementation, maintenance and review**

The Directors, Tom and Jas Nicholson, accept overall responsibility for all Safe Practice and Health and Safety within the Club and are responsible for all policy implementation.

Signed by:

A handwritten signature in blue ink, appearing to read 'Tom Nicholson', with the Roman numeral 'VII' written below it.

Signature: Tom Nicholson, Chief Instructor, on behalf of Proaction Martial Arts® Limited.

Date: Jan 2025

Review date: Jan 2026



## **Appendix 1**

### **Concussion Graduated Return to Activity**

## Graduated return to activity (education/work) and sport

### Overview

- Generally, a short period of relative rest (first 24–48 hours) followed by a gradual stepwise return to normal life (education, work, low level exercise), then subsequently to sport is safe and effective.
- Progression through the stages below is dependent upon the activity not more than mildly exacerbating symptoms. Medical advice from the NHS via 111 should be sought if symptoms deteriorate or do not improve by 14 days after the injury. Those with symptoms after 28 days should seek medical advice via their GP.
- Participating in light physical activity is beneficial and has been shown to have a positive effect on recovery after the initial period of relative rest. The focus should be on returning to normal daily activities of education and work in advance of unrestricted sporting activities.

### If symptoms continue beyond 28 days remain out of sport and seek medical advice from a GP

#### Notes

- The graduated return to activity (education/work) and sport programme is designed to safely allow return to education, work and sport after concussion for the overwhelming majority of athletes who will not benefit from individualised management of their recovery.
- Some athletes, as happens in Elite and Professional sport, may have access to Healthcare Professionals experienced in sports concussion management who take responsibility for an individualised, structured, multimodal, multidisciplinary management plan to include medical, psychological, cognitive, vestibular and musculoskeletal components. Athletes who are managed in such Enhanced Care pathways may be formally cleared for an earlier return to competition.

### GRADUATED RETURN TO EDUCATION/WORK & SPORT SUMMARY (See full table below for detail)

<b>Stage 1</b>	<b>Relative Rest for 24–48 hours</b> <ul style="list-style-type: none"> <li>Minimise screen time</li> <li>Gentle exercise*</li> </ul>
<b>Stage 2</b>	<b>Gradually introduce daily activities</b> <ul style="list-style-type: none"> <li>Activities away from school/work (introduce TV, increase reading, games etc)*</li> <li>Exercise –light physical activity (e.g. short walks) *</li> </ul>
<b>Stage 3</b>	<b>Increase tolerance for mental &amp; exercise activities</b> <ul style="list-style-type: none"> <li>Increase study/work-related activities with rest periods*</li> <li>Increase intensity of exercise*</li> </ul>
<b>Stage 4</b>	<b>Return to study/work and sport training</b> <ul style="list-style-type: none"> <li>Part-time return to education/work*</li> <li>Start training activities without risk of head impact*</li> </ul>
<b>Stage 5</b>	<b>Return to normal work/education and full training</b> <ul style="list-style-type: none"> <li>Full work/education</li> <li>If symptom-free at rest for 14 days consider full training</li> </ul>
<b>Stage 6</b>	<b>Return to sports competition (NOT before day 21) as long as symptom free at rest for 14 days and during the pre-competition training of Stage 5</b>

## Graduated return to activity (education/work) and sport programme

Stage	Focus	Description of activity	Comments
<b>Stage 1</b>	<b>Relative rest period (24–48 hours)</b>	Take it easy for the first 24–48 hours after a suspected concussion. It is best to minimise any activity to 10 to 15-minute slots. You may walk, read and do some easy daily activities provided that your concussion symptoms are no more than mildly increased. Phone or computer screen time should be kept to the absolute minimum to help recovery.	
<b>Stage 2</b>	<b>Return to normal daily activities outside of school or work.</b>	<ul style="list-style-type: none"> <li>Increase mental activities through easy reading, limited television, games, and limited phone and computer use.</li> <li>Gradually introduce school and work activities at home.</li> <li>Advancing the volume of mental activities can occur as long as they do not increase symptoms more than mildly.</li> </ul>	There may be some mild symptoms with activity, which is OK. If they become more than mildly exacerbated by the mental or physical activity in Stage 2, rest briefly until they subside.
	<b>Physical Activity (e.g. week 1)</b>	<ul style="list-style-type: none"> <li>After the initial 24–48 hours of relative rest, gradually increase light physical activity.</li> <li>Increase daily activities like moving around the house, simple chores and short walks. Briefly rest if these activities more than mildly increase symptoms.</li> </ul>	
<b>Stage 3</b>	<b>Increasing tolerance for thinking activities</b>	<ul style="list-style-type: none"> <li>Once normal level of daily activities can be tolerated then explore adding in some home-based school or work-related activity, such as homework, longer periods of reading or paperwork in 20 to 30-minute blocks with a brief rest after each block.</li> <li>Discuss with school or employer about returning part-time, time for rest or breaks, or doing limited hours each week from home</li> </ul>	Progressing too quickly through stages 3 - 5 whilst symptoms are significantly worsened by exercise may slow recovery. Although headaches are the most common symptom following concussion and may persist for several months, exercise should be limited to that which does not more than mildly exacerbate them. Symptom exacerbation with physical activity and exercise is generally safe, brief and is self-limiting typically lasting from several minutes to a few hours.
	<b>Light aerobic exercise (e.g. weeks 1 or 2)</b>	<ul style="list-style-type: none"> <li>Walking or stationary cycling for 10–15 minutes. Start at an intensity where able to easily speak in short sentences. The duration and the intensity of the exercise can gradually be increased according to tolerance.</li> <li>If symptoms more than mildly increase, or new symptoms appear, stop and briefly rest. Resume at a reduced level of exercise intensity until able to tolerate it without more than mild symptom exacerbation.</li> <li>Brisk walks and low intensity, body weight resistance training are fine but no high intensity exercise or added weight resistance training.</li> </ul>	

## Graduated return to activity (education/work) and sport programme

Stage	Focus	Description of activity	Comments
Stage 4	Return to study and work	<ul style="list-style-type: none"> <li>May need to consider a part-time return to school or reduced activities in the workplace (e.g. half-days, breaks, avoiding hard physical work, avoiding complicated study).</li> </ul>	<p>Progressing too quickly through stages 3 - 5 whilst symptoms are significantly worsened by exercise may slow recovery. Although headaches are the most common symptom following concussion and may persist for several months, exercise should be limited to that which does not more than mildly exacerbate them. Symptom exacerbation with physical activity and exercise is generally safe, brief and is self-limiting typically lasting from several minutes to a few hours.</p>
	Non-contact training (e.g. during week 2)	<ul style="list-style-type: none"> <li>Start training activities in chosen sport once not experiencing symptoms at rest from the recent concussion. It is important to avoid any training activities involving head impacts or where there may be a risk of head injury. Now increase the intensity of exercise and resistance training.</li> </ul>	
Stage 5	Return to full academic or work-related activity	<ul style="list-style-type: none"> <li>Return to full activity and catch up on any missed work.</li> </ul>	<p>Individuals should only return to training activities involving head impacts or where there may be a risk of head injury when they have not experienced symptoms at rest from their recent concussion for 14 days.</p> <p>Recurrence of concussion symptoms following head impact in training should trigger removal of the player from the activity.</p>
	Unrestricted training activities (not before week 3)	<ul style="list-style-type: none"> <li>When free of symptoms at rest from the recent concussion for 14 days can consider commencing training activities involving head impacts or where there may be a risk of head injury.</li> </ul>	
Stage 6	Return to competition	<p>This stage should not be reached before day 21* (at the earliest) and only if no symptoms at rest have been experienced from the recent concussion in the preceding 14 days and now symptom free during pre-competition training.</p> <p>* The day of the concussion is Day 0 (see example below).</p>	<p>Resolution of symptoms is only one factor influencing the time before a safe return to competition with a predictable risk of head injury. Approximately two-thirds of individuals will be able to return to full sport by 28 days but children, adolescents and young adults may take longer.</p> <p>Disabled people will need specific tailored advice which is outside the remit of this guidance.</p>

### Example:

- Concussion on Saturday 1st October (Day 0)
- All concussion-related symptoms resolved by Wednesday 5th October (Day 4)
- No less than 14 days is needed before the individual returns to sport-specific training involving head impacts or where there may be a risk of head injury (Stage 5) on Wednesday 19th October (Day 18)
- Continue to be guided by the recommendations above and, if symptoms do not return, the individual may consider returning to competitive sport with risk of head impact on Wednesday 26th October (Day 25)